

The original documents are located in Box 19, folder “Project 75 (Minority Recruitment for Health Careers), 1975” of the Stanley Scott Papers at the Gerald R. Ford Presidential Library.

Copyright Notice

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Bettye L. Scott donated to the United States of America her copyrights in all of her husband’s unpublished writings in National Archives collections. Works prepared by U.S. Government employees as part of their official duties are in the public domain. The copyrights to materials written by other individuals or organizations are presumed to remain with them. If you think any of the information displayed in the PDF is subject to a valid copyright claim, please contact the Gerald R. Ford Presidential Library.

PROGRESS REPORT

ON

PROJECT 75

AND

AN INTRODUCTION OF

THE INSTITUTE FOR HEALTH RESOURCES DEVELOPMENT



SUBMITTED BY:

A. L. THOMAS, M.D., DIRECTOR

1020 SOUTH WABASH AVENUE

CHICAGO, ILLINOIS 60605

TABLE OF CONTENTS

	Page
I. INTRODUCTION	1
II. SUMMARY OF ACCOMPLISHMENTS	6
III. ANALYSIS OF EFFORTS	19
IV. PLANS FOR THE FUTURE	27
V. THE INSTITUTE FOR HEALTH RESOURCES DEVELOPMENT	31
VI. SUMMARY AND CONCLUSIONS	47



I. INTRODUCTION

Project 75, a recruitment/retention program for minorities* interested in health careers, was originally funded in July 1970 by the U.S. Office of Economic Opportunity. It was viewed as a research and demonstration effort with a short-term objective of increasing the representation of minorities in the M.D. degree programs from 2.8% in the 1969-70 academic year to 12% in the 1975-76 academic year. In part, the short-term objective was derived from the findings of the Task Force supported by the Alfred P. Sloan Foundation which issued its report on April 22, 1970. Although the central focus was on the short-term objective, it was nevertheless recognized, not only by the Sloan Foundation Task Force, but by others as well, notably the Carnegie Commission on Higher Education, that certain long-term efforts needed to be implemented in order to improve the system of higher education in the United States.

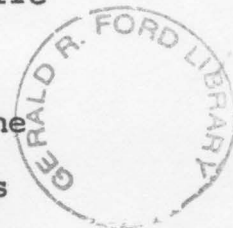
Obviously, considerations regarding the long-term solution were enormously more complex than the short-term

*Defined as those groups underrepresented in medicine. They are Blacks, Chicanos, Native Americans, and Puerto Ricans. Sloan Foundation Task Force Report, April 22, 1970.



objective. Nonetheless, a certain degree of complexity also surrounded the short-term problems and solutions. Moreover, it was felt that meaningful progress could be made in focusing the greatest attention on a research and demonstration effort which would, not only have some degree of impact over a five-year period in pursuit of the more limited short-term goal, but would also provide significant information upon which to base future activity upon completion of the five-year effort.

Since its inception, Project 75 has been affiliated with the National Medical Association. This was in recognition of the original thrust which was directed toward recruitment and retention of minority students interested in careers in medicine. However, very early in the life of the Project, demands for the inclusion of allied health careers and pre-college students accentuated the importance of considering certain long-term aspects as a necessary part of the research and demonstration effort geared toward short-term solutions. Hence, the U.S. Office of Economic Opportunity approved a plan to include appropriate activity involving pre-college students and allied health subject areas in the overall program of Project 75. Consequently, expanded liaison and closer coordination was developed with a variety of individuals, organizations



and institutions that transcended the initial and limited interests of the medical profession per se. Thus, as reported in the various quarterly and annual reports, periodic adjustments and refinements were made in view of the constantly changing circumstances which affected the research and development nature of Project 75. Nonetheless, there has been and there remains a continuous thread of research and demonstration efforts throughout the program of Project 75. Fortunately, the General Plan had been developed in such a manner that absorption of the broader areas of health careers and the inclusion of pre-college students was easily effectuated.

The General Plan was developed to meet two complementary requirements: 1) as a working guide for the staff of Project 75 and, 2) to satisfy special condition #12 of the original OEO grant #CG5817. The overall strategy, as outlined, can be described briefly as containing six (6) components:

1. It is necessary to identify significant minority groups and characteristics of potential minority medical students. Such identification permits Project 75's efforts to be focused toward productive target groups.
2. Efforts such as conferences, workshops, personal contacts, roundups, news media publicity and others are undertaken to



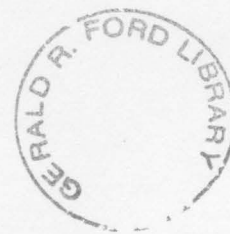
inform these potential medical students of the career opportunities in medicine and of the financial and tutorial assistance available through Project 75 and other federal and non-federal programs.

3. The active and focused assistance of college faculty and student advisors has been developed. Such assistance includes both direct counseling of students and placing them in contact with Project 75's staff and volunteers.
4. Project 75 coordinates closely with the National Medical Fellowships and related financial assistance agencies to assure that adequate aid is available to potential medical students from minority groups.
5. Project 75 utilizes traditional approaches and develops new, innovative techniques and structures to monitor and follow up on the overall progress of students who are in the collegiate pipeline which leads to medical school.
6. Project 75 utilizes both bottom-up and top-down communication with students, parents, educators and interested groups. Top-down



communication involves utilization of contacts with national and established groups, such as national ethnic and civil rights groups. Bottom-up communication involves utilization of key individuals and ad-hoc groups at the community and college level, such as CAP agencies, and Neighborhood Health Center Advisory Boards.

The methodology and approaches used, as developed in the General Plan and expanded upon in subsequent quarterly and annual reports, have proved sound. Credence is lent this view when one reviews the accomplishments in the basic program areas.



II. SUMMARY OF ACCOMPLISHMENTS

The efforts of Project 75 have been based on a systematized approach to the problem of recruiting and retaining* of minority students in educational pathways leading to medicine and other allied health careers. As such, therefore, the capability over the five-year period to sustain an ever-increasing pool can be directly related to the capability of the various components of the system to simultaneously function as distinct entities and in conjunction with one another. It is therefore appropriate to review the accomplishments in the basic program areas by analyzing the relevance of each component within its own context. The program activity has been developed and implemented in the areas of:

1. Academic Reinforcement and Tutorial Services
2. Counseling and Guidance
3. Professional and Technical Services
4. Faculty Institutes and Conferences
5. National Data Bank

NATIONAL DATA BANK: Houses pertinent academic, financial, and personal data on individuals who have expressed an interest in medical and other health careers. Over 10,000 registrants are listed.

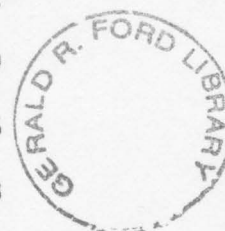
*Recruitment and retention are defined in the Sloan Task Report as follows: Recruitment is defined as efforts to increase the number of students entering the educational pathway. Retention is defined as minimizing the exit of interested students from the educational pathway leading to the medical profession.



The National Data Bank was developed and implemented as part of the information system to accurately reflect certain areas of Project activity. Comprehensive and flexible, this system has enabled us to easily collect, record and analyze pertinent registrant data. Moreover, these data and others generated have been retrieved and used as a valuable management tool. That is, pertinent information has been utilized to: 1) evaluate the effectiveness of program components, 2) develop new program activity and, 3) adjust program emphasis to meet the changing needs of our registrants.

The per capita expenditure rate for the over 10,000 students registered is only about \$85 per student. The cost of servicing and maintaining each registrant in the data bank is \$2 per student. The following is a breakdown on registrant population by scholastic status:

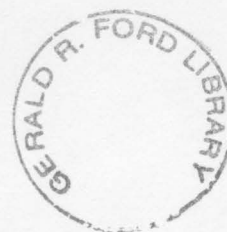
<u>CATEGORY</u>	<u>TOTAL NUMBER OF REGISTRANTS</u>	<u>PERCENT OF TOTAL</u>
High School	1,060	10
High School Graduate	1,166	11
College Freshman	2,014	19
College Sophomore	1,590	15
College Junior	1,378	13
College Senior	1,272	12
Post College	1,666	11
Medical Student	<u>954</u>	<u>9</u>
Total	10,600	100



Generally, the system has been responsive to Project needs per the objectives and output measures as defined in the General Plan. The notable exceptions throughout the five-year history of the Project have been related to the lack of student responsiveness to built-in updating mechanisms and an unevenness in the flow of field-generated activity data.

During the last program year, an evaluation of the operating procedures was made to ascertain if internal procedures had been a delimiting factor in the system's performance or if staff instruction were inadequate to satisfactorily carry out the internal procedures. Neither was the case in reference to the system's performance and reliability. However, certain modifications in the computer program have effectively served to improve the synchronization between the National Data Bank and the total information system. Thus, it is easy to conclude that the system as a whole has adjusted and grown commensurate with the steady, exponential increase in Project registrants and the demand for new services.

FACULTY INSTITUTES AND CONFERENCES: Designed to assist faculty, students, community groups and individuals in focusing upon and determining solutions to the obstacles and problems encountered by minority health career students. Project 75 has sponsored 37 such institutes and conferences with an attendance of over 3,500 persons.

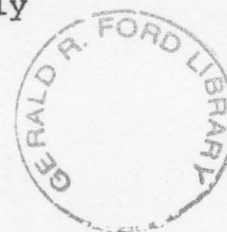


From the very inception of the Project, one of the indirect mechanisms devised to combat the opposing factors and problems of minority premedical students has been the convening of faculty institutes and conferences. Institutes and conferences are both designed to focus upon known obstacles and problems, sharing solutions being applied effectively in various areas of the country, and discovering new problems and solutions. Within the first four years of the Project, more than 3,500 persons participated in 37 faculty institutes and conferences. The average cost per institute or conference was \$3,850 or \$37 per person.

The impact of institutes and conferences early in the life of the Project was such that the basic objective was reached within the first two years. Therefore, faculty institutes and conferences were de-emphasized in subsequent years. Hence, the budget was reduced for this component and funds were shifted to other areas of need, especially in direct student support services.

COUNSELING AND GUIDANCE: These related strategies are designed to attract minority students to health careers and then, retain those students along the preparatory educational stages.

Services involve the distribution of pertinent, written materials as well as direct, personal contact. Since the beginning of the Project, mail and telephone requests have totaled 111,113. Nearly 17,000 students have been counseled in individual and group sessions.



Counseling and guidance strategies result in both the recruitment of students for health careers and the retention of those students along the pre-professional preparatory educational pathway. Therefore, the counseling and guidance component is designed to accomplish these objectives:

1. To provide educational, social, academic, and financial information.
2. To help students make appropriate health career choices.
3. To identify student needs and problems and make proper referrals.



Consistent with the foregoing objectives, the counseling and guidance program consists of the following major areas of activity: inventory, information services, placement services, and follow-up service.

In view of the fact that counseling and guidance activities constitute direct, immediate services to students and other Project clientele, a substantial amount of Project activity is devoted to responding to the thousands of requests for information and counseling.

The volume of counseling and guidance services rendered over the past five (5) years can be viewed from

several perspectives. For instance, mail and telephone inquiries average about 100 per day. However, the number of students counseled in individual sessions average 3,000 per year; 240 students per month; 156 per week.

Due primarily to time constraints imposed by limited staff to counsel students individually, we initiated a group counseling effort during the fourth program year to conserve staff time, counsel more students, and promote camaraderie among students. As a result, an average of 307 students can be counseled in a group setting in comparison with 240 on an individual basis.

Further, the Medical College Admission Test (MCAT) Review originated as a group counseling effort. The third quarter of the current program year marked the third season of Project-sponsored MCAT Reviews, at both the national and regional levels. The reviews are designed to prepare minority students to perform well on the MCAT, which is offered in both the fall and the spring of each year.

During the third quarter of the current program year, the initial registration in Chicago alone totaled ninety-one students, which represents a 68% increase over the initial registration for the fall MCAT Review. This substantial increase can be attributed, in large measure,



to the extensive coverage by the press, radio, and television media. Similar MCAT Review activity is in progress in the Atlanta and Los Angeles areas.

Some of the subjects covered in the reviews are chemistry, biology, physics, mathematics, vocabulary development, and test-taking techniques. Major emphasis is placed upon a review of the science and mathematics areas. Among those engaged to conduct the Review are senior medical students and college instructors.

In addition to providing a more formalized review of the MCAT in group counseling settings, all active Project registrants will receive MCAT Review materials by mail in the future. The materials are designed to enhance the student's ability to perform satisfactorily in the verbal, quantitative, and general information sections of the MCAT.

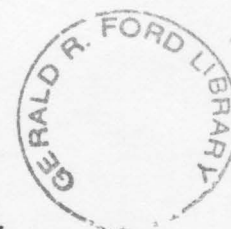
The ever-present problem of financing a health career for minority students has been more than adequately presented and analyzed in previous reports, along with the measures implemented to alleviate the problem. Unfortunately, given the current problems in the national economy which, when coupled with the chronic and severe problem of inadequacy of financial aid resources, financial aid remains a major barrier to minority students seeking a health career. However, Project 75 has continued to raise the level of

awareness about the problem; attempted to stimulate involvement on a broader basis; and has raised the financial aid issues among representatives of the public and private sectors. We are hopeful, therefore, that the efforts will eventually yield greater results.

In view of the concept and statistical data outlined above, it is clear that a great deal of effort has been expended to fulfill the basic purpose of the counseling and guidance component - to attract more minority students to health careers and, then help them identify and counteract those factors which threaten their success and retention. The aforementioned certainly affirms the overall success of the counseling and guidance program. Moreover, we were able to provide on a consistent basis relevant and personal services to a high percentage of our Project registrants, in spite of the colossal increase in the overall number of inquiries and registrants.

PROFESSIONAL AND TECHNICAL SERVICES: Consultative or special assistance is provided to institutions, groups and individuals interested in minority health manpower development. Over 780 such services have been rendered during the life of the Project.

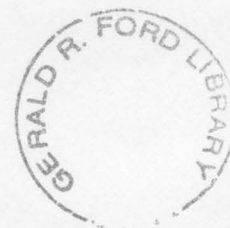
During the past five years many requests have come to Project 75 for consultative or special assistance in the area of minority health manpower development. Project 75 responds to such requests by providing the necessary



professional or technical assistance and, in so doing, acts as a local, regional, and national health manpower resource.

In the area of professional and technical services, Project 75 provides assistance in the planning, development and implementation of programs designed to increase opportunities in medicine and allied careers for target minority populations. The forms of assistance are as follows:

- Information materials
- Attendance at conferences, seminars and workshops, etc.
- Consultant visits to national or regional offices
- Staff visits to other organizations



A major part of our efforts in this area has been spent on attempting to increase the number of professional and technical services while, simultaneously, expanding the focus of the services in keeping with the more defined needs of our Project registrants and other potential minority medical and allied health students.

The major challenge during this past program year has been to continue the present thrust of this service and take it to its next logical stage of increasing the

quality of services, particularly at the regional level. It is at the regional level that we have been able to observe a significant broadening of the range of professional and technical services that are being rendered. This is especially true in view of the requests in the areas of medical school retention/readmission and physician recruitment/placement. The net result of this expanded activity on the part of the regional offices has decreased the need to initiate requests for services. This is now consistent with the experiences of the National Office in this same area.

In many ways the major on-going vehicle for sharing our ever-broadening knowledge and expertise is through the effective rendering of professional and technical services. Through this process of advocating, advising, and sharing, we have been able to serve as a catalyst and resource to existing and potential minority students in the area of recruitment and retention.

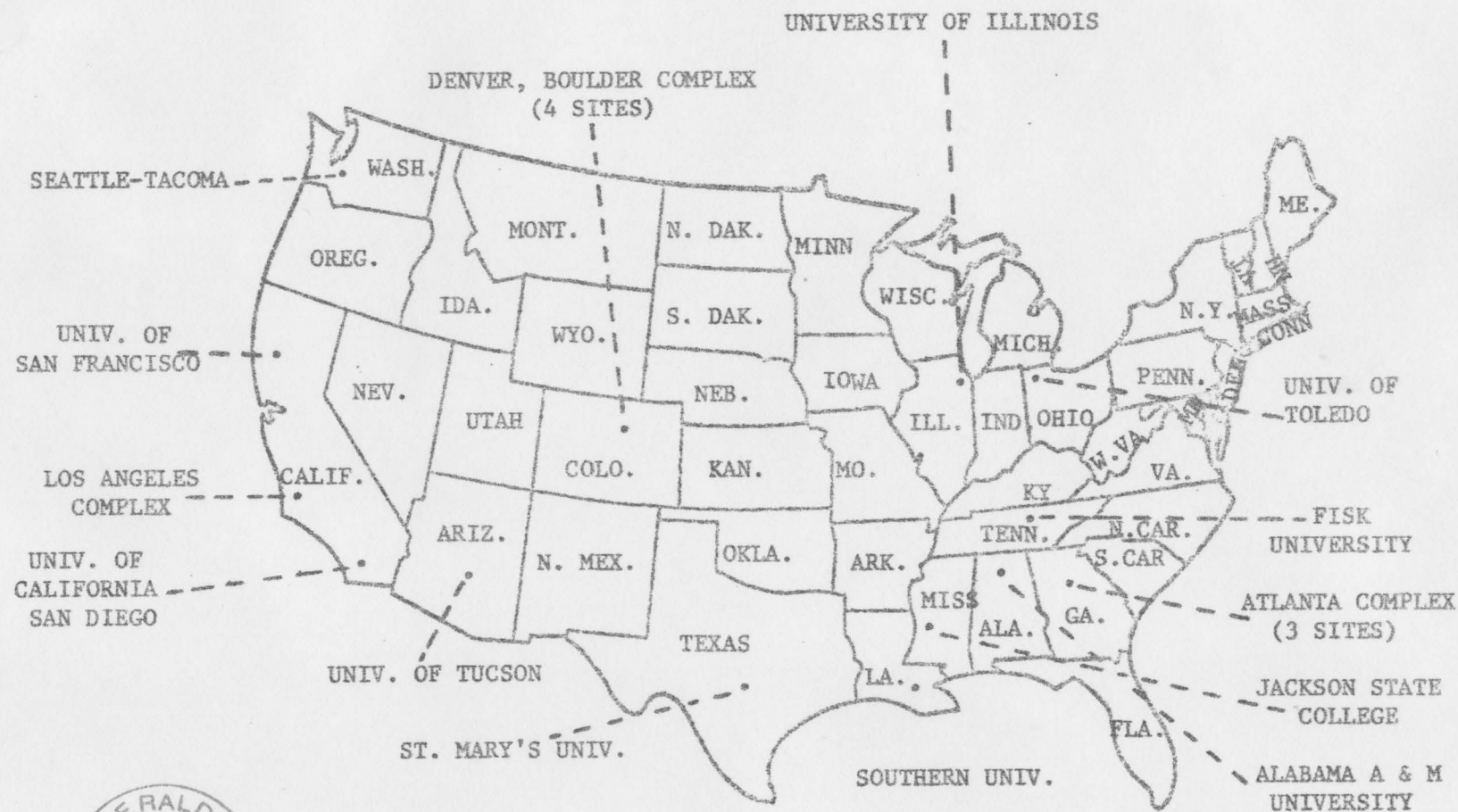
ACADEMIC REINFORCEMENT AND TUTORIAL SERVICES: Creative and innovative programs are sponsored by Project 75 to help students overcome academic deficiencies. Since the Project's inception, over 5,000 students have participated in Project-sponsored tutorial programs.

The retention aspect of the Project's program involves providing or initiating those services necessary to retain the minority group student in the pathway to medical school.



The academic reinforcement and tutorial programs are key parts of the overall retention effort.

During the past four years, academic reinforcement and tutorial services have been offered at 26 program sites involving nearly 3,500 students from more than 46 different colleges and universities throughout the country at a cost of only \$82 per student (Figure 1). In the process of testing various hypotheses, Project 75 has sought to provide academic assistance to minority students where institutions and/or agencies could not accept the full burden of such an effort and, yet, were committed to the goals of Project 75. Obviously, the failure to provide creative and innovative ways to retain students through such efforts would drastically curtail the available pool for eventual medical school matriculation; for example, the fact that during the fourth program year, 1,000 students entered the 1973-74 academic year who were failing or tending toward failure in their premedical studies. These students were tutored, and by the end of the academic year, they all made grades of C or better. Hence, in attempting to measure the impact of the program, we can acclaim that were it not for the academic reinforcement and tutorial programs, another 1,000 premedical students would probably have been lost from the premedical pathway as a result of experiencing academic difficulty.



PROJECT 75 TUTORIAL-ACADEMIC REINFORCEMENT SITES

FIG. 1

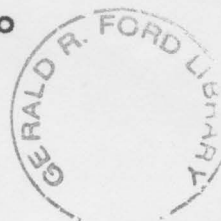
Similar conclusions could have been reached for the other 2,500 students who have gained from the tutorial services, (Figure 2).

Another key example is the failure rate among all chemistry students at the Atlanta University Complex. It was 73% in 1970, but after our demonstration program, the failure rate is now down to less than 20% among all chemistry students. The Atlanta officials have hailed the program as clearly a successful retention mechanism and, having recognized the importance of the tutoring service, planned this to be a crucial part of the new medical school program being developed within the Atlanta University Complex (Figure 3). Ultimately, this type of effort should be incorporated into the retention programs of all medical schools.

These and other instances bear testimony to the high level of success experienced in the area of academic reinforcement and tutorial services. What has been demonstrated very clearly is the effectiveness of supplementing traditional approaches to preparing students for medical careers with certain innovative and creative approaches.

GENERAL EVALUATION

In general, most of the services offered by Project 75 are unique and innovative. However, while the impact of the Project cannot be measured quantitatively in all its



SEMESTER GRADES FOR TUTORIAL PARTICIPANTS

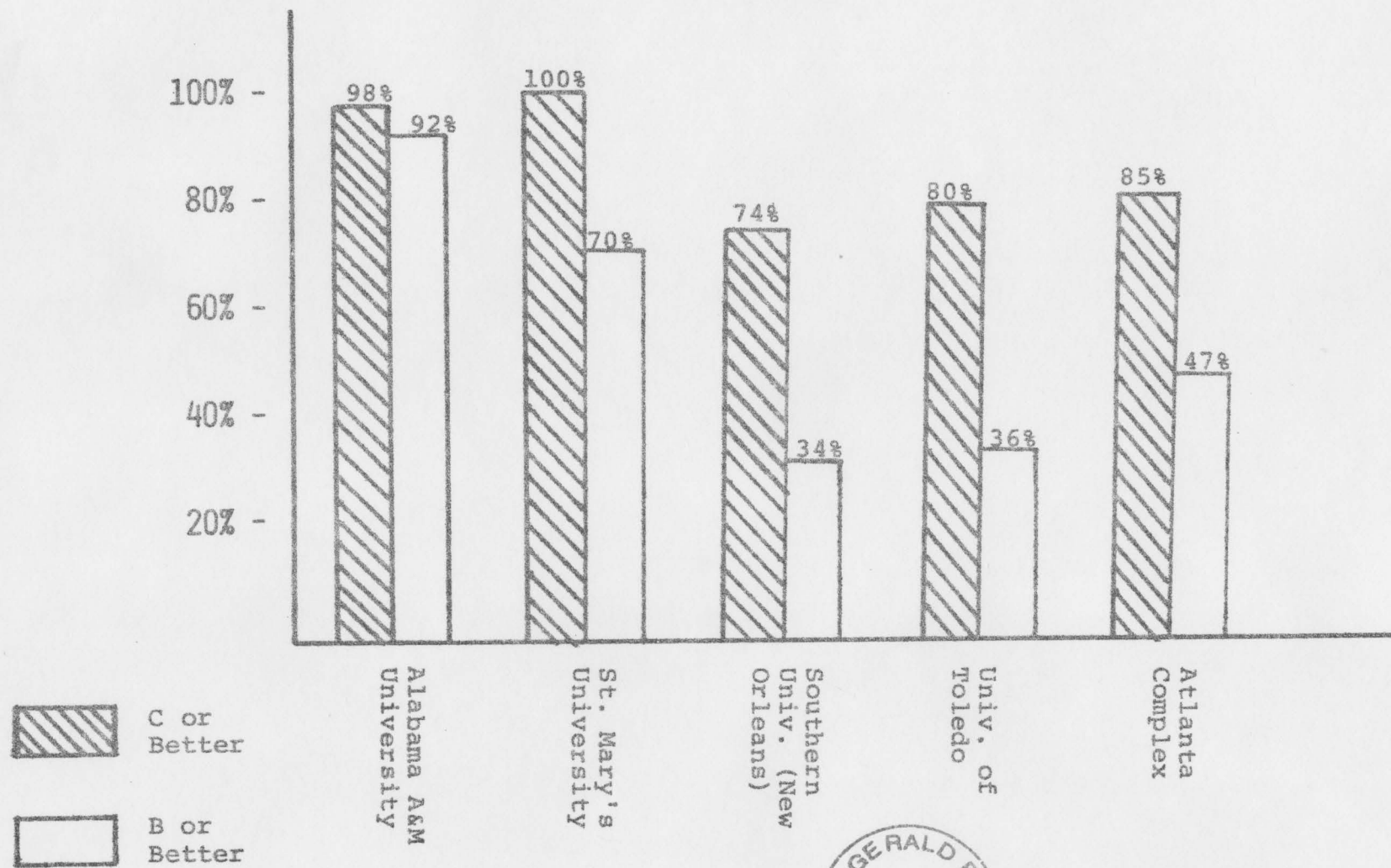


FIG. 2



DIFFERENCES BETWEEN TUTEES AND NON-TUTEES IN ATLANTA PROGRAM
(THOSE WHO RECEIVED FINAL GRADES OF C OR BETTER)

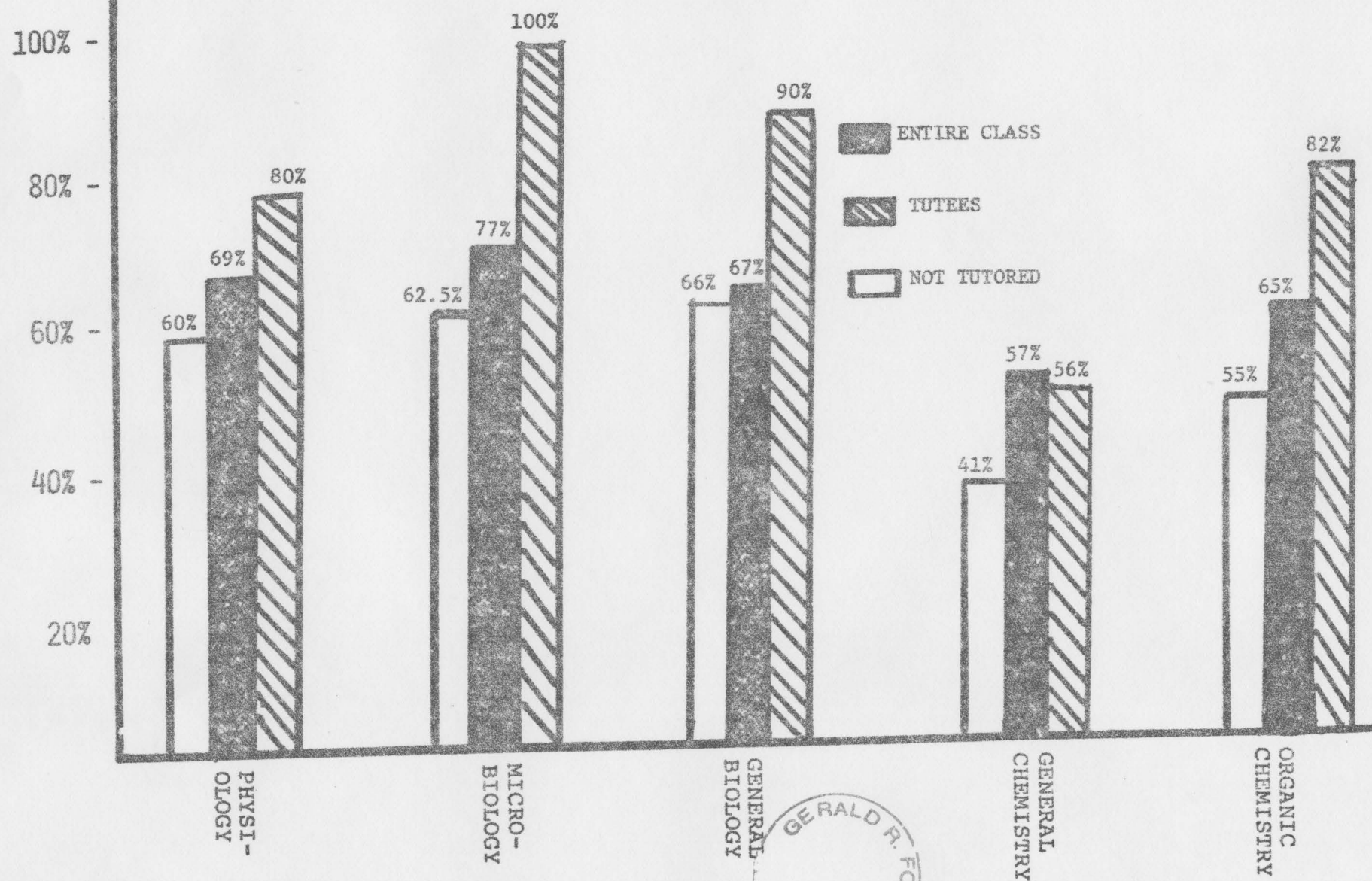
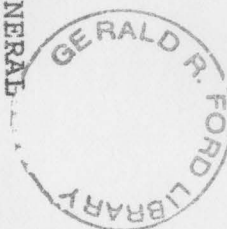


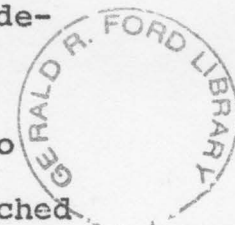
FIG. 3



aspects, it is hoped that one has gained some insight into a vital part of the Project 75 program.

As one can see, there has been reasonable success in accomplishing the program objectives as outlined in the General Plan. Yet, there have been some challenges which are beyond the scope of the Project. However, these challenges have been met to the extent that the current system would permit. Financial aid, for example, remains the most formidable obstacle for the majority of students pursuing medicine as a career.

Although a substantial number of goals and/or sub-goals will have been met if present trends continue through June 30, 1975, it is already clear that many avenues need to be developed to carry forth many of the efforts initiated by Project 75. At the same time, new dimensions related to health manpower development must be determined and launched that will necessarily transcend the scope of Project 75. In exceeding the present scope of the Project, a new framework will have to be developed.



III. ANALYSIS OF EFFORTS

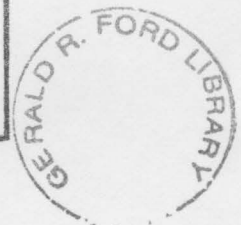
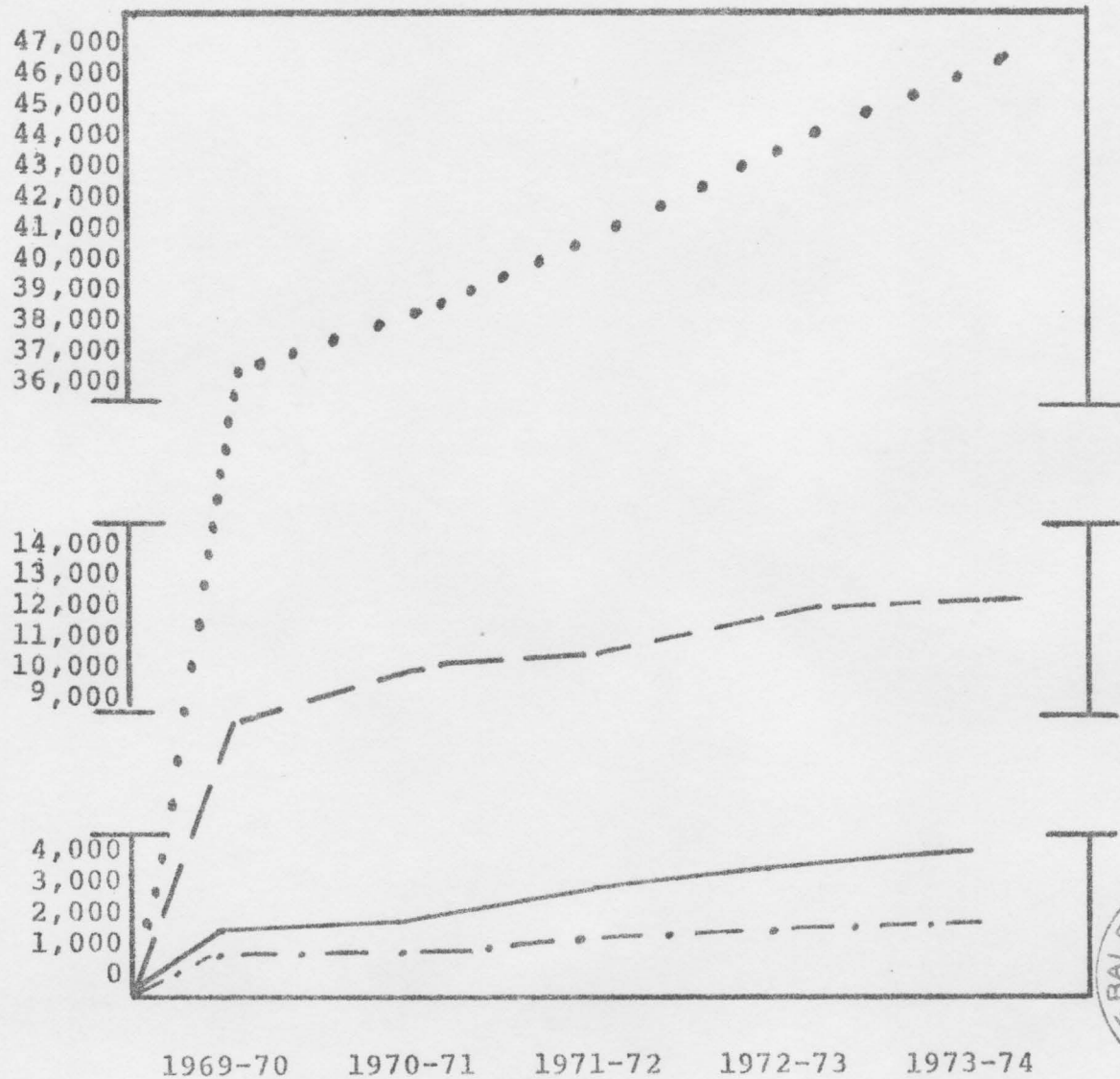
In the preceding section the essence of Project 75 program areas has been presented which, hopefully, provides some insight into its major operations, its key accomplishments, and certain of the problems encountered. More detailed analysis and discussion may be found in the quarterly and annual reports previously submitted.

After careful analysis of program activity as one nears the end of the five-year effort, several important conclusions can be reached. Among the more important ones are:

1. Substantial progress has been made in increasing the number of minority students in the nation's medical schools, (Figure 4).
2. The pool of potential minority medical students has increased significantly, (Figure 5). This conclusion is based on analysis of independent data collections of Project 75, the United Negro College Fund (UNCF) and the National Merit Scholarship Corporation (NMSC). For example, National Merit has noted a 100% increase in the number of finalists and semi-finalists in the annual competition for achievement scholarships between 1969 and 1974. Moreover, NMSC has data showing that 11,000 out of 65,000 students competing for awards in 1973-74 indicated preference for medicine.



TOTAL U.S. MEDICAL SCHOOL ENROLLMENT
(1969-70 through 1973-74)



TOTAL MINORITY
1ST YEAR STUDENTS
ENROLLED

TOTAL NON-MINORITY
1ST YEAR STUDENTS
ENROLLED

TOTAL MINORITY
MEDICAL STUDENTS
ENROLLED

TOTAL NON-
MINORITY
STUDENTS
ENROLLED

FIG. 4

INCREASING INTEREST IN MEDICAL EDUCATION AS REFLECTED AMONG PARTICIPANTS
IN NATIONAL ACHIEVEMENT SCHOLARSHIP COMPETITION
IN YEARS 1969, 1973 AND 1974

YEAR AND STATUS	TOTAL QUALIFIED		
	NO.	PRE-MED	%
1969 SEMIFINALISTS	1,425	114	8%
FINALISTS	1,140	89	8%
1973 SEMIFINALISTS	1,378	224	16%
FINALISTS	1,079	191	18%
1974 SEMIFINALISTS	1,399	239	17%
FINALISTS	1,112	204	18%

Source: National Merit Scholarship Corporation.



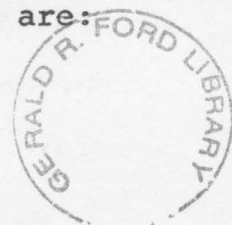
FIG. 5

Moreover, NMSC has data showing that 11,000 out of 65,000 students competing for awards in 1973-74 indicated preference for medicine. Since the competitors represent only about 40% of the current college-bound black youth, when one applies the principle to the general population of black students, it is seen that more than 30,000 students entered the college premedical pipeline in the 1973-74 academic year. It is clear, then, that the awareness level has increased since the 1969 base year. Interestingly, in 1969-70 it was estimated that about 6% of all black freshmen were interested in medicine. In 1973-74 that percentage had climbed to nearly 20%, according to both NMSC and UNCF.*

3. The ratio of minority students accepted from among those who apply has decreased in the last year or so when compared to the first three years. There are several factors which have influenced this ratio. Among them are:

- a. the "quota doctor" syndrome espoused in 1972 by certain

*Proceedings, UNCF National Spring Conference on Higher Education, Forum, "Premedical Education: Issues and Priorities," 3/25/74, Atlanta, Georgia.

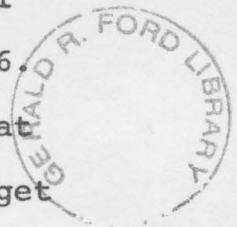


key public figures as inimicable to the nation's interest. Thus, a climate was created which caused many schools to "relax" efforts in admitting minority students.

- b. the rash of "reverse discrimination cases" following the landmark DeFunis Supreme Court opinion which has caused many school officials to "retreat" from affirmative action positions of fairness and justice regarding minority students.
 - c. the proposed Waxman Amendment is accelerating the trend as in b.
 - d. the Buckley Amendment on due process regarding student records and confidentiality of same has had a similar effect as in b.
4. Simultaneously with the decrease in the aforementioned ratio, there has been a "plateau" effect on the rate of overall admissions. Whereas in the first two years admissions averaged a 2% annual increase over the base year of 1969, the rate has averaged only a 0.5% increase in each of the past two years.



5. Retention problems at the medical school level have become progressively more severe, although at the college level there has been considerable improvement. It should be noted that Project 75 efforts in academic reinforcement and tutorial services have been at the college level, consistent with the General Plan. Hence, it would be predictable that increased efforts at both the college and medical school levels should help to reverse this situation.
6. An increasing number of institutions have called upon Project 75 for professional and technical assistance in developing programs to aid in higher retention levels for their minority students. Typical of these were our efforts at the University of Minnesota, University of Kansas Medical Center, Chicago Medical School, University of Southern California, UCLA and others (Figures 6,7).
7. The goal of 12% minority medical school students will not be reached in 1975-76. Since the 1970 census was in error by at least 10% for minority groups, the target should have been about 18% in the first place. This means that it becomes even more important to continue special efforts addressing the severe health manpower problem in minority communities.





Telegram

LLA229 (33) CCA153(1518)(2-031565E106)PD 04/16/75 1518

ICS IPMBNGZ CSP

6125767461 NL TDBN MINNEAPOLIS MN 119 04-16 0318P EST

PMS A L THOMAS M.D., PROJECT DIRECTOR

M A 1975 APR 16 PM 3 35

CARE PROJECT 75 NATIONAL OFFICE, DLR
SUITE 100 1020 SOUTH WABASH AVE
CHICAGO IL 60605

RECEIVED APR 17 1975 -115

CONFIRMING OUR TELEPHONE CONVERSATION OF APRIL 16 1975 THIS IS TO EXPRESS OUR APPRECIATION OF THE WORK YOU DID HERE AT THE UNIVERSITY DURING YOUR RECENT VISIT. IT WOULD APPEAR THAT THE MACHINERY IS WORKING NOW TO EASE THE MAJOR PROBLEMS EXPERIENCED BY THE MINORITY MEDICAL STUDENTS. I ATTRIBUTE THIS DIRECTLY TO YOUR ADVICE AND INTERVENTION. A CONCENTRATED EFFORT IS BEING MADE TO RECRUIT MINORITY FACULTY MEMBERS FOR THE BASIC SCIENCES AREA IN THE MEDICAL SCHOOL. THESE PERSONS ARE TO BEGIN IN THE FALL. THE FINANCIAL AID

QUESTION IS UNDER CONSIDERATION. WE ARE ATTEMPTING TO WORK OUT THE INTERNAL OBSTACLE THAT WOULD PERMIT US TO WORK MORE CLOSELY WITH PROJECT 75 THAN HAS BEEN THE CASE

M GEOFFREY FISHER, DIRECTOR HEALTH SCIENCES MINORITY PROGRAM
NNNN

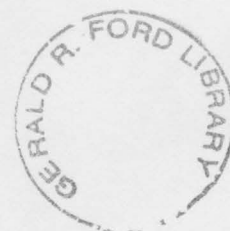


FIG. 6

UNIVERSITY OF HEALTH SCIENCES | THE CHICAGO MEDICAL SCHOOL

2020 West Ogden Avenue Chicago, Illinois 60612. (312) 226-4100

OFFICE OF THE ASSISTANT DEAN FOR STUDENT AFFAIRS
THE CHICAGO MEDICAL SCHOOL

December 9, 1974



Mr. William White, Jr.
2096 Hyde Park Road
Detroit, Michigan 48207

Dear Mr. White:

I am most happy to report to you that your appeal for readmission as a Phase I student to the Chicago Medical School has been acted upon favorably.

The Educational Affairs Committee has been instructed by the Dean to prescribe the conditions you must adhere to and the courses you must pass so that you can successfully complete Phase I and be eligible to enter the two clinical phases of our curriculum.

Mr. John Bradley of Project 75 will be informed about our plans so that he will be able to be helpful to you.

When the Educational Affairs Committee completes its work, I will be in touch with both Mr. Bradley and you again. You will be asked to review the prescribed conditions for re-entry and agree to them by your signatures. You may plan to begin classes on January 6, 1975.

In the meantime, please feel free to get in touch with me if you have any questions.

Sincerely,

Steven J. Bongard, Ph.D.
Assistant Dean

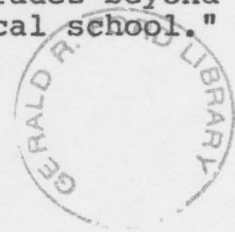
SJB:k

cc: Marshall A. Falk, Dean
Mr. John Bradley



NOTE: RESULTS OF PROJECT 75 NEGOTIATIONS WITH SCHOOL
OFFICIALS AND COUNSELING OF STUDENT.

8. Hypotheses and assumptions made in the Sloan Task Force Report and the Project 75 General Plan have been well-tested and have been found valid and essentially true.
9. Program components developed consistent with the General Plan have had, in the main, demonstrated effectiveness. Credence is lent this view when one reviews the output in both quantitative and qualitative terms (Figures 8,9).
10. Certain program components, especially those addressing the direct needs of the students and the retention problems, need to become institutionalized. This view is based upon the fact that the premedical and medical education systems do not include support mechanisms required to assist minority students or, indeed, to recognize their achievement in an unbiased manner. When one carefully analyzes such tests, it has been amply demonstrated, to a major degree, that "cultural bias" obviously influences the outcome. Witness these typical comments regarding minority admissions to medical schools:
 - a. "(MCAT) Aptitude tests should be eliminated. They have never correlated very well with grades beyond the first year of medical school."



SERVICES PERFORMED BY COMPONENTS

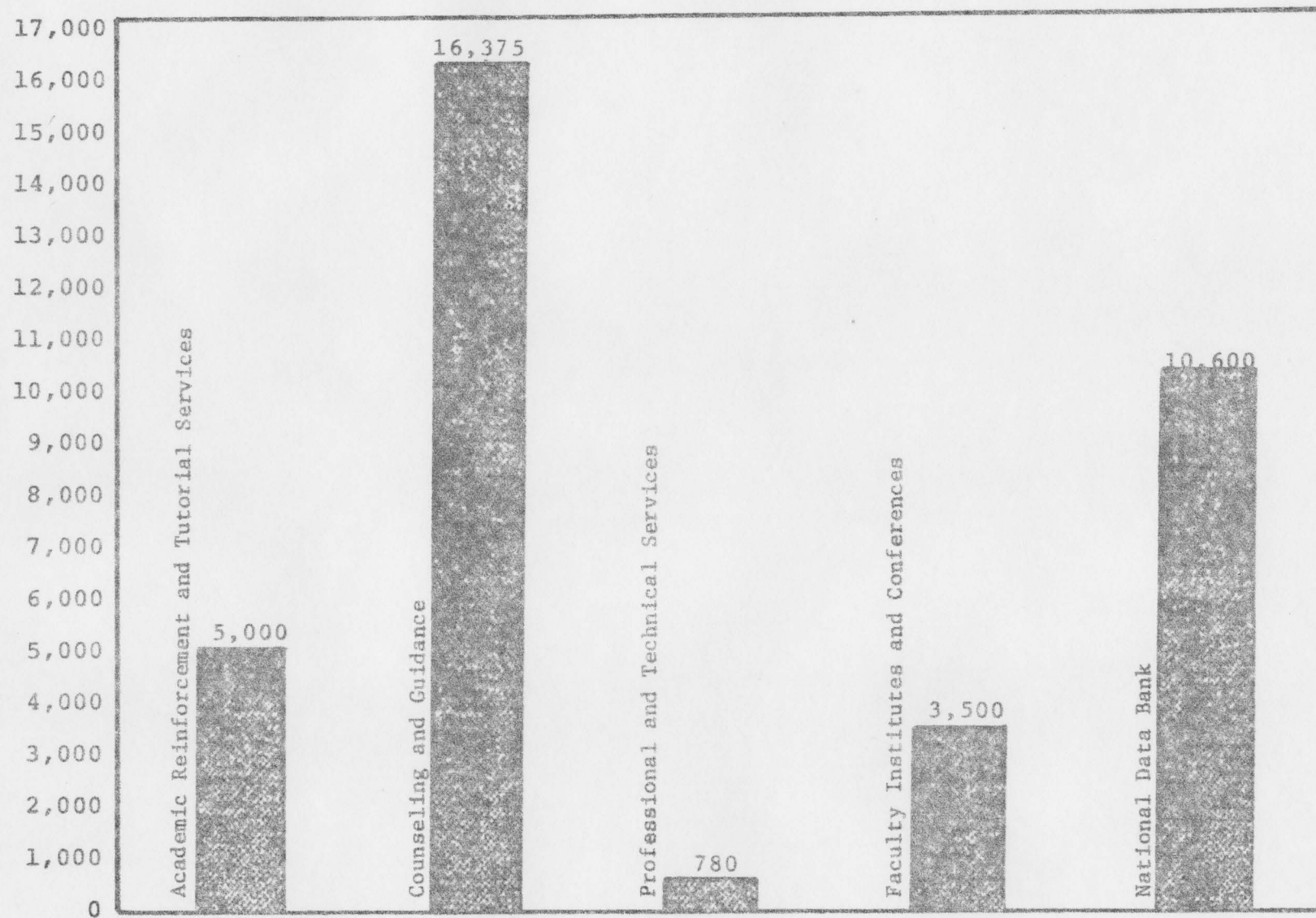


FIG. 8



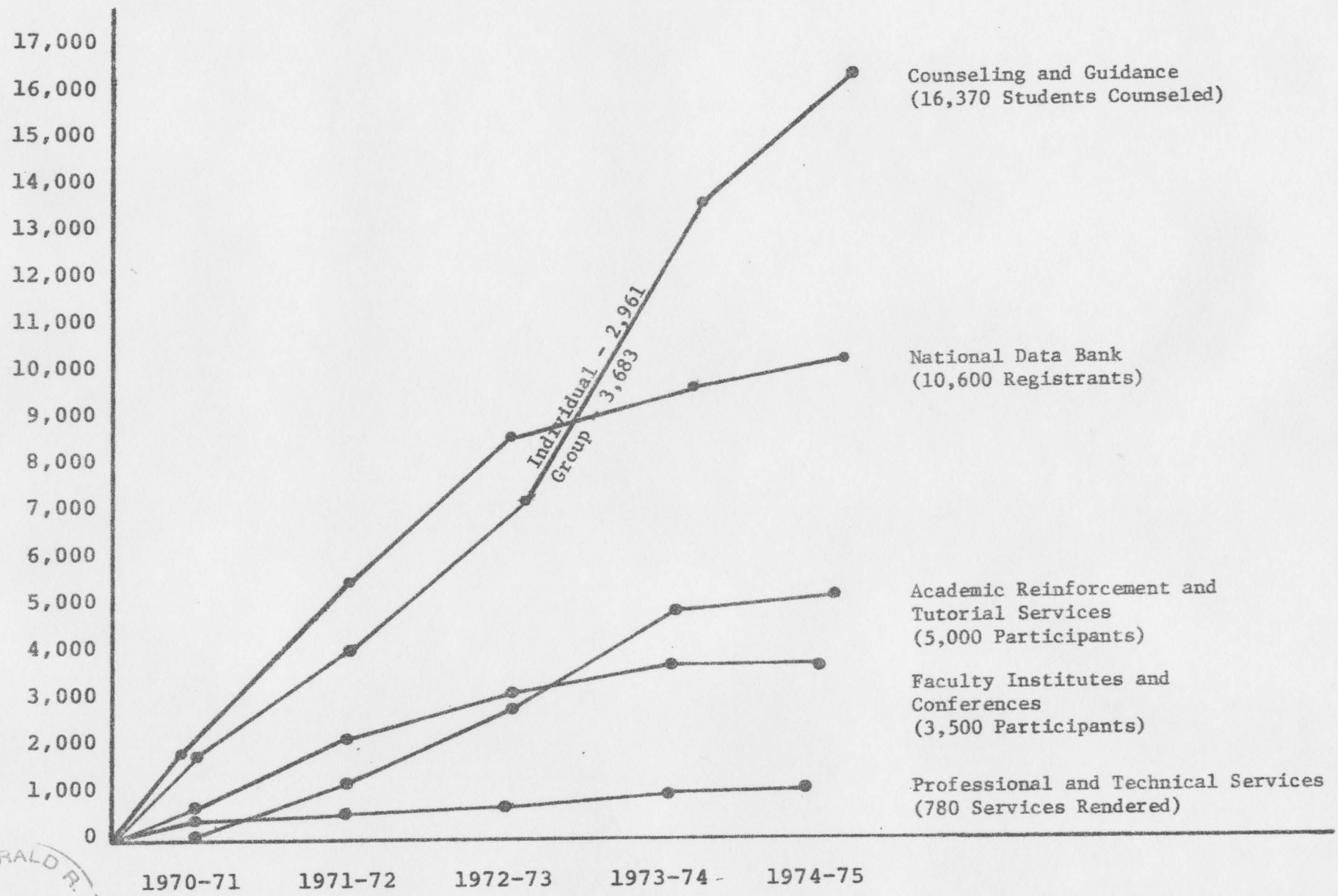


FIG. 9 GROWTH RATE OF PROGRAM AREAS



"They have a cultural bias. Too often, they allow admissions committees to distinguish among students on too limited criteria. The entire test (MCAT) should deal with the student's achievement in basic academic skills and in the sciences."

"Advising Minority Group Students Enrolled in Medical School", speech delivered by Daniel H. Funkenstein, M.D., Associate Professor of Psychiatry and Director of the Program for Research in Medical Education at Harvard Medical School, during Macy Conference, April 24-26, 1972.

- b. "All of us are aware that the content of the MCAT is related to the experience primarily of middle-class whites."

"The Changing Importance of the MCAT and the Criteria for Admitting Minority Group Students," Perry J. Culver, M.D., speech delivered during Macy Conference, April 21-23, 1971.

- c. "Although there is a high correlation between grade point averages and test scores (MCAT) among Anglo students, it does not hold true for minorities. The disparity between scores and the GPA for minority applicants is tremendous. Their ability tells us that they should do better."

Comments made by P. J. Russell, N. Penn and J. Auby, authors of MCAT Preparation Course, University of California, San Diego.

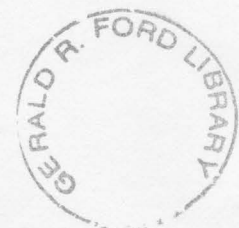
11. Several mechanisms which have been established to communicate with students, faculties, and related institutions and organizations need to continue as viable instruments to reach the basic goal of increasing health manpower in minority communities.



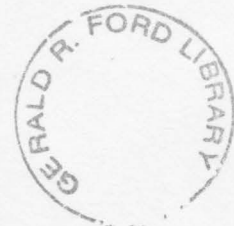
12. An institutional framework designed to embrace the proven systems and model program components should be developed. This development is necessary in order to build upon past experiences, adapt to current realities, and project future activities.

When one carefully reviews the foregoing conclusions which have emerged from the previous experiences at Project 75, coupled with the special circumstances attendant upon a unique and innovative research and demonstration effort, and looks ahead at future possibilities, it becomes clear that events compel one to identify ways to bridge the gap between short-term and long-term needs. Indeed, the results of the research and demonstration efforts of the past five years have far exceeded anticipation. But, the adjustments and refinements found necessary or desirable were, in many ways, setting the stage for long-range efforts while, simultaneously, meeting the current needs of Project 75 at various points in time.

Fortunately, a great deal of any success noted must be attributed to the unusual continuity and stability of staff, policy board members and funding agency personnel. For example, the same agency program manager of Project 75 for the past two years under OHRO was the program analyst in the first two years under OEO. Additionally, the



original members of the Advisory Board remain as members of the Policy Board which, in compliance with Special Conditions, came into being in the last program year. Moreover, the staff has had a very low turnover rate at all levels and the degree of experience, individually and collectively, has grown in breadth and depth simultaneously. It is also highly significant that the Special Conditions required that the Policy Board develop mechanisms for long-range programs and financing. Thus, in compliance with the Special Conditions, and after two years of careful study which, when coupled with constant demands for services beyond the scope originally envisioned for Project 75, the Policy Board and staff developed a framework within which to continue our work. The new dimensions envisioned will reflect, not only past experiences, but new circumstances which, fundamentally, have affected our vision of the future.

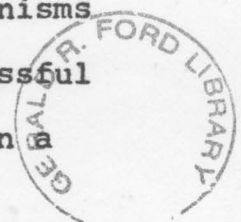


IV. PLANS FOR THE FUTURE

In the preceding sections an attempt was made to summarize the experiences and accomplishments of Project 75 which, as a research and demonstration effort, is near the end of a five-year projected life span. In part, the name was coined to keep the goal anticipated for academic year 1975 constantly in view--that is, 12% minority students entering the nation's medical schools by Fall 1975.

Although many significant conclusions have already been reached concerning the research and demonstration effort, much greater elaboration will be presented in the final narrative report to be submitted at the end of the current program year. Nonetheless, it should be clear from the analysis of efforts in the preceding section that:

1. Sound methods, procedures, and mechanisms have been developed to conduct successful recruitment and retention activity on a national scale.
2. The federal investment has had a significant impact on a major social problem.
3. Constantly changing circumstances and continually surfacing new factors required frequent



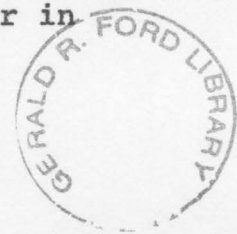
adjustments in Project activity, but the program components did not require any basic changes. That no basic changes were necessary reflected the appropriateness of the orientation set forth in the General Plan and the soundness of the methodology, etc. derived therefrom.

4. The basic goal of 12% entering minority students by 1975 will not be reached due to factors beyond the control of Project 75. Hence, it is highly desirable, in order to protect the federal investment as well as reach an even greater goal, particularly in view of the census undercount of minorities, that the efforts continue.

The expertise developed amongst Project 75 staff and Policy Board members augurs well for any future efforts. Moreover, the need for continuing program activity has not been fully satisfied in view of some of the aforementioned circumstances. However, the ultimate impact desired; namely, improving the health care status of a significant segment of the population, and, therefore, that of the nation itself, demands that the program activity not only continue, but that it continue with new dimensions reflecting new circumstances.

And yet, given the history of activity in the past five years, it is clear that continuity can be preserved while adjusting to the new challenges posed as the scope of activity broadened due to:

1. The evolutionary undercurrents of the research and development project.
2. Special Conditions 1-3 (FY1974) which required that:
 - a. the Advisory Board become a Policy Board in FY1974.
 - b. a plan of action be developed for said Policy Board to become its own grantee in FY1975.
3. Increased demand for more services beyond the original concern for recruitment/retention for only the aspirants for a career in medicine. These included:
 - a. allied health careers
 - b. pre-college students.
4. The need to establish relationships with a wider cross-section of individuals, organizations and institutions to better reflect total community concern beyond those limited to professional medical organizations.



As a consequence of the foregoing, there necessarily evolved a thrust, not just for the continuation of the clearly defined and successful elements of Project 75's experience, but also the new dimensions needed to meet the challenges posed as older barriers were being reduced while new ones were surfacing. Hence, the unanimity of key staff and Policy Board members to create a new vehicle designed to promote continuity and, simultaneously, demonstrate recognition of the need to shift towards longer range goals while reaching the short-range goals on an, admittedly, delayed basis related to factors and circumstances previously discussed. Thus, the Institute for Health Resources Development has been chartered as an Illinois-not-for-profit corporation as the vehicle required to meet the aforementioned needs.

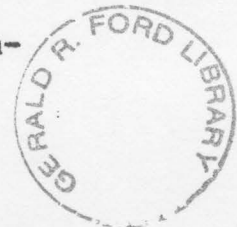


V. THE INSTITUTE FOR HEALTH RESOURCES DEVELOPMENT

The concept of an institute to develop health resources is based upon certain primary considerations.

Among them are:

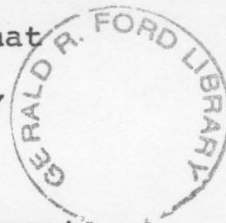
1. The interrelatedness and interdependence of problems and solutions as applied to the development, maintenance, and utilization of health care services, health facilities and health manpower.
2. Integration of concerns from a multidisciplinary viewpoint requires a unique and creative vehicle.
3. A broader and more flexible scope of programs is required to reach fundamental goals.
4. A comprehensive approach to problem-solving is necessary to effectuate lasting solutions.
5. Constant attention must be focused on all factors influencing the development, maintenance and utilization of health care services, health facilities and health personnel.
6. Education is both theoretical and applied-- academic and practical.



Hence, the concept of the Institute is one designed to develop and implement a broad range of interrelated programs that will substantially increase the availability, accessibility and use of health resources, especially health manpower.

A variety of methods and programs will be used to implement the basic goals of the Institute. Among them are:

1. An Academy of Learning - The Academy is viewed as a supplemental preparatory mechanism for medical and other health career aspirants.
2. A Research and Development Unit - The focus of this unit is to research current trends in the areas of health and education and to develop appropriate pilot efforts that are applicable to the needs of minority communities in these areas.
3. Communications Unit - Materials development and dissemination program.
4. Counseling and Guidance Services - Counseling is available to provide the guidance that is necessary to direct students towards a career in medicine or allied areas. These areas of guidance include financial aid, personal and family problems, college-



related adjustment problems, and the full range of academic advising. The service includes written materials as well as direct, personal contact where necessary and possible.

5. Academic Reinforcement and Tutorial Services Program - Academic reinforcement and tutorial services are available to assist the student to better prepare himself in those critical subject matter areas necessary for the successful pursuit of a medical career. Usually these services are provided in centers where a high concentration of minority students exist.
6. Professional and Technical Services - Staff personnel and consultants, including health professionals, are available to colleges and universities, community organizations, etc. to provide assistance in the planning, development, and implementation of programs designed to increase opportunities in medicine and allied areas for the target minority populations.
7. A National Data Bank - An information retrieval system that houses pertinent



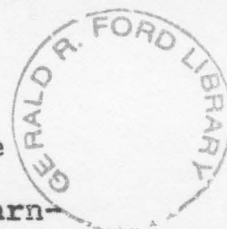
academic, financial, and personal data on individuals who have expressed an interest in health careers. Over 10,000 registrants are currently listed.

Initially, the Institute will focus resources, ideas and concerns on two complimentary themes-- 1) recruitment/retention and 2) pre-professional health careers preparation.

In the area of recruitment and retention, certain elements of the approaches utilized by Project 75 in recruitment and retention efforts will go forth with the Institute. In the area of pre-professional health careers preparation, known University Without Walls (UWW) principles and strategies will be adapted by the Institute in the design and implementation of the Academy.

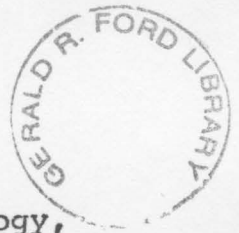
The UWW model emphasizes the use of imaginative procedures to prepare students for self-directed learning. Further, it seeks to build highly individualized and flexible programs of learning and makes use of new, largely untapped, resources for teaching and learning on their own, while, at the same time providing close and continuing contact between the student and teacher.

Conceptually, the Academy is viewed as a supplemental preparatory mechanism for medical and other health career



aspirants. Blending the known UWW principles and the previous experiences of Project 75 in the area of academic reinforcement and tutorial services, the Academy will deal primarily with the identification of worthwhile processes to which the premedical and prehealth professional student should be exposed. Early impressions of our preliminary pilot efforts strongly suggest that a more expanded development has merit.

The Academy is that arm of the Institute that provides pre-professional preparation for medical and other health career aspirants. The pre-professional preparation is based on a series of innovative and exemplary supplemental study programs that are conducted external to the classroom for medical, premedical, nursing, and allied health students at the medical school, post-college, college, and high school levels. At each level the academic work of the Academy is interdisciplinary in nature, drawing particularly from the fields of biology, math, chemistry, and physics. The informal educational activities are designed to improve academic progress by supplementing and complementing the regular classroom experiences of each participant. Thus, the Academy functions as a supplemental preparatory system based on individualized planned study and significant learning.



There are three interrelated areas contemplated for initiation or continuance this first year. They are:

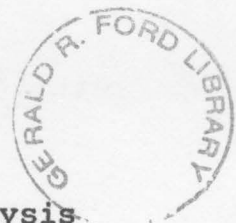
--Curriculum Strategies

Primarily retention and readmission efforts at the medical school level. This program involves negotiating unique curriculum arrangements based on intra- and inter- institutional cooperation. Requests are initiated by an individual student, group of students, or a medical school in behalf of a student or group of students.

--Seminar For Self-Directed Learning Development Program

Similar to a short course or other learning experience, expressible in terms of performance objectives, which are specific skills to be mastered and knowledge to be obtained. The content of the seminars will be formulated on the basis of the following broad areas of concern:

- I. Analytic Oral and Written Communications
 - A. Study Skills
 - B. Reading
 - C. Vocabulary
- II. Development of Methods and Principles of Knowledge
 - A. Scientific Method
 - 1. Empirical
 - 2. Inductive
 - 3. Deductive
- III. Quantitative and Systems Analysis
 - A. Concepts of measurement
- IV. Internal and External Bioscience Environments
 - A. Biology
 - B. Chemistry
 - C. Physics



V. Synthesis of Knowledge

A. Relationships

1. Mathematics
2. English
3. Natural Science
4. Social Science

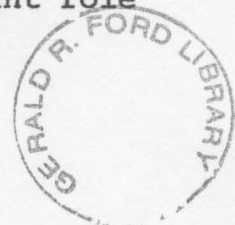
VI. Evaluation Mechanisms

A. Tests

B. Comparative Analysis

When the program is fully implemented, all students will pursue each of the above seminars while, concurrently, studying in areas which characterize a given specialized field. Activity will be coordinated through a national network of self-directed learning centers. These centers will provide a common setting for students who have different levels of preparation and different health career interests. That is, the same concepts will be taught to representatives of each level of preparation at the same time. In this process, we have already demonstrated that knowledge can be acquired at different rates of speed without any direct relationship to the prior level of preparation.

This program area offers medical and other health career aspirants educational experiences in essentially basic science disciplines which play an important role in their pre-professional development.

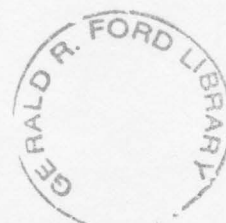


Component features include:

- individual research projects
- preceptorials (medical, premedical, nursing, and allied health)
- basic science learning modules
- workshops (pre-clinical or clinical skills development)
- tutorial and study groups
- individual and group academic counseling
- scientific assembly based on interdisciplinary topical presentations
- correspondence study
- tutorial hotline (telephonic assistance)

The academic work of the Academy is interdisciplinary in nature, drawing particularly from the fields of biology, math, chemistry, and physics. Fundamentally, the process begins with the intake or acquisition of certain specific principles and data primarily from the aforementioned disciplines, moves through the manipulative phase (arrangement and classification of new learning), and ends with application, at which point a student should be able to solve problems in many different areas. The latter is expected to result from an independence of learning and thinking, based primarily on real teaching.

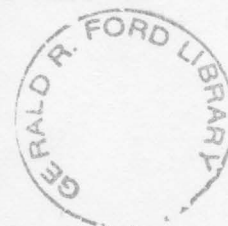
Programmatically, the Academy is viewed as a mechanism to expedite the flow of premedical and prehealth students into medical and health professional schools. Because the Academy is not viewed as a place but rather a system, a potential network of sub-sites exist. A dissemination mechanism will be required to provide for



the sharing of limited instructional personnel, innovative modular materials, and other resources. Numerous educational activities will be utilized such as self-paced study, independent study, concentrated study, small group and seminar-tutorial methods, forums, project or problem-centered study and workshops. All of the aforementioned activities are innovative in nature and are of particular relevance to premedical and prehealth preparatory education that is external to the classroom.

The pilot effort was initiated in October 1974, in Chicago at the National Office of Project 75. During this six-month period we have tested a variety of formats and strategies aimed at the development of a national model which can be replicated.

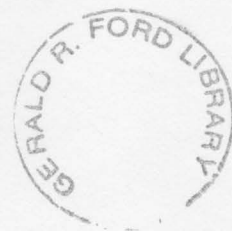
The program started as a Saturday Seminar with academic group counseling and an informal science study forum as the major components. We used self-selection as the basis for participation in the seminars. It was our assumption that on the basis of self-selection, the elements of self-interest and self-motivation would obviously be present in each student and, thereby provide the essentials for meeting the primary objective of the program. The primary objective is to provide whatever academic assistance and counseling that the student may require to make his career interest realistic and to



enable the student to become a self-directed learner in the process of pursuing that career interest. The academic focus was persistently general rather than specific. This was done in order to provide a wide range of conceptual exposure in the basic sciences so that each student could consume whatever satisfied his interests and abilities. In order to obtain a broad range of student responsiveness to the idea, we have always had 100 or more students participating in the program. The students were about equally distributed within the following four categories: 1) high school, 2) college, 3) post baccalaureate and 4) medical students.

A typical Saturday for the students includes participation in the on-going orientation, individual and group counseling sessions, the medical science forum, and small group study-tutorials. The day for the student begins at 9:00 a.m. and lasts until 4:30 p.m. In each aspect of the program one attempts to assist the student in consciously analyzing his previous experiences and his current learning situation. Thus, the development of learning strategies appear more realistic to the student.

After a month of trial and error with a variety of formats and the testing of various group principles, we



were able to structure the academic activities along definitive program lines. As the program progressed, we noted that certain features were emerging as stable components of the Academy.

The first and most important discovery was that it is possible to prepare--in a common setting--students who had different levels of preparation. That is, the same concepts could be taught to representatives of each level of preparation at the same time. In the process we were able to demonstrate that knowledge can be acquired at different rates of speed without any direct relationship to the prior level of preparation. For example, in the medical science forum where high school, college, post baccalaureate and medical students were being exposed to certain concepts in physiology, the high school students were perceiving the fundamentals and grasping them as easily or even more so than some of the upper level students. Undoubtedly, this was due in large measure to the nature of instruction (interdisciplinary topical presentations), the type of teacher (physician faculty), the student-to-teacher interaction, and the student-to-student interaction.

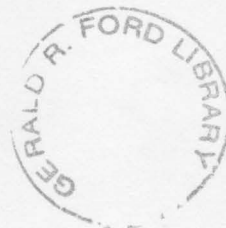
Moreover, the medical science forum became the focal point of each student's participation. At each



forum an interdisciplinary topical presentation was given by the physician faculty person, followed by a student presentation based on a related scientific area, and a group discussion analysis of both presentations.

The student presentation was based on his individual research project. The individual research projects were usually formulated within a small study group where the students were being taught the fundamentals of how to approach scientific work in a preceptorial setting. Mainly, the students were learning how to approach scientific work in a preceptorial setting. Mainly, the students were learning how to approach scientific subject matter with an interdisciplinary understanding. The individual research projects were either literary or laboratory-oriented.

The small study groups were further utilized to reinforce or expand the conceptual understanding of each participant from the standpoint of a single discipline such as chemistry, physics, math or biology. In most cases the students had previously experienced some difficulty in internalizing key concepts in their regular basic science course work. Through the process of self-evaluation, many of the students often discovered that their level of knowledge was not compatible with their current academic classification. However, in view of



the approach used, the student was never embarrassed to readily admit this knowledge gap and to independently pursue the catch-up process with tutorial assistance provided where necessary.

Our approach relies heavily on bombarding the student with a flow of new material (always at a higher level). Thus, the psyche is liberated and allows the student to rethink a previous problem area. From a psychological point of view, this may be seen as a form of "force field" analysis applied to a learning and thinking situation on the part of the student.

By synchronizing the medical science forum and the small study group, the flow of new information is monitored in a manner that easily facilitates the desired self-evaluation on the part of each student. This process supported yet another basic finding. That is, given certain conditions, the students do not need to be taught all the facts in a field of study. It suffices to present them with a limited number of carefully selected concepts presented in a sequence which matches their interests, their abilities and their needs. They can then begin the self-directed learning process with pleasure. Indeed, it has been a major revelation to the students that the pursuit of knowledge should be pleasurable. As a direct



consequence of the pleasurable situation, it has also been determined that the destructive competitiveness among students, particularly in premedicine, is replaced by creative and constructive competition in an atmosphere of harmony, goodwill, and cooperation. Since the student group also contains allied health aspirants, future professionals are inspired to learn the team approach to health care delivery at the most basic level.

A critical analysis of the program reveals that we have been largely successful in meeting the principal objective of providing academic assistance that would enable the student to become a self-directed learner. This is based on the following observable changes that have occurred within all of the students:

1. An attitude of academic aggressiveness that reflects an eagerness to master scientific concepts
2. A sense of self-discipline
3. A sense of self-direction
4. A sense of self-evaluation
5. A sense of group participation

Based on the aforementioned observable changes and feedback from the students in the group counseling sessions, we can easily conclude that the program of

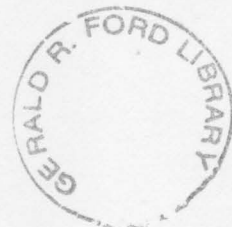


the Academy has both complemented and supplemented the regular classroom experiences of all participants to the extent that they are now enthusiastically and realistically pursuing their career interests.

In conclusion, the educational approach herein described enables a student to integrate the regular, day-to-day course work into the academic activities of the Academy of Learning. The enthusiasm displayed by the students, individually and collectively, lend credence to our view that the pursuit of knowledge can be pleasurable. Under such circumstances, as Alexander Comfort notes:*

Almost all skills worth learning are learned by doing! The introduction to doing de-academizes the subject, motivates the novice to read and study, as he would never otherwise do...A learning community, then, starts all humanists and all scientists for their own good on practical experimentation....through similar techniques used specifically as teaching methods....Makes people interdisciplinary by letting interdisciplinary people teach disciplines....(Center Report, 12/74, pp. 25-27).

*Senior Fellow at the Center for the Study of Democratic Institutions, Santa Barbara, California. Formerly Director of Medical Research Council's Research Group on Aging, London.



Looking ahead to the future when one can anticipate continuing demands for increased access to education, despite the fact that the American school and college system already affords greater access than any system in the world, it is highly desirable to promote as much quality as possible. But quality is not a mass concept, as such, because each individual must have improved quality first. Stated in the words of Hugh Downs:

If the quality of education available is poor, if one is made to feel alien and inferior because of poor teachers, outmoded concepts of schooling, and irrelevant classroom material, basic habits of thought will be forfeited and life will always be a little uphill from here on, no matter how fortunate circumstances might otherwise be.*

The Institute for Health Resources Development (IHRD) is a response to the critical issues affecting the quality of life for all Americans. More specifically, the IHRD has, as part of its program, certain pre-professional preparatory mechanisms which, on a pilot basis, appear to be an answer to many of the problems associated with educating the less advantaged among our people.

*Hugh Downs, "The Quality of Life Today and Tomorrow," Quality of Life, The Early Years, Publishing Sciences Group, Inc., Acton, Massachusetts, 1974, p. 4.

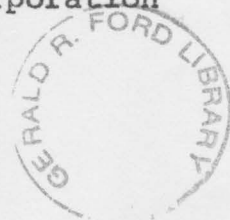


VI. SUMMARY AND CONCLUSIONS

The Institute for Health Services Development, an Illinois not-for-profit corporation, has evolved as the appropriate vehicle through which to provide continuity for the experiences derived in major part from Project 75, a five-year research and demonstration effort. Its creation reflects compliance with Special Conditions 1-3 (FY1974) calling for the transformation of the Advisory Board to the Policy Board and its assumption of grantee status.

In the preceding sections, the evolution of thought and actions in pursuit of the basic goal of Project 75 were outlined. In general, it was noted that, except for reaching the 12% minority admissions for academic year 1975, program components of Project 75 far exceeded expectations in quantitative and qualitative output. While medical schools will fall approximately 2% short of the 12% goal, there has been a jump in the percentage of minority college-bound youth interested in medicine and allied health careers from 6% in 1969-70 to 20% in 1974-75.* Hence, the pool from which to draw prospective medical students has definitely increased. Most medical

*Source: National Merit Scholarship Corporation and United Negro College Fund.



schools have observed the trend as a result of substantial increases in the number of applications for admissions. These observations are well-documented in statistics prepared by each school and reported to the Association of American Medical Colleges.

Despite the increased applicant pool and the improved retention of premedical students, the medical school retention rate requires much greater attention. However, the better the preparation of premedical students, the more successful will be their matriculation in medical school. On the basis of the pilot efforts of the Institute for Health Resources Development, it is firmly believed that supplementary and complementary experiences beyond the classroom will play a key role in promoting better quality of performance by students all along the health career pathways.

Unfortunately, even though it was noted in the Sloan Task Force Report that increasing class size in medical schools would be necessary to accomodate the increased health manpower needs, (Figures 10,11) the increase has been slower then the growth in the applicant pool not only for minority students, but for other students as well. It is anticipated that expanded federal participation



Table 6.

SUPPLY OF ACTIVE PHYSICIANS (M.D.), BY MAJOR SPECIALTY GROUP: ACTUAL 1963 AND 1970; PROJECTED 1975-90

Specialty group ¹	1963 ²	1970	1975	1980	1985	1990
Number of active physicians						
Total	261,730	311,210	363,870	430,240	499,440	571,030
General practice	66,870	³ 56,260	51,910	47,210	42,110	36,700
Medical specialties	46,520	66,380	86,210	110,750	136,490	163,240
Surgical specialties	67,010	85,380	106,750	133,550	161,660	190,870
Other specialties	81,330	103,190	119,000	138,720	159,180	180,210
Percent distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0
General practice	25.5	18.1	14.3	11.0	8.4	6.4
Medical specialties	17.8	21.3	23.7	25.7	27.3	28.6
Surgical specialties	25.6	27.4	29.3	31.0	32.4	33.4
Other specialties	31.1	33.2	32.7	32.2	31.9	31.6

Table 8.

SUPPLY OF ACTIVE FORMALLY TRAINED SELECTED ALLIED HEALTH PERSONNEL: 1970 AND PROJECTED 1975-90

Occupation	1970	1975	1980	1985	1990
Basic educational preparation at least baccalaureate in level					
Dietitians	15,300	16,140	18,170	20,470	22,340
Medical record administrators	4,200	4,500	5,140	5,850	6,430
Medical technologists	45,000	60,160	80,620	103,010	123,520
Occupational therapists	7,300	9,270	11,760	14,500	16,880
Physical therapists	11,550	16,640	23,030	30,080	36,570
Speech pathologists and audiologists	13,300	23,560	37,070	53,720	70,930
Basic educational preparation less than baccalaureate in level					
Certified laboratory assistants	6,700	13,590	22,260	31,950	41,160
Cytotechnologists	2,400	3,400	4,670	6,090	7,400
Dental assistants	9,200	23,490	39,110	55,880	71,530
Dental hygienists	15,100	23,310	34,190	46,320	57,650
Dental laboratory technicians	1,600	3,970	7,070	10,670	14,290
Respiratory therapists	3,850	6,800	10,510	14,720	18,810
Licensed practical nurses	400,000	464,680	565,890	693,410	819,790
Medical record technicians	3,800	4,160	4,900	5,720	6,460
Occupational therapy assistants	600	2,320	4,360	6,620	8,820
Radiologic technologists	41,000	63,570	93,560	127,770	161,280

*Source: Health Manpower References, The Supply of Health Manpower 1970 Profiles and Projections to 1990, DHEW Publication No. (HRA) 75-38, U. S. Department of HEW, December 1974.



PROJECTION OF NURSING MANPOWER NEEDS THROUGH 1990

Table 90.

SUPPLY OF ACTIVE FULL- AND PART-TIME REGISTERED NURSES, USING BASIC METHODOLOGY ACTUAL 1970-72
AND PROJECTED 1973-90

Year	Number of active registered nurses				Percent distribution		
	Total	Full time	Part time	Full-time equivalents ¹	Total	Full time	Part time
1970.....	723,000	515,000	208,000	619,000	100.0	71.2	28.8
1971.....	748,000	524,000	224,000	639,000	100.0	70.1	29.9
1972.....	777,000	551,000	226,000	664,000	100.0	70.9	29.1
1973.....	810,300	573,700	236,600	692,000	100.0	70.8	29.2
1974.....	848,000	599,500	248,500	723,800	100.0	70.7	29.3
1975.....	889,400	627,900	261,500	758,600	100.0	70.6	29.4
1976.....	932,800	657,600	275,200	795,200	100.0	70.5	29.5
1977.....	975,500	686,800	288,700	831,200	100.0	70.4	29.6
1978.....	1,017,500	715,300	302,200	866,400	100.0	70.3	29.7
1979.....	1,058,900	743,300	315,600	901,100	100.0	70.2	29.8
1980.....	1,099,600	770,800	328,800	935,200	100.0	70.1	29.9
1981.....	1,139,800	797,900	341,900	968,800	100.0	70.0	30.0
1982.....	1,179,300	825,500	353,800	1,002,400	100.0	70.0	30.0
1983.....	1,218,300	852,800	365,500	1,035,600	100.0	70.0	30.0
1984.....	1,256,800	879,800	377,000	1,068,300	100.0	70.0	30.0
1985.....	1,294,500	906,200	388,400	1,100,400	100.0	70.0	30.0
1986.....	1,331,300	931,900	399,400	1,131,600	100.0	70.0	30.0
1987.....	1,366,900	956,800	410,100	1,161,800	100.0	70.0	30.0
1988.....	1,401,300	980,900	420,400	1,191,100	100.0	70.0	30.0
1989.....	1,434,600	1,004,200	430,400	1,219,400	100.0	70.0	30.0
1990.....	1,466,700	1,026,700	440,000	1,246,700	100.0	70.0	30.0

FIG. 11

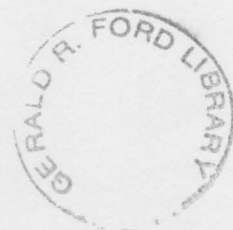


in assisting with growth in the numbers of health science schools and increased class size will help to alleviate this problem.

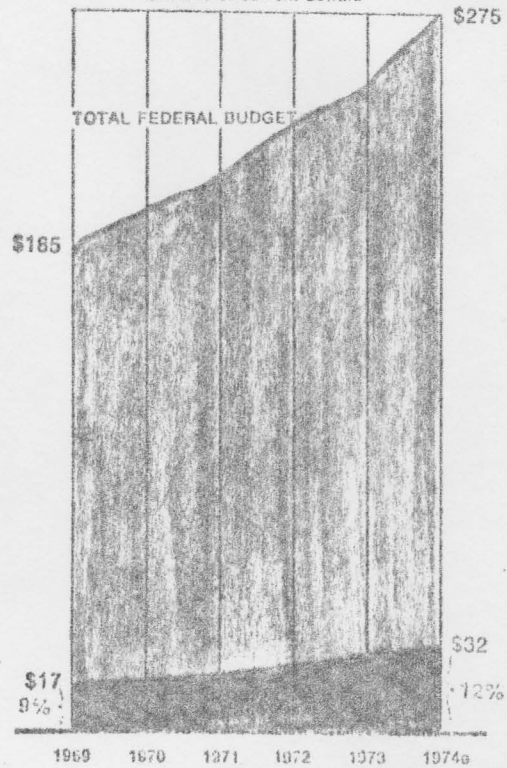
Overall, the federal investment in health care services, facilities and manpower development has continued to increase over the past decade (Figures 12,13). Trends suggest that this activity will increase in years to come. This heavy investment must be protected through a strong partnership between government and the private sector. We believe the Institute for Health Resources Development, responding creatively to identified needs, can play a key role for the government and the people.

The methodology and programmatic activity developed over the past five years provide a sound foundation for achievement by the Institute of Health Resources Development. As an information system, there is virtually unlimited capacity to grow (Figure 14). The comprehensive nature of its program components, as typified by Counseling and Guidance Services, helps to assure quality of performance (Figure 15).

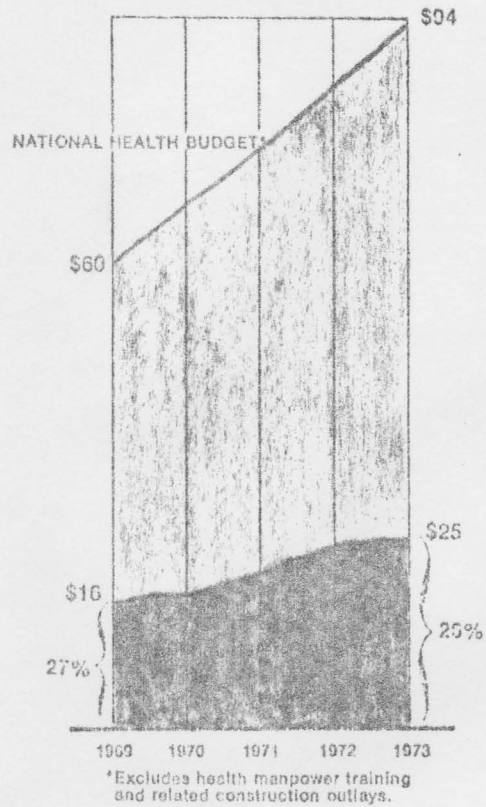
In view of the increasing interest of minority students in health careers, the growing need for more health professionals, the rising clamor of the public for improved



TOTAL FEDERAL BUDGET AND
FEDERAL HEALTH BUDGET, 1969-74
billions of current dollars



NATIONAL HEALTH BUDGET AND
FEDERAL HEALTH BUDGET, 1969-73
billions of current dollars



FEDERAL HEALTH BUDGET AND
HEALTH SERVICES BUDGET, 1965-74
billions of current dollars

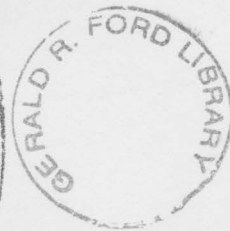
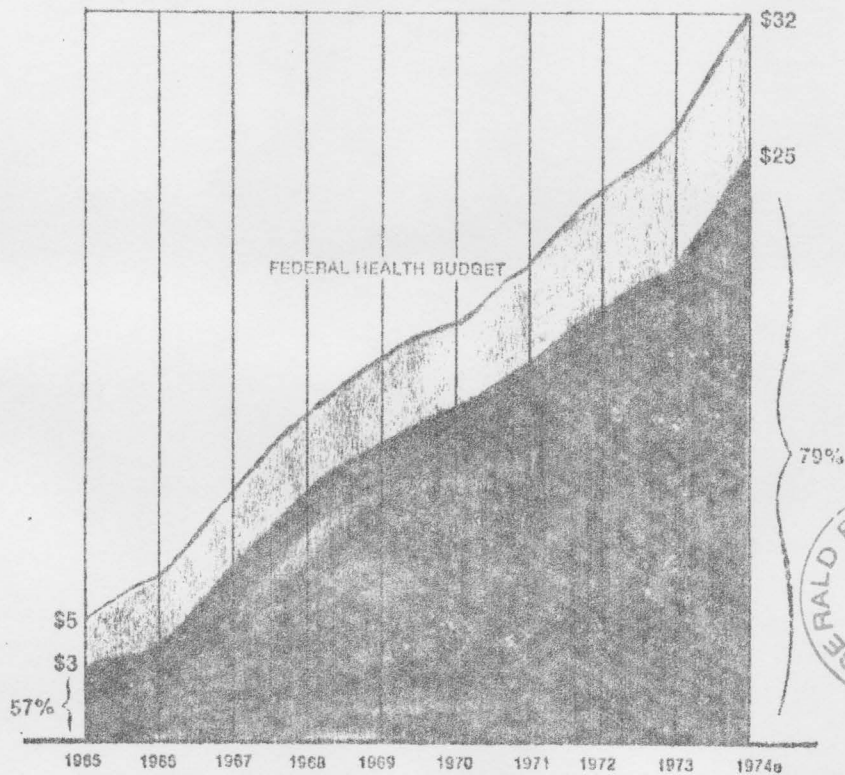
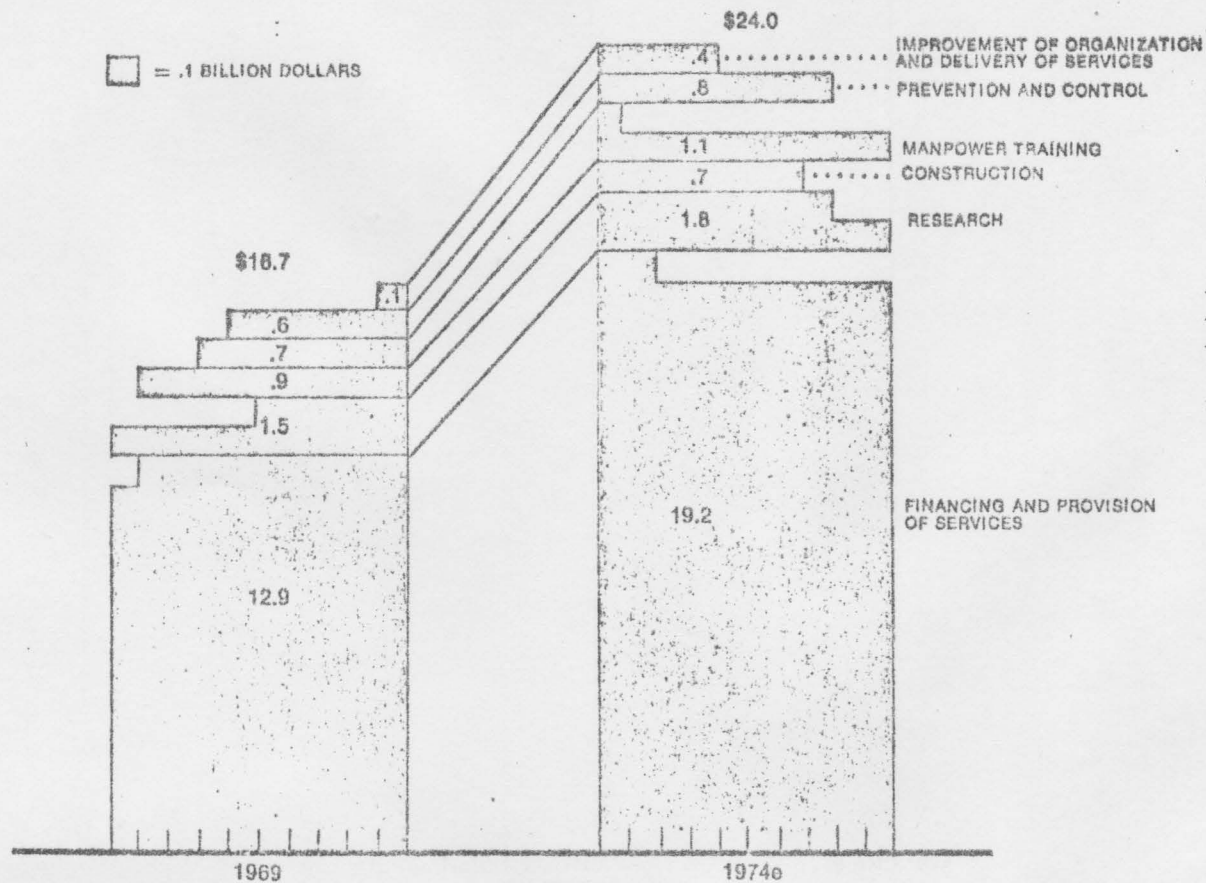
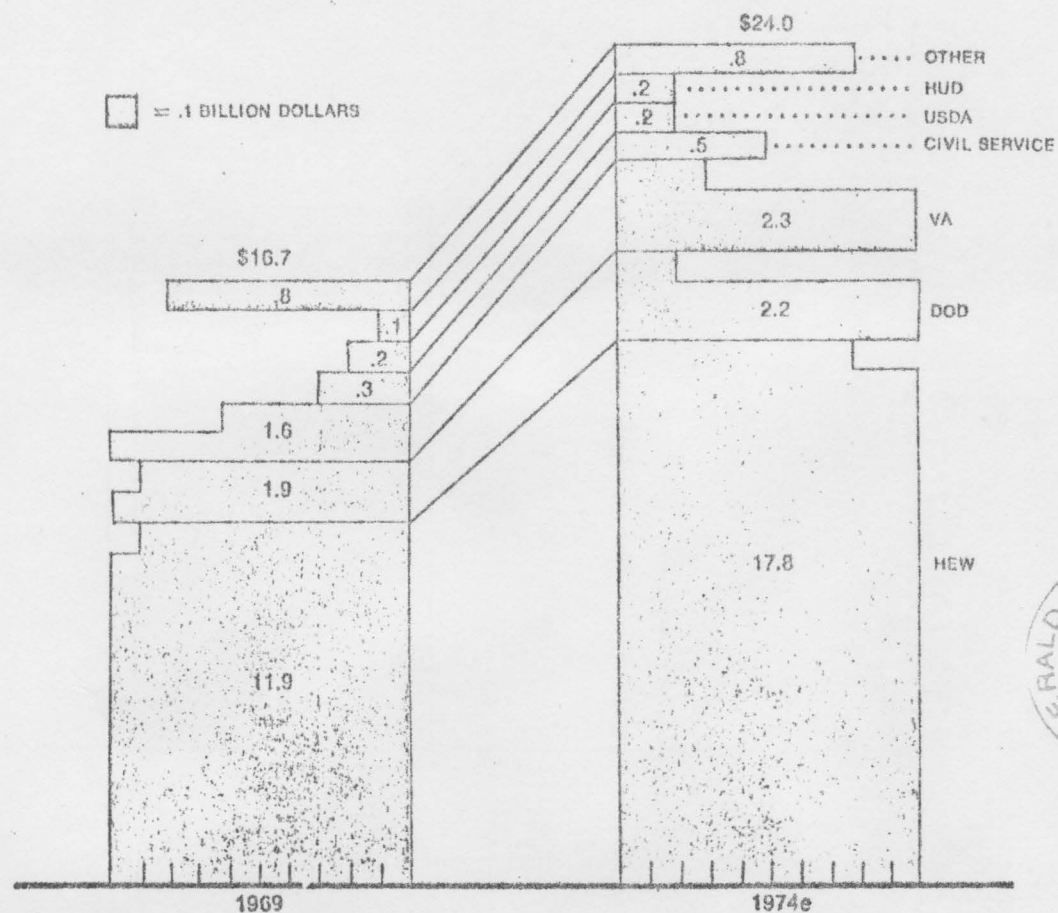


FIG. 12

TOTAL FEDERAL HEALTH OUTLAYS BY ACTIVITY, 1969 AND 1974
billions of 1969 dollars

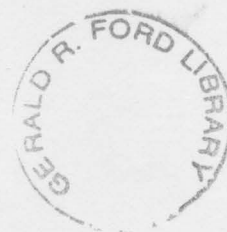


FEDERAL HEALTH OUTLAYS BY AGENCY, 1969 AND 1974
billions of 1969 dollars



SOURCE: U.S. DHEW STATISTICS

FIG. 13



PROJECT 75 INFORMATION SYSTEM

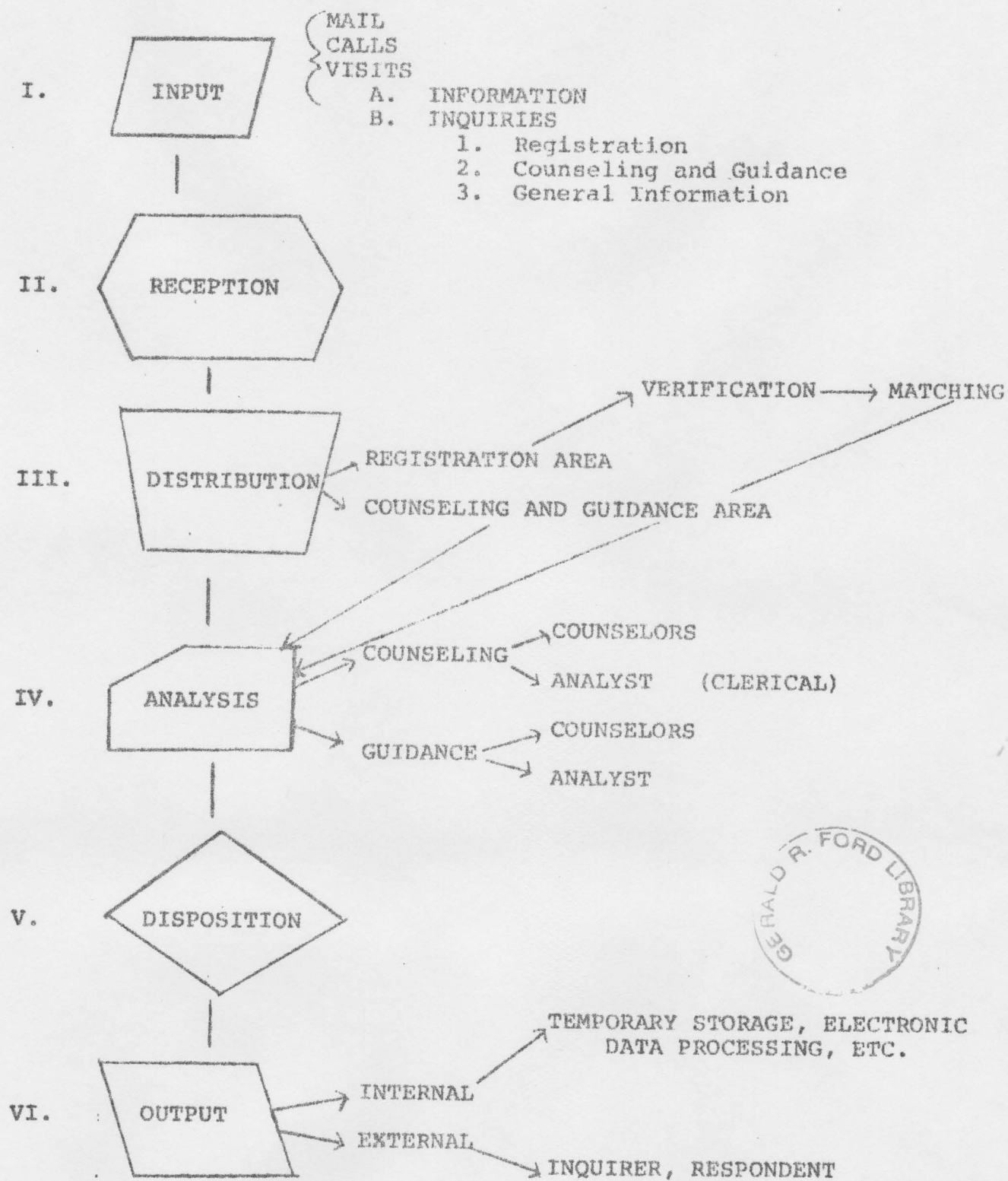
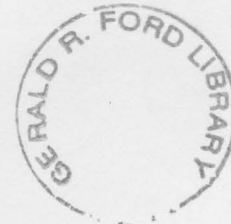


FIG. 14

COUNSELING AND GUIDANCE PROGRAM

- I. Inventory
 - A. Background information
 - B. Analysis of needs
- II. Informational Service
 - A. Health Career Information
 - 1. Descriptions of various careers
 - 2. Required training and preparation
 - 3. Locations of educational and training programs
 - B. Academic Information
 - 1. Overcoming academic difficulties
 - 2. Effective study skills and habits
 - 3. Admissions tests
 - C. Educational Information
 - 1. Course requirements and selections
 - 2. Admissions and application procedures
 - 3. School costs, facilities, curricular emphasis
 - D. Social Information
 - 1. Adjusting to a college or university setting
 - 2. Coping with differences in values, career goals and cultural backgrounds
 - E. Financial Information
 - 1. Financial aid resources
 - 2. Planning a financial package to cover educational costs
 - 3. Full or part-time employment
 - F. Information about Project 75 and its services
- III. Counseling Service
 - A. Evaluation of self and available opportunities
 - B. Choosing an appropriate plan of action
- IV. Placement Services
 - A. Choosing a college, university or medical school
 - B. Referrals to other Project 75 services
 - C. Referrals to external programs and organizations
- V. Follow up Services
 - A. Monitoring progress at the undergraduate level (semi-yearly)
 - B. Monitoring progress at the medical school level (yearly)
 - C. Referral follow up

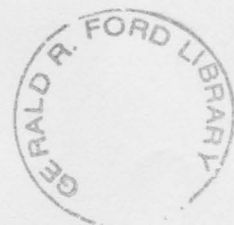


health care services, and the impact of inadequate health resources on the quality of life for all Americans, it is only befitting that the Institute for Health Resources continue efforts to recruit, retain and prepare students for health careers, especially among those who, historically, have fewer opportunities to pursue their interests due to obstacles placed in their pathway. Finally, the federal responsibility to guarantee the right to quality health care by all Americans requires that the government protect its investment in programs designed to assist in meeting national goals. By virtue of the experiences developed by the staff and Policy Board members of the Institute for Health Resources Development, which evolved from the research and demonstration efforts of Project 75 in compliance with Special Conditions 1-3 (FY1974), it is logical that future thrusts be carried forward by those who have been primarily responsible for the successful research and demonstration effort. The Institute for Health Resources Development embraces the past, has pilot efforts underway in the present and anticipates meeting challenges destined to surface in the future.



APPENDICES

The letters attached hereto are varied in nature, come from different parts of the country and the world, and represent the opinions of legislative leaders, health professionals, faculty, community organizations and students. They address different issues but, in general, the letters show the impact of the Project as well as the esteem in which it is held by the writers. Further, some are quite cognizant of our future plans and are supportive of them. There are literally thousands of letters in our files from which this sampling has been drawn. We consider these letters to be supportive and, simultaneously, many of them have helped to define the need for continuation of our efforts.



National Medical Association, Inc.

ORGANIZED 1905
INCORPORATED 1924

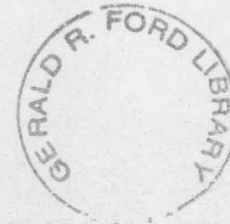
2109 E Street, N.W., Washington, D.C. 20037

PRESIDENT
1245 PRESIDENT STREET
BROOKLYN, NEW YORK 11213

212-457-3600 (OFFICE)
212-555-7555 (HEALTH DEPARTMENT)
212-774-4940 (RESIDENCE)

April 14, 1975

A. L. Thomas, M. D., Director
Project 75
Suite 700
1020 S. Wabash Avenue
Chicago, Illinois 60605



Dear Dr. Thomas:

I appreciated receiving the most recent quarterly report of Project 75 which I read with great pleasure.

It was not surprising to learn that the medical schools will fall short by 2% in the percent of minority students entering medical school in the Fall of 1975. You will recall from my inaugural address in New Orleans last August, that I emphasized the importance of avoiding the "numbers game" in developing health manpower in the short term. There is little doubt, however, that even though we will not have 12% minorities entering medical school in the Fall, it is quite encouraging that the absolute numbers being admitted will come closer to the projections made by the Sloan Foundation Task Force.

Since the problem remains concerning the need for increased health manpower in minority communities, it becomes of the utmost importance that efforts continue under the scheme envisioned for the Institute for Health Resources Development. You have my strongest endorsement to go forward with full implementation of the plans for the future. It is most impressive that, in a sense, the Institute for Health Resources Development is, at once, old and new. The wide array of experiences among your staff and Policy Board members, combined with the long tenure of each of them in association with the program, gives a strong basis for maintaining the integrity of the program in the past and for the future.

Best wishes for continued success in the dedicated efforts that have been the hallmark of the team which has been so successful in assisting minority students to pursue careers in health.

Sincerely,

Vernal G. Cave
Vernal Cave, M. D., President

VC:mfr

PUSH PEOPLE UNITED TO SAVE HUMANITY

Toward Economic, Political & Cultural Independence

330 E. 50TH STREET • CHICAGO, ILLINOIS 60613 (312) 373-0355

REV. CLAY EVANS
Chairman of the Board
REV. JESSE L. JACKSON, Jr.
President
THOMAS N. TODD
Executive Vice-President
CHARLES HAYES
Vice-Chairman
WESLEY SOUTH
Vice-Chairman
AL JOHNSON
Treasurer
IV. CLAUDE WYATT
Secretary
DOLORES ELLIOTT
Assistant Secretary
ROBERT L. TUCKER
General Counsel

BOARD MEMBERS

HENRY ALLEN
MARCUS ALEXIS
ARENCE AVANT
JAMES L. BARNES
REV. THOMAS L. BARRETT
AL BELL
DIE BOOTH
ARNITA BOSWELL
VIN BOUTTE
RUTH BOWEN
JOHN BUSTAMANTE
DR. JAMES E. CHEEK
JACKY CORDELL
WILLIAM COUSINS, JR.
DR. B. DICKERSON
DOLORES ELLIOTT
REV. CLAY EVANS
DR. C. L. FRANKLIN
BRY GORDY
CARYL GRISHAM
REV. SHELVIN HALL
REV. HENRY O. HARDY
MAYOR RICHARD G. HATCHER
CHARLES HAYES
DREW HEARD
CLOUS HENDERSON
REV. OGLE HOOVER
DR. T. R. M. HOWARD
REV. JESSIE "MA" HOUSTON
DR. CHARLES G. HURST, JR.
J. QUELINE L. JACKSON
REV. JESSE L. JACKSON
NANCY JEFFERSON
A. BENJAMIN JOHNSON
A. JOHNSON
G. IRGE JONES
T. ODORÉ JONES
QUINCY JONES
DR. D. E. KING
REV. BILLY KYLES
E. EST LAFONTANT
A. A. L. LANGFORD
B. Y. LAWSON
JOHN LEVY
PETE LONG
ROBERT MARTIN
D. GHT MCKEE
R. OTIS MOSS
D. ALVIN F. POUSSAINT
JACKIE ROBINSON
WILLIAM ROBINSON
B. RUSSELL
W. LEY SOUTH
C. L. B. STOKES
PENNY SUTTON
THOMAS N. TODD
DEMPSEY TRAVIS
ROBERT L. TUCKER
REV. FRED WALL
M. RTINA WALKER
ALLEY WALKER
BENJAMIN E. C. WASHINGTON
DR. ROLAND WIGGINS
REV. CLARENCE WILLIAMS
REV. CLAUDE WYATT
M. S. ZOLLAR

April 21, 1975

Dr. Andrew Thomas
Director of Project 75
Executive Office of Project 75
1020 South Wabash Avenue
Chicago, Illinois

Dear Dr. Thomas:

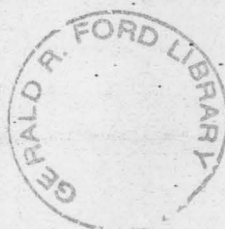
Operation PUSH considers Project 75, one of the most significant endeavors to improve health care ever conducted and addressed to the black and nonwhite community.

The fact that there are less than 6500 active black doctors in this nation is an indictment of racist policies both with respect to admissions to professional institutions and with respect to the funding and expansion of those black schools which have assumed the near impossible mission of providing black health professionals.

The City of Chicago represents the most persuasive reason for Project 75. A study by the Regional Data Center of Northeastern Illinois Planning Commission (study no. 4) disclosed that "The expectation of life at birth of males of races other than white, in the Chicago Standard Metropolitan Statistical Area, declined almost 5 months, to a level of 60.8 years, during the period of 1960-1970. For the first time since 1920, a major segment of society experienced a decline in life expectancy..."

Again, between 22nd Street on the North and 87th Street on the South, health conditions which can only be compared to Asia or rural Africa exist. Yet Chicago has fewer than 3.5% of the Black health professionals in practice.

As long as it is the case that the typical black pre-med student comes from a family having less than \$5500 in income our beginnings toward the goals of proportionality and parity in health care professionals will be stunted. Thanks to Project 75, however, difficult that goal, there is organized help to reach it.

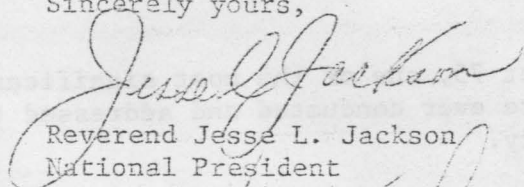


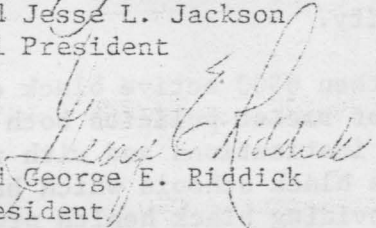
(Over)

The Black community desperately needs advocates for a more adequate health delivery system. Unfortunately, Washington has only partially and belatedly agreed to fund such Advocates, but we need them nonetheless.

We therefore urge the expansion of Project 75, toward the realization that black health will prove black wealth. Such will be in the best interests of this nation both now and in the future.

Sincerely yours,


Reverend Jesse L. Jackson
National President


Reverend George E. Riddick
Vice President

JLJ:GER:jt



WARREN G. MAGNUSON, WASH., CHAIRMAN

JOHN C. EASTON, R.I.
VANCE HARTKE, IND.
PHILIP A. HART, MICH.
HOWARD W. CANNON, NEV.
RUSSELL B. LONG, LA.
FRANK E. MOSS, UTAH
J. P. HOLLINGS, S.C.
M. INOUE, HAWAII
A. TUNNEY, CALIF.
ADLAI E. STEVENSON III, ILL.

NORMIS COTTON, N.H.
JAMES B. PEARSON, KANS.
ROBERT D. GRIFIN, MICH.
HOWARD H. BAKER, JR., TENN.
MARLOW W. COOK, NY.
TED STEVENS, ALASKA
J. CLENN BEALL, JR., MD.

FREDERICK J. LORDAN, STAFF DIRECTOR
MICHAEL BENTOLINI, CHIEF COUNSEL

United States Senate

COMMITTEE ON COMMERCE
WASHINGTON, D.C. 20510

June 18, 1973

Dr. A.L. Thomas
Project Director
Project 75
1020 South Wabash Avenue
Chicago, Illinois 60605

Dear Dr. Thomas:

Thank you for your letter and the quarterly report of Project 75. I appreciate you keeping me informed of the progress of your organization.

Keep up the good work. I hope to hear from you in the near future. If I can be of further assistance to you, do not hesitate to write.

With best wishes,

Sincerely,



Adlai E. Stevenson III





OFFICERS

President
Julius Hill, M.D.
Los Angeles, California

1st Vice President
Leslie Alexander, M.D.
Brooklyn, New York

2nd Vice President
Edmund Casey, M.D.
Cincinnati, Ohio

3rd Vice President
Clifton O. Dummett, D.D.S.
Los Angeles, California

Secretary-Treasurer
Andrew Thomas, M.D.
Chicago, Illinois

NATIONAL MEDICAL ASSOCIATION FOUNDATION, INC

2109 E Street, N.W.
Washington, D.C. 20037

202-338-8266
April 10, 1975

A. L. Thomas, M. D., Director
Project 75 -- Suite 700
1020 South Wabash Avenue
Chicago, Illinois 60605

Dear Dr. Thomas:

I wish to commend you and the staff of Project 75 for your tremendous efforts expended over the last five years in pursuit of the goals established for increasing the number of minority students in our Nation's medical schools. I am impressed that, while other organizations and individuals have contributed to the solutions, Project 75 has certainly been in the forefront.

As I indicated in 1970, while President of the National Medical Association and during the time of negotiations with OEO, we would have to look very carefully at developing solutions to the long range goals of the five-year commitment made by the federal government. Therefore, it please me greatly to know that the staff and Policy Board of Project 75 have taken the necessary actions to continue and build upon certain key mechanisms and approaches developed by Project 75.

I am confident that the Institute for Health Resources Development will provide more complete solutions to the understandable more complex problems associated with the long range solutions. You have my solid support and that of many public and private leaders in California in the future activity to be associated with the Institute for Health Resources Development.

Best wishes for continued success and, again, it pleases me to know that our efforts will continue in promoting better health care for our Nation, in general, and our minority communities specifically.

Sincerely,

Julius Hill, M. D.

JH:jmc



GEORGE MCCOY, S. DAK., CHAIRMAN
BERNARD E. TOLSON, GA.
J. A. HART, MISS.
TOM H. MONROE, MINN.
JACK M. KENNEDY, MASS.
GAYLORD NELSON, WIS.
ALAN CRAGG, CALIF.
ROBERT H. HUMPHREY, MINN.
CHARLES H. PERCY, ILL.
MARLOW W. COOK, KY.
ROBERT DOLE, KANS.
HENRY BELLMON, OKLA.
RICHARD SCHWEIKER, PA.
ROBERT TAYLOR, JR., OHIO

KENNETH SCHLOSSBERG, STAFF DIRECTOR

United States Senate
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS
(CREATED PURSUANT TO S. RES. 281, 94TH CONGRESS)
WASHINGTON, D.C. 20510

October 7, 1974

RECEIVED OCT 11 1974

A. L. Thomas, M. D.
Project 75
1020 South Wabash Avenue
Suite 700
Chicago, Illinois 60605

Dear Dr. Thomas:

Thank you very much for your warm and thoughtful letter and for the Project 75's Annual Report.

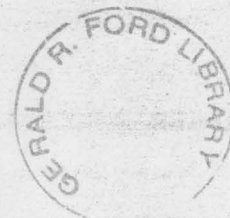
You can be sure that I will continue to support your program whenever possible. Again, thank you for writing.

Sincerely,

Charles H. Percy

Charles H. Percy
United States Senator

CHP:ml





U.S. DEPARTMENT OF COMMERCE
Office of the Secretary
Washington, D.C. 20230

70 JUL 1972

Dr. Andrew L. Thomas
1020 S. Wabash Street
Suite 700
Chicago, Illinois 60605

Dear Dr. Thomas:

I am John L. Jenkins, Director of the Office of Minority Business Enterprise, U. S. Department of Commerce, and I am writing in behalf of a young man who deserves every possible assistance that the National Medical Association's Project 75 can provide.

His name is Luther Harrell, Jr. and I have known him for most of his life. He is currently working his way through Fisk University and has been accepted as a medical student at Meharry, beginning in September 1972.

I ask for your personal intervention to see that Project 75 gives favorable consideration to this outstanding young man. He has the qualities it takes to be a success and he is certain to be a credit to the medical profession.

Unfortunately, he comes from a very disadvantaged family and has come this far educationally only by virtue of hard work to meet his school expenses.

For your information, I have enclosed a copy of his resume and his student record at Fisk. If there is anything more I can do in this matter, please let me know because I am most anxious to assist in any way possible.

Sincerely,

John L. Jenkins
Director
Office of Minority Business Enterprise



MOREHOUSE COLLEGE

ATLANTA, GEORGIA 30314 Telephone: Area Code 404/691-2800, Ext. 203

RECEIVED OCT 24 1974

Office of the President

October 15, 1974

Dr. Andrew Thomas
Project Director
Project '75
National Medical Association
1020 South Wabash Avenue
Chicago, Illinois

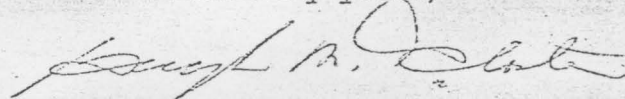
Dear Dr. Thomas:

This letter is meant to express the appreciation of Morehouse College for the benefits to our students which have resulted from the support of Project '75 for the tutorial activities in the Atlanta University Center. These tutorial activities have contributed significantly to a substantial decrease (approximately by a factor of 2) in student attrition ratios. By attrition we mean those students who receive the grades "D", "F", "W" or "I."

We share your deep concern for the minority student who is on the health career pathway because we realize that this student will eventually render care and service in areas that are greatly underserved by the health career delivery system at the present time. Our effort to virtually double our own production of undergraduate health professionals will result in a substantial increase in the number of health professions in a very short time.

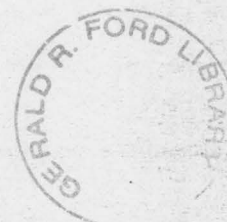
Thank you again for your assistance, and I hope that we will be able to count on continued support from your organization.

Sincerely yours,



Hugh M. Gloster
President
Morehouse College

HMG/lso



DILLARD UNIVERSITY
NEW ORLEANS, LOUISIANA 70122

OFFICE OF THE PRESIDENT

March 23, 1973

Dr. A. L. Thomas, Project Director
Project 75 Suite 700
1020 South Wabash Avenue
Chicago, Illinois

Dear Doctor Thomas:

This is to acknowledge with deep gratitude your check for \$15,010 in payment of your pledge to our Pre-Medical Summer Reinforcement Program of the past Summer 1972. I understand that we have a proposal before you for this Summer 1973 which we hope also will be approved by your Board.

It was a real pleasure to meet with you in New Orleans and we welcome you to visit Dillard to see the good and promising program that your grant has helped to make possible.

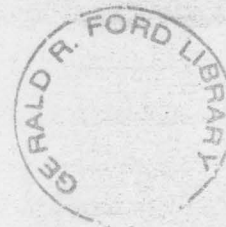
Again, on behalf of the University, the students, the Division of the Natural Sciences, Dr. Sutton and Mrs. Segre, we are most grateful.

Sincerely yours,

Broadus N. Butler
Broadus N. Butler
President

BNB:db

cc: Dr. William W. Sutton



United Negro College Fund, Inc.
55 East Fifty-Second Street, New York, N. Y. 10022
(212) PLaza 1-0700



April 16, 1974

Dr. Andrew L. Thomas
Director, Project-75
National Medical Association
1020 South Wabash Avenue
Chicago, Illinois 60605

RECEIVED APR 25 1974

Dear Dr. Thomas:

Thank you so much for participating in the United Negro College Fund's recent National Spring Conference on American Higher Education: The Black Perspective. Your fine contribution helped to make the Conference the success it was and all of us here at the Fund want to express our thanks.

We hope we may count on your continued interest and support for the Fund's efforts to keep sharply focussed the black perspective in American higher education.

Yours sincerely,

Theophilus E. McKinney, Jr.
Director
Division of Institutional Services

TEMjr:ww

Frederick D. Patterson
Honorary President

Morris B. Abram
Chairman of the Board

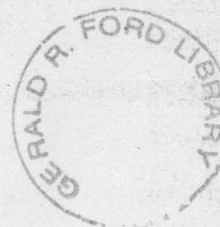
Herman H. Long
President

Christopher F. Edley
Executive Director

Earle A. Ravenau
Assistant Director

Jesse H. Lawrence
Treasurer

a Jones
Secretary





The Student National Medical Association

NATIONAL OFFICE

2109 E. STREET, N.W. - WASHINGTON, D.C. 20037

(202) 337-4550

May 20, 1974

Chairman, Board of Directors

MR. JESSE S. CHANDLER, JR.
7301 Riggs Road
Hyattsville, Maryland 20783
(301) 439-5333

Andrew L. Thomas, M.D.
NMA Project 75
1020 South Wabash Avenue
Chicago, Illinois 60605

Dear Dr. Thomas:

Thank you for your participation in our 10th Annual Conference. Because the ultimate value of the Conference to our members is largely dependent upon the quality of the participants who conduct the sessions, we always try to involve the very best experts. In your case we were successful; the excellence of your contribution was all we could have hoped for. The students really gained a lot from your store of knowledge, expertise and experience.

On behalf of all of us in SNMA, our deepest appreciation to you for contributing so much to the success of our Conference.

Sincerely,

Jesse Chandler
Jesse S. Chandler, Jr.
Chairman, Board of Directors

lms



STANFORD UNIVERSITY
Stanford, CA 94305
December 5, 1974

Andrew L. Thomas, M.D.
Director
Project Seventy-Five
1020 South Wabash Avenue
Suite 700
Chicago, Illinois 60605

Dear Dr. Thomas:

On behalf of the Stanford Black Premedical Organization and myself, I wish to take this time to thank you for organizing the National Premedical Society. It is easily recognizable that this organization can truly benefit black premedical students across the country.

In writing this letter I wish to inquire about specific functions of the organization, i.e. membership fee, if any, any brochures, catalogs, etc. to be sent to black premeds, any newsletters, communiques and what have you. We would be very appreciative of any information you could send us on the organization.

I realize that communication and publicity require a great deal of time and effort for success. In view of this, I wish to offer my assistance in whatever way it may be needed.

Again we thank you for your fruitful efforts to expand and retain black interest in the allied health fields.

Yours in medicine,

Thomas Alexander Myers

Thomas Alexander Myers
Central Committee
Stanford Black
Premedical Organization

Enclosures
cc: file
TAM/aw



University of Utah Medical Center
Department of Community and Family Medicine
50 North Medical Drive
Salt Lake City, Utah 84112

March 31, 1972

National Medical Association
1020 South Wabash Avenue
Suite 700
Chicago, Illinois 60605

Gentlemen:

The Department of Community and Family Medicine of the University of Utah College of Medicine is eagerly searching to recruit a Chairman for our Division of Behavioral Science. We would very much appreciate any suggestions you might have as to potential qualified applicants with a background in any of the behavioral sciences to be considered for this position. The position would be sufficiently flexible to permit the individual to engage in research while assuming administrative and teaching responsibilities.

The Department of Community and Family Medicine is a relatively young innovation in this Medical School, but since its inception in July of 1970 it has already grown into a number of fields. At the present time we have operational programs in training for physicians' assistants (The Utah MEDEX project), a study of the effectiveness of antihypertensive drugs and patient compliance, a health planning project in rural Utah, and a surveillance system for the quality of care in coronary care units. We are also in the process of finalizing plans for a study of the health effects of sulfur oxides on smelter workers, and an evaluation of the health effects of a multiphasic screening project. Through our Family Medicine Division, the Department has in operation a residency program in family practice and a Family Practice Center where medical care is being delivered.

The Department's major concerns are with evaluation and understanding systems of health care delivery and factors which may impinge upon the health of a population.

To this point, our Behavioral Science Division has been rather small although active. We currently have two part-time persons employed by the Regional Medical Program. These people have been actively involved in a number of the forementioned projects, but we recognize the need to identify someone to develop that Division into a more active unit. We are looking toward the development of a graduate program in community medicine with special concentration on the behavioral sciences and would like to establish better working relationships with the various University departments within the behavioral sciences. Our Department would offer the opportunity for development and research in a variety of directions to be shaped by those who work within it.

APR 5 1972

Page 2

We would be grateful for any leads that you might be able to suggest. Our telephone number is 801-581-7234; please feel free to call collect or to write me at the above address. I shall look forward to hearing from you. Thank you.

Sincerely,

C. Hilmon Castle

C. Hilmon Castle, M.D.
Professor and Chairman

CHC:jg

COMMITTEE FOR PRE-DENTAL & PRE-MEDICAL STUDENTS

Dr. J. M. D. Penning, Physician

Garland, Ph.D. Chemistry

Wright, Ph.D. Political Science & Public Affairs

A. Maerl, Ph.D. Biological Sciences

Anderson, Ph.D. Bacteriology, Chairman

University of Idaho

College of Letters and Science

Moscow, Idaho 83843

March 28, 1972

A. L. Thomas, M. D.

Project 75 Director

1020 South Wabash Avenue - Suite 700

Chicago, Illinois 60605

Dear Dr. Thomas:

We would like to request advice in applying for HEW funds to encourage minority students, particularly our native Indian population, in the allied health field. Programs that are currently funded, programs that are working or programs that have feasibility would help us in designing our own proposal.

At the moment, I envision the following:

1. People at the Indian agencies paid to select qualified students early (grade schools) and actively encourage interest in allied health fields.
2. Instructional personnel to conduct studies for grade school and high school students in basic areas essential to allied health fields (a Head Start program - conduct on 1/1 basis.)
3. Lectures by visiting professors (hopefully) of minority races.
4. a. Coordination of the program by the Pre-medical advisor and the Director of the "Center for Native American Development" at the University of Idaho.
b. Continuation of coordination and advisement for the student at the University level.
5. Tutorial help, remedial classes and extra help sessions for disadvantaged already enrolled at the University or planning to enroll.

Sincerely,



Guy R. Anderson, Chairman
Pre-Medical Studies

GRA/dmk



November 7, 1974

92-40 Queens Blvd.
Rego Park, New York 11374

Project 75
1020 So. Wabash
Suite 700
Chicago, Illinois 60605

Dear Ladies/Gentlemen:

I have been in touch with Scholarship Search in New York, and they put me in touch with you; it is my sincerest wish at this time that you will be able to help me.

I have applied to, and have been accepted to study Oriental Medicine at the Meiji Oriental Medicine Institute in Osaka, Japan, commencing April, 1975. This is a specially arranged program for 20 American students to study acupuncture and other physiotherapies. The course of study will be given in English, and at the completion of study (2-2½ years) National Boards will be given in English; upon success of these Boards a license to practice Oriental Medicine will be awarded. At this time, the Meiji Oriental Medicine Institute has over 1200 Japanese students enrolled.

Can you tell me how I may apply to receive funds for study, either government or private, may I qualify for a grant, a scholarship, or even a loan to study medicine in a foreign country?

I am so pleased to have been selected as one of the 20 American students to attend the Meiji Institute, but do not know where to turn for financial aid.

I know these things usually take a long time to consummate, and will be most appreciative of hearing from you at your earliest convenience.

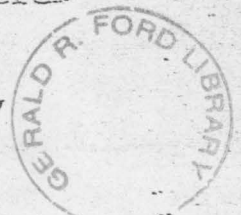
Thank you.

In Peace,

Barbara Sanders

Barbara Sanders

NOV 03 1974



September 26, 1974

Ms. Carolyn Rooks
Associate Project Director
Project 75
1020 S. Wabash Avenue
Suite 700
Chicago, Illinois 60605

Dear Ms. Rooks:

Thank you for updating me on the situation
with respect to Michael Mosley. I am pleased
to know that Project 75 will continue to work
with him.

Sincerely,


Erwin A. France
Administrative Assistant
to the Mayor

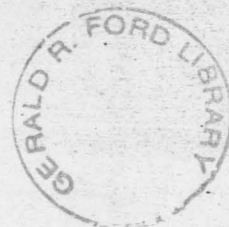
EAF/ew

OFFICE OF THE MAYOR

Model Cities-Chicago
Committee on Urban
Opportunity

640 N. LaSalle St.
Chicago, Illinois 60610
7-8116

Richard J. Daley, mayor
Erwin A. France, administrative
assistant to the mayor
C. M. Roddewig, vice
chairman



NEW YORK CHAPTER
WOMAN'S AUXILIARY TO THE
NATIONAL MEDICAL ASSOCIATION, INC.
(Empire State)

Founder: MRS. ALMA WELLS GIVENS

April 18, 1975

OFFICERS

DORIS ROLLINS

President

IDA GRAY

President-Elect

DELORES WILLIAMS

Executive Advisor

FRANCES CAVE

Vice-President

NORMA GRIFFITH

Recording Secretary

INES PARIS

Corresponding Secretary

EVELYN BERRY

Treasurer

JULIA KING

Financial Secretary

HELENE CAVE

Parliamentarian

MARTHA GADSBY

Chaplain - Historian

STANDING COMMITTEE

CHAIRMEN

DELPHINE PRIMM

Program

LYN JENKINS

Membership

SHIRLEY GIBBS

Social & Hospitality

JOYCE STUBBS

Publicity

Dr. Andrew Thomas
Director, "Project 75"
102 O S. Wabash Ave.
Chicago, Illinois, 60605

Dear Dr. Thomas,

Region I of the Woman's Auxiliary to the National

Medical Association is expecting you as a guest speaker at
our annual Regional Meeting on Saturday, April 26, 1975 at the
Waldorf Astoria Hotel - 49th Street and Park Avenue, New York City.
The Meeting will be held in the Herbert Hoover Suite, and begins
officially at 10 A. M. - ending at approximately 3 P.M.

However, as I'm sure your time is limited, we will
expect you for luncheon at 12 noon. After lunch, we will be
pleased to present you as a guest speaker on the workings of
"Project 75". Our organization just recently sponsored a
fund raising Supper Dance in order to raise scholarship money
to aid a deserving Black student in his/her aspiration to a
career in the Health field. We hope to continue doing in the
future.

Please let us know when you are arriving to the luncheon,
and a telephone number where we can reach you in New York.
The enclosed flyer will give you further information about the
meeting. Hoping to hear from you soon.

Your truly,
Doris Rollins
Doris Rollins, president
New York Chapter, WA-NMA

Motto: "DO SOMETHING FOR SOMEONE"





West Side Health Planning Organization

17 North Pulaski Road
Second Floor
Chicago, Illinois 60624

533-1536

LEAH LINDSEY
President

MARY B. KELLY
Vice-President

H. H. ROTHSTEIN
Vice-President

EL K. HUDSON, M.D.
Vice-President

HERINE LONG
Secretary

L. JOHNSON
Treasurer

DANNY K. DAVIS
Executive Director

December 3, 1974

Ms. Carolyn Rooks
Associate Director
Project 75
1020 South Wabash Avenue
Chicago, Illinois 60605

Dear Carolyn,

Just a note to say thanks for your assistance in helping me to prepare testimony for the hearings on the proposed Chicago Medical School Move to Downey, Illinois.

The information that you gave was most helpful and I am enclosing a copy of my testimony for you to see how it was used.

Again thanks.

Sincerely,

Danny K. Davis
Executive Director

/aa

Encl:



RECEIVED APR 20 1974



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

ERNEST B. HOWARD, M.D.
Executive Vice President

EFFIE O. ELLIS, M.D.
Special Assistant
for Health Services
(751-6223)

April 17, 1974

Andrew L. Thomas, M.D.
Project 75
Suite 700
1020 South Wabash Avenue
Chicago, Illinois 60605

Dear Doctor Thomas:

Just a note to thank you for all you did to make the National Health Forum a success. I am sure that the Council will be in touch with us when the final reports are available.

Gratefully,

Effie O. Ellis
Effie O. Ellis, M.D.



13/11/74
15/11/74
RECEIVED MAR 2 1974

Dr. Dennis K Ahenkara
% Mr William Davis
32 Hertslet Rd.
London N 7
25th Feb 1974.

Dear Sir

I have the honour most respectfully to write you this letter. I'm a black African from Ghana, Graduated in the faculty of Medicine Bucharest Rumania in the year 1972.

Greatly desirous to render my services in the United States of America. And I had also worked at St George's hospital London S.W.7. After my graduation for one year internship

I would highly appreciate if you can in anyway possible utilize your influence in collaboration with project 75, thus to function in the United States.

I will submit documents pertaining my graduation and also my qualification references.



Hoping to hear from
you soon!

Yours faithfully
Dr. D. K. Anderson

N. E. HAYE, M.D.

PHYSICIAN AND SURGEON

889 BATHURST ST. AT BARTON

TORONTO, ONTARIO M5R 3G2

PHONE 531-2394

RECEIVED NOV 16 1974

Nov. 15, 1974

Dr. Thomas, M.D.

Project Director

Suite 700, 1020 S. Wabash Ave, Chicago

Dear Dr. Thomas,

Kindly permit me ^{to} thank you most sincerely for your magnanimous spirit in offering me your kind of fellowship and for your genuine willingness to favour my concerns

I felt on that historic day of our encounter that I have fallen among friends and brothers and sisters.

It is hoped that the opportunity will present itself for me to contribute my quota to such worthy project.

Yours as ever,
Noel



TOMI OLUSHOJA,

1000 BERLIN 42.

ZOO-SCHILKE.

TEMPELCHER-DAMM 153.

26th August 72.



Dear Mr Thomas,

It was last week I got a letter from Mr Alexander the Vice President in reply to my letter written to him on 26th July 72 for my form of assistance on my plans to come down to U.S.A. for my studies.

He suggested to me to write you because his office is engaged in the recruitment of minority medical students.

In respect of this, I wish you look on me with pity and put my plight into consideration. When I left my Country Nigeria for West Berlin with the hope to study Medicine but when I got here I found things very difficult, firstly with the language which is not English and I do not know and to get a place of study is a big problem, when I was there last year I was told to apply two years in advance.

I graduated from my High School in 8th 1969 and since then I had been engaged as a teacher in one of our first schools before I left home.

I shall be very gratefully grateful to read your favourable reply at your soonest.

Thanks

BOARD OF EDUCATION

City of Chicago

228 NORTH LA SALLE STREET

Chicago, Illinois 60601

Telephone 641-4141

JAMES F. REDMOND

General Superintendent of Schools

Bureau of Pupil Personnel Services

Telephone 641-3990

April 15, 1974

Dear Mr. Smith:

On behalf of the counselors and students of the Chicago public schools, I would like to express our appreciation for your and Mrs. Zollar's participation at our Counselors Information Institute held at Fort Sheridan on April 4, 1974.

I am sure that the counselors who attended, and the department meetings they held after returning to their schools with the other counselors on the staff, benefited from the in-sights and information on "Project 75" that you presented. In our rapidly changing society, all counselors must be aware of the opportunities and services available.

Your participation in our Counselors Information Institute was an essential element in our continuing program of making available the most recent information to our students.

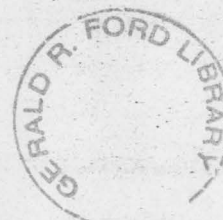
Sincerely

Joan Jordan, Administrator
Division of Guidance

JJ:wk

Mr. Cleo Smith
Project 75
Suite 700 - 1020 South Wabash
Chicago, Illinois 60605

cc: Mrs. Doris Zollar ✓
Mr. Charles Pintozzi





Medical College of Georgia
Augusta, Georgia 30902

Division of Student Affairs

August 31, 1972

Dr. Andrew L. Thomas, M.D.
Project Director
Project 75 - National Office
1020 South Wabash Avenue
Suite 700
Chicago, Illinois 60605

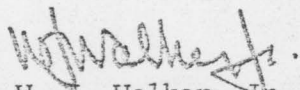
Dear Dr. Thomas:

My tenure here at the Medical College of Georgia as Assistant Director for Minority Student Affairs will terminate September 8, 1972. I will then enter MCG's School of Dentistry.

I am delighted and pleased with the cooperation and assistance you gave me while I served as Assistant Director here in this office. I am very much encouraged and confident that you will continue to give the same assistance to the incoming assistant director.

Thanks for your support.

Sincerely,


W. J. Walker, Jr.

Assistant Director
Minority Student Affairs

WJW/ah





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL AND REHABILITATION SERVICE
WASHINGTON, D.C. 20201

MEDICAL SERVICES
ADMINISTRATION

SEP 13 1974

Andrew L. Thomas, M.D.
Director, Project 75
National Medical Association
1020 South Wabash
Suite 700
Chicago, Illinois 60605

Dear Dr. Thomas:

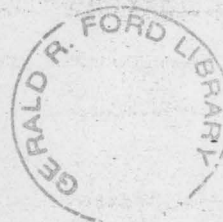
I wish to express to you my appreciation for your participation in the recent EPSDT conference. The goals of the conference, to better inform States of the EPSDT program and of the variety of support and assistance available to them, seem to have been accomplished. A large part of our success in realizing this purpose was due to the informative and engaging panel presentations. It was apparent that conference participants found the material both useful and stimulating.

We will shortly be distributing excerpts from the conference proceedings as part of our plan for follow-up with States on relevant issues and useful practices. The follow-up package will also include responses to the most important and frequently raised questions from the sessions. We expect that this will be the beginning of a continuous interchange of information between the Federal and State components of the EPSDT program.

In the meanwhile, thank you again for your contribution to the success of the meetings and to the beginnings of a mutually more beneficial relationship in the conduct of the EPSDT program.

Sincerely yours,

M. Keith Weikel, PhD
Commissioner



Comp. file

MICHIGAN STATE UNIVERSITY

COLLEGE OF OSTEOPATHIC MEDICINE
MINORITY COMPREHENSIVE SUPPORT SERVICE PROGRAM
EAST PEEBLES HALL

EAST LANSING • MICHIGAN • 48824

December 9, 1974

Dr. Andrew L. Thomas, M.D.
National Medical Association
Project 75
1020 S. Wabash Avenue, Suite 700
Chicago, Illinois 60605

Dear Dr. Thomas:

The Michigan State University College of Osteopathic Medicine is currently sponsoring a Minority Comprehensive Support Program designed to aid minority students in survival programs in the College.

Currently our minority classes consist of:

Class of 1975	4 Blacks (3 males, 1 female)
Class of 1976	4 Blacks (3 males, 1 female)
Class of 1977	14 Blacks (8 males, 6 females)
	3 Sp. Am. (3 males)
	<u>17</u> Total minorities

Since your organization has worked to increase minority representation in the medical field and are concerned about survival efforts of Blacks, I would like to schedule a visit to learn about Project 75 during the month of January.

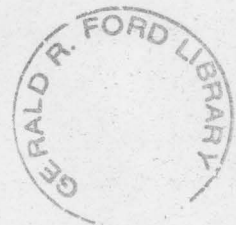
I shall look forward to hearing from you soon.

Sincerely,

Don E. Coleman

Don E. Coleman, Ph.D.
Director - Minority Comprehensive
Support Program

bjm



HOWARD UNIVERSITY
WASHINGTON, D. C. 20001

COLLEGE OF MEDICINE
OFFICE OF THE DEAN

March 17, 1972

Andrew Thomas, M. D.
Director
Project 75
1020 South Wabash Avenue
Suite #700
Chicago, Illinois 60605

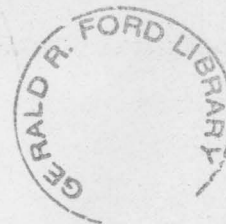
Dear Doctor Thomas:

The College of Medicine is now seeking candidates for the position of Chairman of the Department of Psychiatry.

The main institution for clinical teaching, research and patient care is Freedmen's Hospital, which has a total bed capacity of 500. A new teaching hospital is presently under construction and is scheduled for completion in 1974. There are affiliated programs at the local Community Mental Health Center and the Washington Veterans Administration Hospital.

The College of Medicine has provided Undergraduate Medical Education to predominantly Black students for 104 years. Besides having responsibility for the Internship and Residency Training Programs in Psychiatry, the Department Chairman is directly concerned with the teaching of first, second, third and fourth year students. The opportunities for expansion of research and the development of Community Service Programs are unlimited.

We are especially interested in the names of highly qualified psychiatrists who are committed to the promotion of academic excellence and community service. A substantial administrative background is also preferred.

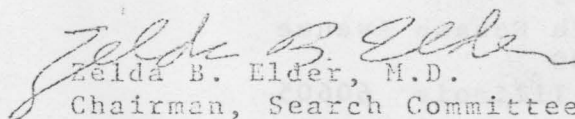


Page 2
March 20, 1972

We hope you will assist us in the search for a new Chairman by referring to us names of outstanding psychiatrists who meet the qualifications mentioned.

An early reply will be warmly appreciated.

Sincerely yours,


Zelda B. Elder, M.D.
Chairman, Search Committee

Please address reply to:
Zelda B. Elder, M.D.
Chairman, Search Committee
Office of the Dean
College of Medicine
Howard University
520 W Street, N.W.
Washington, D.C. 20001





ILLINOIS STATE UNIVERSITY
NORMAL, ILLINOIS 61761

SPECIAL ASSISTANT TO THE PRESIDENT

April 11, 1972

Mr. James Roberts
Project 75
1020 South Wabash Avenue
Suite 700
Chicago, Illinois 60605

Dear Mr. Roberts:

Illinois State University is seeking a Black physician to join our Health Service staff in the near future.

The work is almost totally with college-age students, and the physician selected must want to relate to that age group. The work is on an 8-5 basis, weekdays, with night calls no oftener than one week in four. There are numerous fringe benefits accompanying the \$22-24,000 salary. Illinois State has an enrollment of 18,000 and is located 2 hours from Chicago and 3 hours from St. Louis in central Illinois.

Inquiries should be addressed by May 15 to Dr. Gordon A. Sabine, Special Assistant to the President, Illinois State University, Normal, IL 61761.

Most sincerely,


Gordon A. Sabine

GS/amf



RECEIVED OCT 16 1974

October 16, 1974

A. L. Thomas, M.D.
Project '75
National Office
1020 South Wabash Avenue
Suite 700
Chicago, Illinois 60605

Dear Doctor Thomas:

We received your letter of October 1st regarding financial aid for minority medical students. Most of our minority students are in need of financial aid. While I am not listing any students by name at this time, I may send names to you for consideration at a later date. The cards which you sent are being distributed among some of the more needy students.

The work that you are doing is very much needed and a most important contribution to the aid of minority medical manpower. We look forward to seeing you at the AAMC meeting in Chicago in November.

Sincerely yours,
Office of Minority Student Affairs

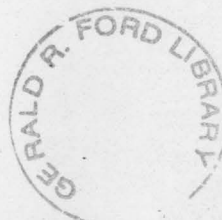
Audrey H. Evans

Audrey H. Evans, Ph.D.
Assistant Dean

Willie S. Williams, Ph.D.

Willie S. Williams, Ph.D.
Associate Dean

AHE:WSW/mep



Mayo Graduate School of Medicine
Rochester, Minnesota 55901 Telephone 507 262-2511

John F. McCally
Administrative Assistant

August 18, 1972

Dr. A. L. Thomas, Project Director
Project 75 National Office
Suite 700
1020 South Wabash Avenue
Chicago, Illinois 60605

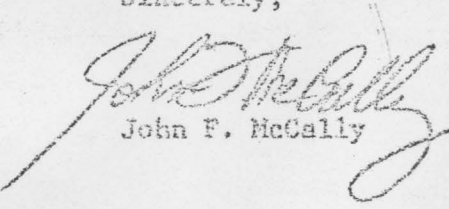
Dear Doctor Thomas:

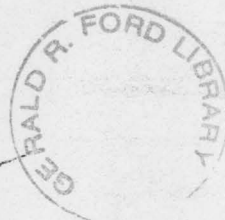
Yesterday, Dr. Victoria Nichols, who is currently the vice president of the Mayo Graduate School Fellows Association, met with Doctor Welch, the chairman of our Admissions Committee, and myself. We met specifically to discuss ways whereby the Mayo Graduate School might encourage minority applicants from the various medical schools in the United States to apply to the Mayo Graduate School for graduate training.

Doctor Nichols indicated that she had met you at the Atlanta Conference earlier this year and that possibly you might have some information which would be helpful to us. We are definitely interested in trying to contact those medical schools in the state which have high percentages of minorities in their student enrollment. If you have such information, we certainly would appreciate you forwarding it on to us. We would then hope to contact these schools both by letter and personally to indicate our interest in receiving applications for our various training programs from these students.

Thank you very much for your interest and help.

Sincerely,


John F. McCally



JFM:ps

Department of Biological Sciences
North Texas State University
Denton, Texas 76203

25 T. Stuber

Telephone:

January 29, 1972

Dr. A. L. Thomas
Project Director
Project 75
1020 South Webash Avenue
Suite 700
Chicago, Illinois 60605

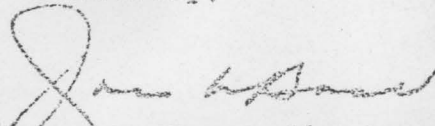
Dear Dr. Thomas:

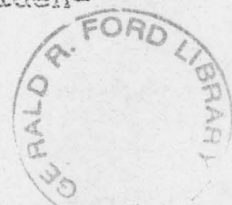
As Chairman of the Pro-Professional Advisory Committee at North Texas State University, I very much appreciate the opportunity to attend the Faculty Institute to be held in Houston on February 12. My interest in the Mexican-American minority is more than a cursory one, since I was reared on the Mexico-U.S. border, have resided in Mexico and Latin-America, am completely bilingual, and am married to a Mexican, a native of Saltillo.

I was professor of Microbiology at the University of Texas Medical Branch from 1953 to 1970. During that time, I taught many Mexican-American students who are now practicing throughout the state. My background with reference to the aims of Project 75 is therefore unique, at least in relation to the Mexican-American minority group.

I am wondering, therefore, whether there is not some area or activity within your programs wherein I might be of particular service to you, above and beyond those activities to be identified at the Faculty Seminar.

Sincerely,


Joe A. Bass, Ph. D.,
Professor



P.O. Box 9342
Stanford, Ca. 94305

May 22, 1973

Dr. Andrew Thomas
Project 75
1020 S. Wabash
Chicago, Ill. 60605

Dear Dr. Thomas:

We would like to sincerely thank you for your contribution
to our first California Bay Area Black Pre-Medical Conference.
We feel that our conference was successful and also enlightening
for the students as well as the doctors who participated.

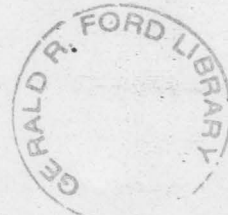
Again we thank you.

Sincerely,

Woodrow A. Myers

Woodrow A. Myers

WAM:mg



A. J. C. N. S.
1940

2003

5 agnar

Dr. H. H. Warburg

and, Ohio

ep. 1947-1948, 1949-1950, 1951-1952, 1953-1954, 1955-1956, 1957-1958, 1959-1960, 1961-1962, 1963-1964, 1965-1966, 1967-1968, 1969-1970, 1971-1972, 1973-1974, 1975-1976, 1977-1978, 1979-1980, 1981-1982, 1983-1984, 1985-1986, 1987-1988, 1989-1990, 1991-1992, 1993-1994, 1995-1996, 1997-1998, 1999-2000, 2001-2002, 2003-2004, 2005-2006, 2007-2008, 2009-2010, 2011-2012, 2013-2014, 2015-2016, 2017-2018, 2019-2020, 2021-2022, 2023-2024, 2025-2026, 2027-2028, 2029-2030, 2031-2032, 2033-2034, 2035-2036, 2037-2038, 2039-2040, 2041-2042, 2043-2044, 2045-2046, 2047-2048, 2049-2050, 2051-2052, 2053-2054, 2055-2056, 2057-2058, 2059-2060, 2061-2062, 2063-2064, 2065-2066, 2067-2068, 2069-2070, 2071-2072, 2073-2074, 2075-2076, 2077-2078, 2079-2080, 2081-2082, 2083-2084, 2085-2086, 2087-2088, 2089-2090, 2091-2092, 2093-2094, 2095-2096, 2097-2098, 2099-2100, 2101-2102, 2103-2104, 2105-2106, 2107-2108, 2109-2110, 2111-2112, 2113-2114, 2115-2116, 2117-2118, 2119-2120, 2121-2122, 2123-2124, 2125-2126, 2127-2128, 2129-2130, 2131-2132, 2133-2134, 2135-2136, 2137-2138, 2139-2140, 2141-2142, 2143-2144, 2145-2146, 2147-2148, 2149-2150, 2151-2152, 2153-2154, 2155-2156, 2157-2158, 2159-2160, 2161-2162, 2163-2164, 2165-2166, 2167-2168, 2169-2170, 2171-2172, 2173-2174, 2175-2176, 2177-2178, 2179-2180, 2181-2182, 2183-2184, 2185-2186, 2187-2188, 2189-2190, 2191-2192, 2193-2194, 2195-2196, 2197-2198, 2199-2200, 2201-2202, 2203-2204, 2205-2206, 2207-2208, 2209-2210, 2211-2212, 2213-2214, 2215-2216, 2217-2218, 2219-2220, 2221-2222, 2223-2224, 2225-2226, 2227-2228, 2229-2230, 2231-2232, 2233-2234, 2235-2236, 2237-2238, 2239-2240, 2241-2242, 2243-2244, 2245-2246, 2247-2248, 2249-2250, 2251-2252, 2253-2254, 2255-2256, 2257-2258, 2259-2260, 2261-2262, 2263-2264, 2265-2266, 2267-2268, 2269-2270, 2271-2272, 2273-2274, 2275-2276, 2277-2278, 2279-2280, 2281-2282, 2283-2284, 2285-2286, 2287-2288, 2289-2290, 2291-2292, 2293-2294, 2295-2296, 2297-2298, 2299-2300, 2301-2302, 2303-2304, 2305-2306, 2307-2308, 2309-2310, 2311-2312, 2313-2314, 2315-2316, 2317-2318, 2319-2320, 2321-2322, 2323-2324, 2325-2326, 2327-2328, 2329-2330, 2331-2332, 2333-2334, 2335-2336, 2337-2338, 2339-2340, 2341-2342, 2343-2344, 2345-2346, 2347-2348, 2349-2350, 2351-2352, 2353-2354, 2355-2356, 2357-2358, 2359-2360, 2361-2362, 2363-2364, 2365-2366, 2367-2368, 2369-2370, 2371-2372, 2373-2374, 2375-2376, 2377-2378, 2379-2380, 2381-2382, 2383-2384, 2385-2386, 2387-2388, 2389-2390, 2391-2392, 2393-2394, 2395-2396, 2397-2398, 2399-2400, 2401-2402, 2403-2404, 2405-2406, 2407-2408, 2409-2410, 2411-2412, 2413-2414, 2415-2416, 2417-2418, 2419-2420, 2421-2422, 2423-2424, 2425-2426, 2427-2428, 2429-2430, 2431-2432, 2433-2434, 2435-2436, 2437-2438, 2439-2440, 2441-2442, 2443-2444, 2445-2446, 2447-2448, 2449-2450, 2451-2452, 2453-2454, 2455-2456, 2457-2458, 2459-2460, 2461-2462, 2463-2464, 2465-2466, 2467-2468, 2469-2470, 2471-2472, 2473-2474, 2475-2476, 2477-2478, 2479-2480, 2481-2482, 2483-2484, 2485-2486, 2487-2488, 2489-2490, 2491-2492, 2493-2494, 2495-2496, 2497-2498, 2499-2500, 2501-2502, 2503-2504, 2505-2506, 2507-2508, 2509-2510, 2511-2512, 2513-2514, 2515-2516, 2517-2518, 2519-2520, 2521-2522, 2523-2524, 2525-2526, 2527-2528, 2529-2530, 2531-2532, 2533-2534, 2535-2536, 2537-2538, 2539-2540, 2541-2542, 2543-2544, 2545-2546, 2547-2548, 2549-2550, 2551-2552, 2553-2554, 2555-2556, 2557-2558, 2559-2560, 2561-2562, 2563-2564, 2565-2566, 2567-2568, 2569-2570, 2571-2572, 2573-2574, 2575-2576, 2577-2578, 2579-2580, 2581-2582, 2583-2584, 2585-2586, 2587-2588, 2589-2590, 2591-2592, 2593-2594, 2595-2596, 2597-2598, 2599-2600, 2601-2602, 2603-2604, 2605-2606, 2607-2608, 2609-2610, 2611-2612, 2613-2614, 2615-2616, 2617-2618, 2619-2620, 2621-2622, 2623-2624, 2625-2626, 2627-2628, 2629-2630, 2631-2632, 2633-2634, 2635-2636, 2637-2638, 2639-2640, 2641-2642, 2643-2644, 2645-2646, 2647-2648, 2649-2650, 2651-2652, 2653-2654, 2655-2656, 2657-2658, 2659-2660, 2661-2662, 2663-2664, 2665-2666, 2667-2668, 2669-2670, 2671-2672, 2673-2674, 2675-2676, 2677-2678, 2679-2680, 2681-2682, 2683-2684, 2685-2686, 2687-2688, 2689-2690,

P. Davis, III
Tolpita, Pa.

1000

100 - Harbours, C.S.C.

1998

15. C.

つり、すはね

Pro. Geo. Catll.

W. H. Foss, Jr.
Cincinnati, Ohio

Mr. Nathan
D.C.

40 Ayers
Buch 2a

1941-1942

Robertson

St. Mich.
W. K. Smith, Jr.

...
...
...

to [redacted] Stoner
mbox, Ind.

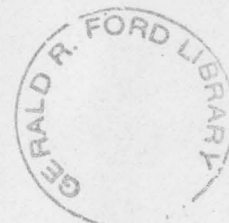
front
Yo

at Baltimore
Md.

H. Woods.

17.

Simpson
 1901



Telephone 723-0490
Area Code 901

MEMPHIS REGIONAL MEDICAL PROGRAM
FOR HEART DISEASE, CANCER, STROKE AND KIDNEY DISEASE

1300 MEDICAL CENTER TOWERS
969 MADISON AVENUE
MEMPHIS, TENNESSEE 38104

W. CULBERTSON, M.D.
Coordinator & Director

W. PATE, M.D.
Member, Planning Board

November 29, 1972

A. L. Thomas, M.D.
Project Director
National Office
Suite 700
1020 South Wabash Avenue
Chicago, Illinois 60605

Dear Dr. Thomas:

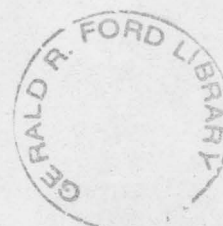
I am helping LeMoyns Owen College at Memphis write a proposal for an HEW Health Careers Opportunity Grant and need your help. We need to know which parts of the MCAT and the DAT underprivileged applicants have the most trouble with. If you could provide specific details about these trouble areas, it would be of immense help to us in writing the proposal.

I met you down at the Howard University Project at Marks, Mississippi several months ago. How is Dr. Tolbert doing at HEW?

Sincerely,

James G. Couch
James G. Couch
Social Psychologist

cc: spj



Hunter College

THE CITY UNIVERSITY OF NEW YORK | 325 PARK AVENUE, NEW YORK, N.Y. 10021 | DEAN OF SCIENCES & MATHEMATICS

000-2453, 54

April 11, 1973

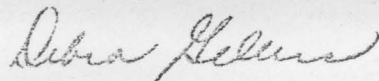
Dr. A. L. Thomas
Project 75
National Medical Association, Inc.
1020 S. Wabash - Suite 700
Chicago, Illinois 60605

Dear Dr. Thomas:

I have read a short description of Project 75 in a booklet entitled The Minority Taxes, published by the National Health Council, Inc., New York.

I would very much like to know more about Project 75 as well as other programs specifically set up to increase the minority enrollment in medical schools. Any information regarding financial aid, tutorial programs, or special programs which exist at the various medical schools to encourage the recruitment of minority premedical and pre-dental students, would be greatly appreciated.

Sincerely,



Debra Gillers
Premedical/Pre-Dental Advisor

DG:hs



Emory Institute

EMORY INSTITUTE
ALABAMA, 36833

January 18, 1973

Dr. Andrew L. Thomas
1020 South Wabash Avenue
Suite 700
Chicago, ILL 60605

Dear Dr. Thomas:

Congratulations on your article "Project 75" presented in Volume 218 of the JAMA. I find the logic most refreshing and situation well stated.

We have a minority recruitment program in progress for Veterinary Medicine. Our situation is similar to that which you stated except worse. Less than 2% of the graduate veterinarians belong to minority groups and only 14 Blacks are graduating from all the schools of Veterinary Medicine in the United States in 1973.

We would greatly appreciate information that you may have on "Task Force 75," Minorities Division of the AMA and Task Force reports of AAMC.

It is our desire to establish a Task Force or Division on Minority Affairs in the AVMA. Since much work has been done in the National Medical Association and some in the AMA we would like to build on that which is already available.

Any assistance that you may be able to lend would be greatly appreciated.

Sincerely,

Ellis Hall

Ellis Hall, DVM, Ph.D.
Director
Minority Recruitment



ROOSEVELT UNIVERSITY

430 SOUTH MICHIGAN AVENUE
CHICAGO, ILLINOIS 60605
312 • 312-0000

May 13, 1973

Andrew L. Thomas, M.D.
Suite 700
1020 S. Wabash Ave.
Chicago, Ill. 60605

Dear Andy:

I want to thank you, Mr. Baker, and the staff of Project 75 who has been so helpful in contacting the doctors in connection with the WMF questionnaire, for your help. As a result we have sent out another mailing to those that your staff identified as requesting it.

With best regards,

Sincerely,


Dietrich C. Reitzes



 *University of Alabama in Birmingham* / UNIVERSITY STATION / BIRMINGHAM, ALABAMA 35294
Medical Center / SCHOOL OF COMMUNITY AND ALLIED HEALTH RESOURCES

March 12, 1973

Gentlemen:

I am a senior Physical Therapy student at the University of Alabama in Birmingham. At present I am writing a senior paper entitled, "Recruitment: A Means of Increasing Minority-Group Student Enrollment in Physical Therapy", and would like your assistance in this endeavor.

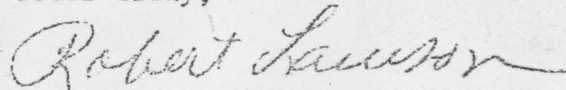
There is limited published material available which deals specifically with this problem in physical therapy. Therefore, I have designed a questionnaire which has been sent to all of the physical therapy educational programs in an attempt to discover the following:

1. Does the need exist to develop a recruitment program for minority students?
2. Methods used to recruit minority students.
3. Problems that exist.
4. Recruitment media used.
5. Connections with national health manpower programs with minority group services.

Based on published material concerning recruitment of minority students into dentistry and medicine, results of the questionnaire and information that you may be able to supply, I plan to design a recruitment program for minority group students in Physical Therapy.

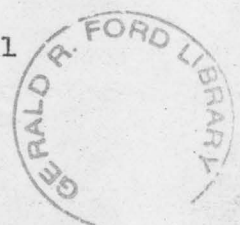
Please send all available information including recruitment brochures and methods used in recruiting. Your assistance will be greatly appreciated.

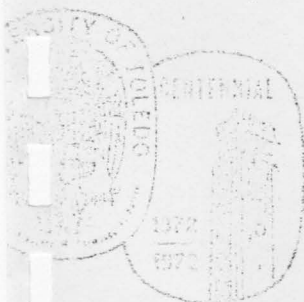
Yours truly,



Robert Lawson
2816 Steiner Avenue S. W.
Birmingham, Alabama 35211

RL/db.





THE UNIVERSITY OF TOLEDO / TOLEDO, OHIO 43806 / (419) 531-5711

*Student Services
Office of the Director of Student Development*

November 2, 1972

Mr. Cleo H. Smith
1020 South Wabash
Chicago, Illinois

Dear Mr. Smith :

Please accept this letter as our appreciation for your continuous consideration and concern in our work with Pre-Medical students. At this time we are attempting to reorganize the students and assist them through the mid-quarter examination.

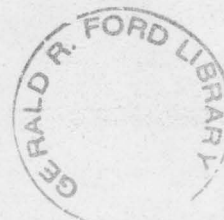
Several programs and activities are being planned and as such, we will advise you very soon.

Sincerely,

James O. Wadley
James O. Wadley

JOW:sw

Enclosures: 5



THE CHICAGO MEDICAL SCHOOL

200 WEST COBBLE AVENUE
CHICAGO, ILLINOIS 60612

April 1, 1972

Andrew Thomas, M.D.
Suite 700
1020 South Wabash
Chicago, Illinois

Dear Dr. Thomas:

Now that the seminar season is over, I would like to thank you for your help, your ability, your time, your enthusiasm. You pulled no punches and the students appreciated it. You "shock them up" a bit and they needed it.

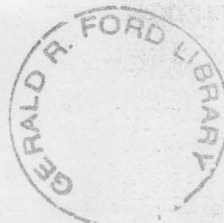
I am most grateful.

Sincerely,

Ronnie Beth Bush

Ronnie Beth Bush
Vice President

RBB/bfh



Yale University New Haven, Connecticut 06510

CHILD STUDY CENTER

MAILING ADDRESS: 333 Cedar Street
(230 S. Frontage Rd.)

August 23, 1972

Dr. Andrew Thomas
Director
Project 75
1020 South Wabash
Chicago, Illinois

Dear Andy:

I hope things are going well with you. I hope you are having success with Project 75.

We are attempting to identify Puerto Ricans and other non-Black minority medical students ~~with~~ other people involved in medicine or the recruitment of medical students. One of our students told me that you might have a list of such persons. If this is the case, I would appreciate your sharing this information with us. We would like to make all minority group students aware of Yale's interest.

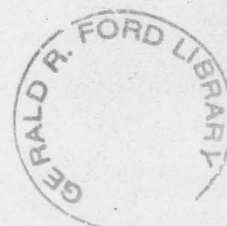
Thank you.

Sincerely yours,

James P. Comer, M.D.

James P. Comer, M.D.
Associate Professor of Psychiatry
Yale Child Study Center
Associate Dean
Yale Medical School

JPC:jg



U.N.C.F. PREMEDICAL SUMMER INSTITUTE

FISK UNIVERSITY
NASHVILLE, TENNESSEE 37203



PRINCE RIVERS, Director
Chemistry Department

22 April 1975

Dr. Andrew Thomas, Director
Project 75
1020 South Wabash Avenue
Suite 700
Chicago, Illinois 60605

Dear Dr. Thomas:

This letter comes as a double thank-you. First; on behalf of the 500 students who have participated in the United Negro College Fund Premedical Institute for the past three years I would like to express our gratitude to you and the staff of Project '75 for your support. The participation of your staff in our seminars on admissions and financial aide have been invaluable. Your support of our reading and tutorial program has been a corner stone of our program.

Secondly, on behalf of the students at Fisk University I would like to express our gratitude for your support of our new experimental tutorial program this past year. We feel the program has been a success and we can measure this in terms of a much higher retention in General Chemistry this year as against the past two years, and a higher grade performance this past year.

We feel the job for Project '75 has just begun. Hopefully this valuable asset to minority and disadvantage students will not only continue but will grow in scope. I envision a much greater need and the potential for a much larger role for Project '75 in the years ahead. The kinds of needs to which you are responding are not being met by any other group or agency in the country.

If I or my staff can be of any assistance in advancing the program of Project '75, please do not hesitate to call me.

Best of Luck.

Sincerely yours,

A handwritten signature in cursive script, reading 'Prince Rivers', is written over the typed name.

Prince Rivers, Director
Fisk UNCF Premedical Institute



PR/mb



NATIONAL CHICANO HEALTH ORGANIZATION

GREAT LAKES REGION
1301 South Ashland Ave.
Chicago, Ill. 60608
(312) 666-5781

April 21, 1975

BOARD OF DIRECTORS

Dr. Alonzo Atencio, P.H.D.
UNM School of Medicine
Albuquerque

Henry Gonzalez
Medical Student
U.C. Davis
School of Medicine
Vice Chairman

Armando Angel
Medical Student
University of Arizona
Tucson
Treasurer

Jesus Partida
Medical Student
University of Texas
El Paso

Bonnie Campos
School of Nursing
University of Colorado
Secretary of the Board

Danny Alagria
Medical Student
School of Medicine
University of California
San Diego

Mauricio Mendoza
Chicago, Illinois

Magda Hinojosa, M.P.A.
Dept. of Public Health
University of Texas
San Antonio

Juan L. Soria, M.A.
Executive Director

Dr. Andrew Thomas
Project 75
1020 South Wabash Ave.
Chicago, Illinois 60602

Dear Dr. Thomas;

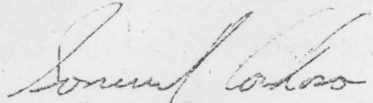
I am requesting assistance with our organization's implementation of a high-school pre-med program at the University of Illinois.

We have already identified these students that are interested in the program. Presently we have not set up a time schedule for this program; however we should have it completed within the next couple of weeks. Upon completion of the time schedule a copy will be sent to your office with all the necessary information.

In view of the relationship our office has had with two of your staff members, Mr. Ricardo Castenada and Mr. John Bradley, it would be greatly appreciated if they can continue to work together with our organization.

I hope, Dr. Thomas, that Project 75 and the National Chicano Health Organization can work more closely to achieve the goal we strive to make a reality. If you have any questions, please feel free to call my office at any time. I hope to hear from you soon regarding this matter.

Sincerely,


Samuel Cordova
Counselor Coordinator
National Chicano Health Organization

SC; jc

