

Interview with **Dr. Toni Johnson-Chavis**

Date: March 2, 1989

Interviewer: Jackie Shearer

Camera Rolls: 4092-4095

Sound Rolls: 439-440

Team: D

Interview gathered as part of *Eyes on the Prize II: America at the Racial Crossroads, 1965-mid 1980s*. Produced by Blackside, Inc. Housed at the Washington University Film and Media Archive, Henry Hampton Collection.

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Note: These transcripts contain material that did not appear in the final program. Only text appearing in *bold italics* was used in the final version of *Eyes on the Prize II*.

[camera roll #4092]

[sound roll #439]

[slate]

00:00:12:00

Camera crew member #1:

OK, Jon.

Camera crew member #2:

Mark.

[slate]

00:00:23:00

Interviewer:

OK, Dr. Chavis, when did you decide that you wanted to be a doctor? Do you come from a long line of physicians?

00:00:31:00

Dr. Toni Johnson-Chavis:

No, actually I come from a long line of educators and just working people really. Decided to be, I decided to be a physician when I was five years old. Believe it or not when I was very young, I wanted to be a physician. And in fact I wanted to be in somewhat, some field that had something to do with children. So, probably by first grade, I was already telling my parents that I wanted to either deliver babies or take care of babies. By the time I was in third grade, I knew that I actually wanted to take care of babies. There were no other physicians in the family. There are several teachers. But my family does, my mother's side of the family particularly and my father's does have a long background of being in service occupations, so helping other people in some way. And I think that's been instrumental in my desire to be a physician.

00:01:35:00

Interviewer:

OK, cut.

[cut]

00:01:37:00

Camera crew member #2:

And marker.

[slate]

00:01:45:00

Interviewer:

What kind of high school did you go to, and how well were you prepared academically for college?

00:01:51:00

Dr. Toni Johnson-Chavis:

I went to Compton High School. In 1969, I graduated. Compton High was a remarkable school in that it's in an area that rapidly went from a basically all White city to an all Black city in a matter of seven or eight years. In 1963, the school was primarily White. In 1969, I would say it was probably eighty percent Black. The school is probably similar to most inner city schools now. There was a very diligent push with a lot of the, the teachers at that time to encourage and push the, the students to go to college. Preparation for college, I think, was poor. Simple things such as using slide rules and, were not taught. So, that by the time I was

accepted to Stanford and went there, I was really ill prepared as compared to the other students, even though I had fairly high SAT scores. The actual preparation for pre-med curriculum at a school such as Stan-Stanford was some, was poor. So, I was definitely at a selective disadvantage going into the school in terms of prior preparation when you consider that other students who were going to Ivy League schools or even the University of California system, some of those schools have come out of prep schools, particularly when you talk about Stanford. So, that when you take someone who has come from an inner city background, those people are at a, at marked disadvantage as compared to the other students that are with them. It was a very enjoyable experience. It was primarily all Black. I had been raised in Compton all my life. My parents bought a home shortly after I was born in 1952. So, I saw the real transition from a primarily all White city to a city that rapidly became Black in the '50s and the '60s. I really enjoyed it in terms of close bonds with other students. And so that in terms of social acquisition and comfort, I think that that was the bonus of having gone to an all Black school. There was a wonderful principal at that time by the name of Aaron Wade who came from a typical southern education-is-in type of background, so there was a marked push on educational opportunities. So, although it was lacking in terms of what I actually could learn in total in terms of preparation, it was very beneficial in terms of offering a fairly caring, motivated environment. And I think that that proved to be a very valuable point later on in school.

00:04:39:00

Interviewer:

Now, when you went to Stanford, you told me an interesting story about your first meeting with your student advisor.

Dr. Toni Johnson-Chavis:

Mm-hmm.

Interviewer:

Can you tell that story again?

00:04:48:00

Dr. Toni Johnson-Chavis:

Yeah, I had an advisor the second day I came. The lady was an anatomist. And she, at that time, was over the pre-med, the quote pre-med group at school. And it was necessary in those days, which is probably now—is the same thing, to review your curriculum with your advisor, and you have to get their John Han-Henry, their signature, on your card, approval that you have reviewed your certain classes. That very first meeting association was [pause] catastrophic. It was somewhat different. And I shouldn't say catastrophic because I later did not even go ahead to meet her. But she made it very clear on that first meeting that she

thought that I was an exception for some one that was, someone who was Black. And though my SAT scores were high that in fact she made it very clear that the quote White students actually probably did better. She gave me a suggested curriculum that she thought that I could, that I should take. But sprinkled a lot of put downs and her doubt that I would be able to master that. And even though I came into school with a very idealistic idea that I was gonna be a doctor that she had some real doubts of whether I would ever ob-obtain that. It could have been very devastating. But luckily because of the background I came from and the motivation and self confidence, I understood the racism that was exhibited. Actually somewhat maturely, I was mature enough to even understand why the lady was probably doing what she was doing. It was a very painful experience, and I was able to extract myself from that and actually feel sorry if there were other minority students who were ex—who were exposed to that kind of person. And I'm pretty sure that these are the kind of things that operate across the country, not only in colleges but probably in secondary schools, too. I dealt with the situation by never returning to her as an advisor and deciding on my own what curriculum I thought I could handle. And I made some choices to, to change some things around. I had no idea whether I would be able to handle the curriculum as she had suggested. I knew that I liked psychology, and I liked English, and I liked a lot of the social classes in addition to just hard, hard quote sciences. So, I only took two or three of those at a time and made sure I took other classes that were social in orientation and things that I could really enjoy. I, I did come into somewhat of a shock in that I was used to making straight A's. And when I had to accept the first B, that was somewhat of a let down. And I remember actually crying in the bathroom because I had a B and just barely made a C, and I absolutely was not used to that, actually having straight A's. And I had a roommate that was very compassionate, and she somewhat laughed. And she said, Oh, I think a B is terrific. And I had to sit there and realize that a, a B was something that was not used to because of a certain perfectionism that I had. But I realistically looked and said, Look from what you came from, you tried hard, and that is what mattered. And just, it's OK. Keep trying hard, and you'll, you'll, you'll get there. And there were some difficulties. There were differences. And I had to work a little harder in certain areas. But there were other areas that kind of came naturally, and, and I enjoyed psych classes and English classes. So, I act—always made sure that I did not approach pre-med with the strict scientific orientation. It was always my feeling that sciences were necessary. But, and later on, this came to, to, to be true that medicine is a, is a field that is really laced with a lot of social things. And that really the psych background and the English, and being able to feel comfortable talking to people, and exposure to all different kind of people later proved to be very, very valuable, as valuable as the analytical geometry that I had to take.

00:09:03:00

Interviewer:

OK, thank you. Cut.

[cut]

00:09:06:00

Camera crew member #2:

And mark.

[slate]

Camera crew member #2:

[clears throat]

00:09:14:00

Interviewer:

OK, so I'd like you to describe for me your first meeting with your student advisor at Stanford.

00:09:2

Dr. Toni Johnson-Chavis:

OK. It was my second day on campus, and I had to get a signature from my advisor for acceptance of my classes. I biked over to the particular, the area that I had to go. And it was in the old science building at Stanford. And I biked over and went upstairs and met [clears throat] the advisor for the very first time. She was a female anatomist, and she was over the pre-med group at that time. And that is why she was selected to be my advisor. I was pretty enthusiastic about meeting her for the first time. I knew she was a lady, and she was a pre-med advisor, and that she had, that she was an anatomist. And so I thought I was pretty lucky to have selected having a lady as an advisor. Quickly I found out that it was not what I thought it was gonna be. As I entered the room, I could tell just by body language and the way she received me that there was a lot of negativism that was occurring. And I just had a just thought right away that though she [laughs] was female that she was not gonna be probably the nicest person that I met. Quickly she began with put downs. She was very methodical and reviewed my past performance in school and quickly said, Oh, you made straight A's from Compton High. Where is that? And I told her where it was. It's an all Black high school, isn't it? And I said, Yes, it is. And she asked me spec-specific questions of my parents and what did they do. I was struck right away with what difference did that have to do with what my curriculum was. And I didn't quite pick up then what was happening. She then went to my SAT scores, asked me specifically what my spec—my SAT scores were. And she said, Oh, that's really very good—

[rollout on camera roll]

[wild sound]

Dr. Toni Johnson-Chavis:

—it's very good for quote you people. But we have students—

00:11:16:00

Interviewer:

OK, I'm sorry. We're rolling out. This is excellent though. We're, we're gonna get some more film on the cam—

[cut]

[camera roll #4093]

00:11:24:00

Camera crew member #2:

Mark.

[slate]

Camera crew member #2:

OK.

00:11:32:00

Interviewer:

OK, so if you could pick up with—you were saying that she asked you what your parents did.

00:11:38:00

Dr. Toni Johnson-Chavis:

Yeah, she asked me what my parents did for a living. And at that time, I could not figure out what that had to do with anything. Later on, I quickly was able to see the essence of what was going on, which I think had a lot to do with racism. She then looked at my SAT scores and reviewed my grades, and made the statement that, you know, I had made straight A's, but she wondered if I was gonna be able to carry that out at Stanford. And that, that my background probably had not prepared me for what to expect there. And that even though my SATs were very high for quote you people, there were many, many students that had top SAT scores. And so that, that was the climate of what I was gonna be up against, so that I should be prepared that I probably would not be able to do very well. That she would never the less go ahead and advise me on the usual course for pre-med and that usually most

students finish that in a four-year curriculum. That I might, it might take me a longer period of time to finish that, but that would be, you know, OK if, if I could in fact finish that. Quickly the same enthusiastic person that marched in the room was not tearful but within fifteen minutes, I really realized the rude reception that I had just received at Stanford and probably what was gonna be the reception that I maybe would receive from a lot of teachers. And that unfortunately I was not gonna be exposed to the same type of encouragement and positive attitude that I had been raised with by my parents and/or other teachers in secondary school.

00:13:30:00

Interviewer:

Let's follow up on that and tell me about in general—

Dr. Toni Johnson-Chavis:

Mm-hmm.

Interviewer:

—the reception that you found at Stanford. I'm thinking about all, the sequence of events that led up to your being housed in a trailer.

00:13:42:00

Dr. Toni Johnson-Chavis:

The reception in terms of Black students were very positive. There were very few. There were less than thirty total in a class of about fifteen hundred. There were thirteen Black women specifically, and Stanford is a very large campus with several dorms. And they had spread us all around the campus with groups of two, two women in each dorm. So that it was really very difficult for us to be cohesive and coalesce because we were so spread out. But quickly despite that, we still formed close friendships, and there were probably seven or eight of us who did. Even though Stanford—that was 1969 in California, theoretically a state that was non-southern, and you don't think that you're gonna get Mississippi racism [laughs]. But in fact it was very, very racist. There were a lot of antise-semitic groups around campus, anti-Black groups that were on campus. My dorm, it was not uncommon for sw-swastikas to be painted on my door. That happened two or three times. A cross was bo-burned outside of my dorm room. By the third quarter, my roommate and I, Patricia Gaye and I were moved to a trailer that usually only upper classman could go into. And there was Linda Russell, Rita Bernstein. They were in another dorm. And myself and my roommate. And the four of us were placed in a trailer primarily for safety so that we would be out of the dorm situation because of what was going on. There was not very much publicity about that. Stanford in 1969, those things were not supposed to be occurring. So, that, you know, those are not the kind of things that the media picked up, and those are the kind of things that were quickly

squashed. So, we pretty much coalesced and stayed somewhat distant from the main flow of what was going on. The BSU, the Black Student Union, was very active in those days. There was a lot of Black pride issues that you don't see that's pretty, that's going on now. So, there was a lot of cohesion with the Black students, so therefore it was not a bad experience. It was not really a very lonely experience. It was a very active experience in my life in terms of what was going on.

00:16:03:00

Interviewer:

How, how, how did you perform at Stanford?

Dr. Toni Johnson-Chavis:

Fairly well. Not straight A as compared to—

Interviewer:

I'm sorry. Could you give me a—

Camera crew member #1:

[coughs]

Interviewer

—a complete sentence?

00:16:14:00

Dr. Toni Johnson-Chavis:

Pretty well. I did not have a straight A grade point average, a four point O grade point average that I had coming out of high school, but I finished with a, a B average, above a B average. I think specifically it was like three point two. I made A's and B's but did fairly well. I finished Stanford in three years. I, one quarter, took twenty-four units to finish. Not only did I finish in three years, but I was really very, very active. I was a very active member of the BSU. I was in a pre-med advisory group. I was on a selection committee for other students coming in to the school. I did some research with sickle cell anemia, with Norman Kretchmer and the medical school. I was also in a tutorial program that Black students formed and would go over into East Palo Alto and tutor Black students in elementary school who were having school learning disabilities. So, that I was very, very active in addition to carrying out a pre-med curriculum. And I finished that in three years. Even though I did not make a four point O grade point average, my motivation was always self. And I felt very good about what I had done and contributed to the community in East Palo Alto, what I had

contributed to the school and the BSU, as well as what my grades were in preparation for medical school. And I felt very confident that I would be able to handle any medical school curriculum pretty well without a problem. So, overall, I felt very positive about what I did.

00:17:48:00

Interviewer:

OK, so now let's go to medical school. You're a medical school student.—

Camera crew member #1:

[coughs]

Interviewer:

—Someone says to you, You're occupying this place only because of affirmative action, and your presence here is an affront to the meritocracy. How do you respond?

00:18:02:00

Dr. Toni Johnson-Chavis:

That was something I was not even aware of *when I was selected for UC Davis and went into Davis. It was not until well into my first year that I had any idea that I had been selected through affirmative action. Certainly I had met all the criteria for regular entrance. Certainly there were other students, White students, who did not even meet the same criteria. Their GPA was far less than mine. Their MCAT scores were far less than mine.* They certainly hadn't finished a curriculum in three years, as were some of the other minority students. One of the other minority students was, was a lawyer at the time that he came in. My husband, Patrick, had finished Albion in three years. His GPA was not less than three point O. So, I did not come into the school with the, from a school that was unaccredited. I certainly did not have a C grade point average. *So, I had no idea that I had even come in through affirmative action.* I think that that is the story with several Black students. So, I took it as affront that I in some way was given a spot that I should not have had. That in some way I was not prepared or that someone did me a favor. Certainly I have—that was not the case. How somebody with a, a GPA above three point O, finished in three years from Stanford, and who had contributed as much as I had, how is that affirmative action? That wasn't affirmative action. No one had given me anything. And in fact, it was my feeling at that time that I had done much more than any White counterpart could have done. I had come from an inner city school, public school with books that I could not even bring home that were class copies that I had to check out to bring home to study at nighttime. And despite that, I had a four point O grade point average, that I had performed with the same expectations as everybody at Stanford. There was nothing special. I took the same classes. I took the same tests. I passed them, and I performed with above a three point O grade point average. That in fact had finished early. So that for the mass media to view that as that they

had done someone a favor, I took exception with. I was very vehement against that. But, and I really thought it was really wrong for the mass media to portray that we had these poor pitiful sick students who had taken someone's spot. Nobody paid attention at that time to the fact that we, that there was a lot of nepotism that was going on in the University of California system, that the dean had the authority to put people in the class that he selected, that in fact we had a girl that was in class whose parents were very, very wealthy, that owned a cleaning chain. That she had been fine artsy and in fact never had anything near a three point O grade point average, but she was in our class. But no one centered on those type of issues. Nobody focused on really what kind of students were we, what kind of GPA we came from. Those issues never came up. So, there was a lot of resentment that I had at that particular time in terms of what was going on.

00:21:15:00

Interviewer:

Great. Cut.

[cut]

00:21:19:00

Camera crew member #1:

Marker.

[slate]

00:21:26:00

Interviewer:

OK, you're in medical school. Tell us the story of this clinic you set up.

00:21:30:00

Dr. Toni Johnson-Chavis:

In medical school during the first year, contin—the continuation of the fervor from undergraduate school in terms of wanting to have some community commitment at the same time that I was doing a curriculum, several Black students decided that a community approach of something that we could offer was to help start a clinic with the particular goal of trying to look for things that affected primarily Black people. One of the things that was most important to us was hypertension. We set up a clinic that worked on Saturdays in Del Paso Heights. We—that's in Sacramento. Very close to Davis. Maybe thirteen miles away.

We started in a little storefront that was actually in Sacramento, and then we were able to get permission for use of a clinic on Saturdays. And we would monitor blood pressure—

[rollout on camera roll]

[wild sound]

Dr. Toni Johnson-Chavis:

—and do nutritional lectures. And those were the type of things. We were—

00:22:24:00

Interviewer:

OK,

Dr. Toni Johnson-Chavis:

Mm-hmm.

Interviewer:

I'm sorry. We rolled out.

Dr. Toni Johnson-Chavis:

OK.

Interviewer:

So, we're going to have to pick up.

Camera crew member #2:

OK.

[cut]

[camera roll #4094]

[wild sound]

Interviewer:

So, when we began, I think you can pick up by saying that you had started this for—

[picture resumes]

Camera crew member #2:

Mark.

[slate]

00:22:36:00

Interviewer:

—the Black women or for Black people. And then describe what, you know, what you did.

Dr. Toni Johnson-Chavis:

Yeah, we were—

Interviewer:

Oh, but I'm sorry. We're not—

Camera crew member #2:

Yeah, we're ready [inaudible]

00:22:47:00

Interviewer:

Oh, I'm sorry. Oh, OK.

00:22:47:00

Dr. Toni Johnson-Chavis:

We're in a clinic, we were in a clinic in Del Paso Heights, Sacramento. There were about ten medical students, all Black. There were a couple Filipinos, a couple Hispanic guys that were also there. And we were ostensibly doing, checking for hypertension, doing nutritional lectures about how you could change things, reviewing medications with the patients. We were medical students, but we had a couple people who were physicians who backed us up at the clinic. Quickly, we were really surprised. It was Del Paso Heights, Sacramento, which was ostensibly again supposed to be Black. And that's, we thought we were gonna be dealing with minority patients. By the second Saturday, fifty percent of our patients were, were White. And that progressed to more and more. So, we then went back to our class because we

needed more people to help us because it was more of a success than we thought to see if we could get other people, solicit help from the other students in the classroom. We could not solicit help from any of the other students in the classroom, White. On one occasion, I particularly remember talking to one of the White students in the class and asked him why wouldn't he help. And he said, Well, I just don't have the time. It's at a distance, and I don't particularly care to go to quote that area. And when I described, But do you realize that this area is a little rural, and it's actually not the, they're not all Black. It's primarily actually White. Poor Whites who are in the area and we very much need extra help. And his response was is that he didn't go to medical school to take care of poor people, didn't matter, Black or White. He went to medical school because he wanted to make money. And he was not gonna ex—give up any of his free time to quote go to that area and take care of poor people, Black or White. And I was astounded at that type of attitude, but we could not solicit one White student from the classroom to help us on that project.

00:24:42:00

Interviewer:

Great. OK. Now—

Camera crew member #2:

Can we cut for a second?

Interviewer:

—Oh—

Camera crew member #2:

Sorry.

Interviewer:

OK. Cut.

[cut]

00:24:48:00

Camera crew member #2:

Mark.

[slate]

00:24:52:00

Interviewer:

OK, now I want to move to the Bakke case itself. When Allan Bakke is described as a decent, hard working family man who wanted nothing more than to fulfill a lifelong ambition to be a doctor, how do you, how does that make you feel?

00:25:1

Dr. Toni Johnson-Chavis:

It makes me feel so what. That's the aspiration of, of many people who want to be doctors in, in America. There are lots and lots of people who want to go to medical school. Unfortunately there is a supply and demand factor. And there are not enough medical schools to take care of all the people who aspire to go to medical school. So, that unfortunately there is gonna be a selective gradient, and that was then, and it's gonna be now. And so there is gonna be a selection process. That selection process, as far as I'm concerned, has factors other than what your GPA is and what your SAT score is, how much money your parents make. That factor should also be laced with humanistic values in terms of what your future contribution and commitment can be to society. And certainly medicine has been thought to be a lucrative field. So that if we are gonna select people who have a high GPA and high SAT scores because they solely want to make X amount of money and not because they really feel like they're indebted somewhat to society and that they have something to contribute and to offer to society in whole. That that includes poor people, and Black people, and all people. Then we are gonna have a problem. But we're not gonna ever get away from a selective gradient, so I'm sorry that Bakke thought that he was well qualified and that that was a spot that he should have. There are countless other people who feel the same, and we can't accommodate all of them. So, I felt no pity or sorrow at all for the man.

00:26:45:00

Interviewer:

Now, again, when you were in medical school, did you perceive Bakke's challenge to affirmative action as a threat to affirmative action? How—what did you think was happening?

00:26:56:00

Interviewer:

I certainly thought that Bakke's challenge to affirmative action programs was a threat. I thought that if he won that case that in fact it was gonna stop affirmative action programs. I strongly felt that those programs were necessary, that they were deserved, that there were years of racism and other things that had operated in the United States post slavery not only for Blacks but for other third world people. And that the United States should do something

to try to rectify that. My feeling of affirmative action was that we, we should not be taking D students as the media tries to project who are unqualified in order to do that. But certainly in the selection process that we should include humanistic type of values in that selection process for affirmative action. So, I felt very much threatened that if this man was successful that some of the inroads that we had had post Martin Luther King, we would, we would lose and that certainly that there was a real need that was occurring at that time with more Black students and other students, Hispanic and Asian students being selected. And I had a real fear that if he won that we would lose out on those in later years.

00:28:11:00

Interviewer:

Now, why do you think it makes a difference that Blacks get to be doctors?

00:28:15:00

Dr. Toni Johnson-Chavis:

I think Blacks, because I'm Black, but any third world people who have—and they don't necessarily have to be poor are going to be sometimes much more sensitive to the needs of not only other minorities but as even proved to be in the clinic, to the needs of people period. The truth of the matter is that there are a huge amount of people who exist below the poverty line in America and that those are needs that are not met. Case in point is where I'm working right now. I'm in the city of Compton. It's a huge area with lots and lots of people and children. There are only two pediatricians in the area. There is no one who selected this area. I selected it really because I quote returned to the community. And I truly did that. Not a selection based on money but something to fulfill a need. And if you look at NMA, National Medical Association, and you look at where Black doctors are, the majority of them are in areas of need. They're in poor areas. They're not only taking care of poor Black people, they're taking care of poor people period. So, they're supplying a need. So, it was very, very important to me that we increased the amount of Black physicians we had in the United States, as well as other minority physicians. We have a trend right now in the state of California, that it's rapidly becoming Hispanic and Asian. We must take care of the needs of those patients. Not only the language needs, but there are other needs, too.

00:29:41:00

Interviewer:

Now, when some—

Camera crew member #1:

I'm running out of tape, so I need to cut—

Interviewer:

OK.

Camera crew member #1:

—and change.

Interviewer:

Okie doke.

Dr. Toni Johnson-Chavis:

It goes fast with the tape.

[beep]

[cut]

[sound roll #440]

00:29:51:00

Camera crew member #2:

Mark.

[slate]

Camera crew member #1:

Can you pivot your chair a little bit more towards [unintelligible]. A little more. There we go. And your body can—yeah, you're fine—yeah, great.

Interviewer:

OK.

Dr. Toni Johnson-Chavis:

OK.

00:30:05:00

Interviewer:

So, when someone labels affirmative action as reverse discrimination, what do you say?

00:30:13:00

Dr. Toni Johnson-Chavis:

The same response—if someone labels affirmative action as reverse discrimination, I don't agree with that. I have very strong feelings against that. I think that anybody who does that is doing that for a certain purpose, and I would say that it's, it's still racial in context. There is a lot of racism that exists because of that. I think that it's not reverse discrimination. I think that selective gradients should occur. Certainly there has been differences in how people were treated in the United States, and there is certainly differences in how people are treated right now. There are a lot of class difference, socioeconomic differences that occur. We have got a lot of people who are poor, below the poverty line. There are big differences in educational acquisition that occur here. That, there is selection that occurs throughout the gamut. We don't have a state or a country where everyone is exposed to the same educational type of system, and that that is guaranteed. That's a farce. There is major differences in that. Kids are not all guaranteed adequate nutrition. In the last fifteen years, we've had a real inroads in stopping all programs in terms of public health programs, in terms of programs for mothers, for children and mothers. Mothers don't even have the same quality of care when it comes to prenatal care. So, that we have selective gradients when against certain people in utero. So, it becomes a farce to say that we have reverse discrimination when you start talking about educational things later on. It's been pro a certain class of people for the whole time. And certainly those people need to be represented and, represented in occupations such as medicine. So, I think it is incumbent upon people to, to look at those type of things. And it does not mean that you select people who are not qualified. But it does mean that you must have a humanistic approach to that selection so that, I, I don't agree with the term reverse discrimination.

00:32:22:00

Interviewer:

When you were a medical student, as a Black woman, did you ever feel that people were considering you as less qualified than the next medical student? The medical student next to you who happened to be White.

00:32:37:00

Dr. Toni Johnson-Chavis:

I certainly feel that the majority of people think that affirmative action means that there is a selection of people who are less qualified, and I am sure that people viewed that I was less qualified. Whether it was the students in the class with me, whether it was the professors who were sitting there, or whether people in general. That even has to do with my practice in

medicine now. I am pretty sure that patients who—people who see—think that the average Black physician is in some way less qualified as someone else. So, that is something that daily, that I deal with. I don't worry about it. And that was something that probably even occurred then. That—it's very important for people to have very good self-esteem and self-confidence. And unfortunately this day and time, if you happen to be a lady or if you happen to be minority, you are gonna have to daily deal with the fact that people are gonna think that for some reason you are less qualified, and why are you in the position that you're in.—

[rollout on camera roll]

[wild sound]

Dr. Toni Johnson-Chavis:

—So, it requires a lot of self-confidence—

00:33:37:00

Interviewer:

OK, I'm sorry. You rolled out.

Camera crew member #1:

Yeah.

Interviewer:

Did we roll out after—

Camera crew member #1:

Qualified.

Interviewer:

Yeah.

[beep]

Male:

Yeah, got, got that. But—

Interviewer:

OK, let's back up and get some—

Camera crew member #1:

[inaudible]

Interviewer

—more of that then.

[cut]

[camera roll #4095]

00:33:46:00

Camera crew member #2:

Mark.

[slate]

Camera crew member #1:

OK [inaudible]

00:33:53:00

Interviewer:

OK, so it's 1977. You're on your way to becoming a physician. Did you feel that as a Black woman others didn't take you seriously?

00:34:03:00

Dr. Toni Johnson-Chavis:

1977, in—I was in medical school at that time, just about to finish. And I was positive that my fellow students and other people did not take me seriously in terms of wanting to be a physician. I was just about through with the curriculum at that particular time. I also felt that they did not think that I had all the qualifications that were necessary, that in fact because of affirmative action and the selection of Black students that were coming in that we were in some, we were somewhat different and inferior as compared to the other students. I don't think that that's the case at all in terms of what was going on. Again, as I stated earlier about my experience at Stanford and undergraduate school, there were the same tests. There were the same objectives that we had to meet, the same criteria. And we did those, and I had no

problems in medical school doing that. But I am pretty sure that, that there was a lot of racism and sexism that went on. And people really honestly had no idea of what my background was or the other minority students' background was. And it's of interest that they had those feelings but never actually got close enough to really verbalize those feelings or really ask you anything about what your background really was.

00:35:30:00

Interviewer:

Now, can you just give me a sense of, again, staying in the '70s, your experience as a student, helping with selection at Stanford, and then in the affirmative action program at U Cal Davis. What was your assessment of affirmative action, good or bad?

00:35:48:00

Dr. Toni Johnson-Chavis:

Oh, I thought the affirmative action at UC Davis in those days was really very good. I thought that they did an excellent job on selecting students that were both qualified to deal with the rigorous medical curriculum, at the same time were very exacting in what—of selecting people that they thought would share later on a commitment to society. They were very exacting in, in paying attention to what, making sure that the people had completed all the requirements, pre-med requirements, that they had fulfilled all the, the science requirements, that their SAT scores were reasonable. And even though sometimes the SAT scores might be somewhat lower, there was never any one selected who had re—significantly, significant bad grades or had a real problem with the SAT. They also were really, really paid very close attention to previous commitments to organizations and community things, whether people had published certain things, what previous occupations they had done, where in fact they lived or what type of medicine they planned to go into. There were a lot, there were a lot of questions that they asked. And again, they were very, very exacting. And I think they did a wonderful job on meeting the standards of what was gonna be necessary to take care of the rigorous classes, assignments that were gonna—we're talking about UC California, which is very exacting in what the requirements were. And I think they did a good job.

00:37:26:00

Interviewer:

Now, do you remember, again, as a student back then at U Cal Davis, do you remember the first time you ever heard about Allan Bakke and his case?

Dr. Toni Johnson-Chavis:

Yes, I heard about Allan—

Camera crew member #1:

Excuse me. Just turn a little more towards—yeah.

00:37:38:00

Dr. Toni Johnson-Chavis:

I heard about Allan Bakke the very first year I was in medical school, but there was not much said other than there was a guy who wanted to get into our class, and he was really angry that he didn't get into the class, so he was gonna sue. Because he wanted a position, and he didn't want to go to foreign medical school. He was gonna sue that because they had quote let minority students in in his place. The, nothing much more than that. And it really wasn't until probably the third year in medical school that we began to hear rumors or more that in fact he had an open case against the University of California Davis. And again, it was a little bit sad about that but no real details. I remember being quite surprised that there was nothing aggressively being done at that time with the Black bar association or some of the other groups in order to fight this because I really thought that affirmative action programs were gonna be really very much threatened by that. But it wasn't until my senior year when I was doing most of my courses in southern California and then my first year of internship at USC—LACUSC that I began to hear the devastating news of in fact what was going on with the Allan Bakke case.

00:38:53:00

Interviewer:

Great. Cut.

Camera crew member #2:

[clears throat]

[cut]

00:38:57:00

Camera crew member #2:

And marker.

[slate]

00:39:06:00

Interviewer:

In June of 1978, the Supreme Court basically admitted Bakke to medical school. You're on your way to being a physician. How did you feel about this?

00:39:17:00

Dr. Toni Johnson-Chavis:

In terms of with regards to Bakke, the decision that the Supreme Court had made in order to, to allow him to go to medical school, there was no personal feelings to Bakke at all. I was really somewhat angry of that decision in terms of that it was an affront to minority students coming into a program who very much deserved to be in a program. That it was supporting basically a reverse discrimination stance. It was always my feeling that there were only slight inroads and gains that we had made post Martin Luther King era and that I had been very fortunate to be apart of that era but that we really were, were fulfilling a society need. But I could tell that it was really not in the hearts of, of White America. That it was really just an appeasement for a short time. And in fact that the Bakke was just beginning to open up the channels of just the resumption of all the other racial things that were all—that was already going on. That it was gonna be devastating and that, that, that decision was gonna have real effect on the admittance of minority students, particularly Black students, later on in, in the future. So, I was appalled really at that decision and what it was mean, what it would mean in the future. Now ten years later, sitting back, what I believe then has come to fruition. If you really look at the amount of Black students elected to, I mean selected to schools, it's a marked decline. Davis, for example, there were six in my class. There have been classes since then that had no Black students or far less than five. Yet we still have large amounts of, of Black people and other poor people that are existing. And I think that it's very significant that ten years after Bakke, with that feeling, that just the example of where I am and what's occurring now is very important. Ten years later, there are only two Black pediatricians existing in Compton, California. Everybody nationwide basically almost have heard the term Compton. It's considered an all Black city. It's largely Hispanic now. ***There are a large amount of poor people, and there are only two pediatricians in that whole city. The two pediatricians here are both Black.*** And they both came from that period of time. One guy who came out of the inner city of, of Indiana, of Indianapolis, Indiana, and myself, who came from Compton, California. There is no one else who have made, who has made a selection to come in. ***If the two of us had not been trained in that era and were not here,*** who would fulfill the void now? Certainly Martin Luther King Hospital that was built because of the whole post Martin Luther King era is now inundated with patients, and they cannot even take care of the patients. ***Who would fulfill that need? That's the question I asked then, and that's the question that I ask now.***

00:42:12:00

Interviewer:

Great.

[cut]

[wild sound]

Interviewer:

Bless you. [laughs]

Dr. Toni Johnson-Chavis:

OK [laughs]

Camera crew member #1:

[laughs]

[beep]

Camera crew member #1:

This is a list of things that would be useful, I think.

Interviewer:

Oh, OK.

Camera crew member #1:

That was a wonderful, and thank you.

Dr. Toni Johnson-Chavis:

Mm-hmm.

Interviewer:

So, can we get—do we—

[cut]

[end of interview]

00:42:29:00

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