The pages of America’s history are indelibly marked by the stains of racism, segregation and exclusion, and the AMA’s own organizational history is no exception. Now the AMA is engaged in a serious, sustained effort to achieve health equity—optimal health for all patients.

In a speech before the National Medical Association’s (NMA) House of Delegates, AMA President Patrice A. Harris, MD, MA, acknowledged the AMA’s past prejudices.

“A century ago, the American Medical Association was restricted to whites only,” Dr. Harris said during her speech to the NMA, which represents the interests of more than 30,000 black physicians and the patients they serve. “And far too often we have turned a blind eye to the struggle for equality and justice in the African American community.”

In 2008, the AMA unequivocally apologized for its past behavior.

Any apology for those past injustices, Dr. Harris said, is insufficient. Still, they must be acknowledged and offer fuel as physicians look to help fix a health care system that is littered with gaps in quality and access across lines of color, ethnicity, income, disability, gender and more.

“We must continue to confront in an honest way, and sometimes in uncomfortable ways, those mistakes that told African American physicians that they were not welcome in medicine and may well have contributed to some of the health disparities we still face today,” Dr. Harris said. “The next step in righting those wrongs is the AMA’s new commitment to health equity. We are focused on health equity in a new, comprehensive way, with increased resources and increased attention at the very top.”

Seeking quality care for all
At the AMA’s 2018 Annual Meeting, Dr. Harris became the first black woman elected to the Association’s highest office. That same week, the AMA’s House of Delegates adopted policy that set health equity—defined as optimal health for all—as a goal for a U.S. health system.

In her NMA address, Dr. Harris offered some insight on what the AMA is doing to meet the challenge: creating the Association’s new Center for Health Equity and hiring Aletha Maybank, MD, MPH, to run it. A pediatrician who is board certified in preventive medicine and public health, Dr. Maybank and the Center for Health Equity “will embed health equity across our organization so that it influences our practice, process, innovation, organizational performance and outcome,” Dr. Harris said.

“The stakes could not be higher,” she added. Research shows that African Americans and patients from other marginalized communities suffer higher rates of chronic diseases, such as diabetes, asthma and high blood pressure and are likelier to self-report only “fair” or “poor” overall health status. These patients also are more likely to be uninsured or underinsured.

Working together to make progress

Dr. Harris called for collaborative efforts between the AMA and the NMA to take a multifaceted approach to tackling health inequities.

She highlighted AMA members who are active in both AMA Minority Affairs Section (MAS) leadership and the NMA. Among them: Niva Lubin-Johnson, MD; Edith Mitchell, MD; Leonard Weather, MD; Sandra Gadson, MD; and Michael Knight, MD, who recently was elected to a position in which he works as a liaison between the two organizations.

One recent example of how collaboration can lead to results is the work done by physicians who are active in both the NMA and MAS in helping to adopt AMA policy that addressed transgender violence, which has disproportionally affected trans women of color.

In what she called an “urgent time for health care in America,” Dr. Harris said physicians, particularly those involved in organizations like the NMA and AMA, have a responsibility to spearhead change.

“Physicians don’t run away from problems,” she said. “We run towards them. That is our role and that is the responsibility of everyone who joins organized medicine seeking to make a difference.”