

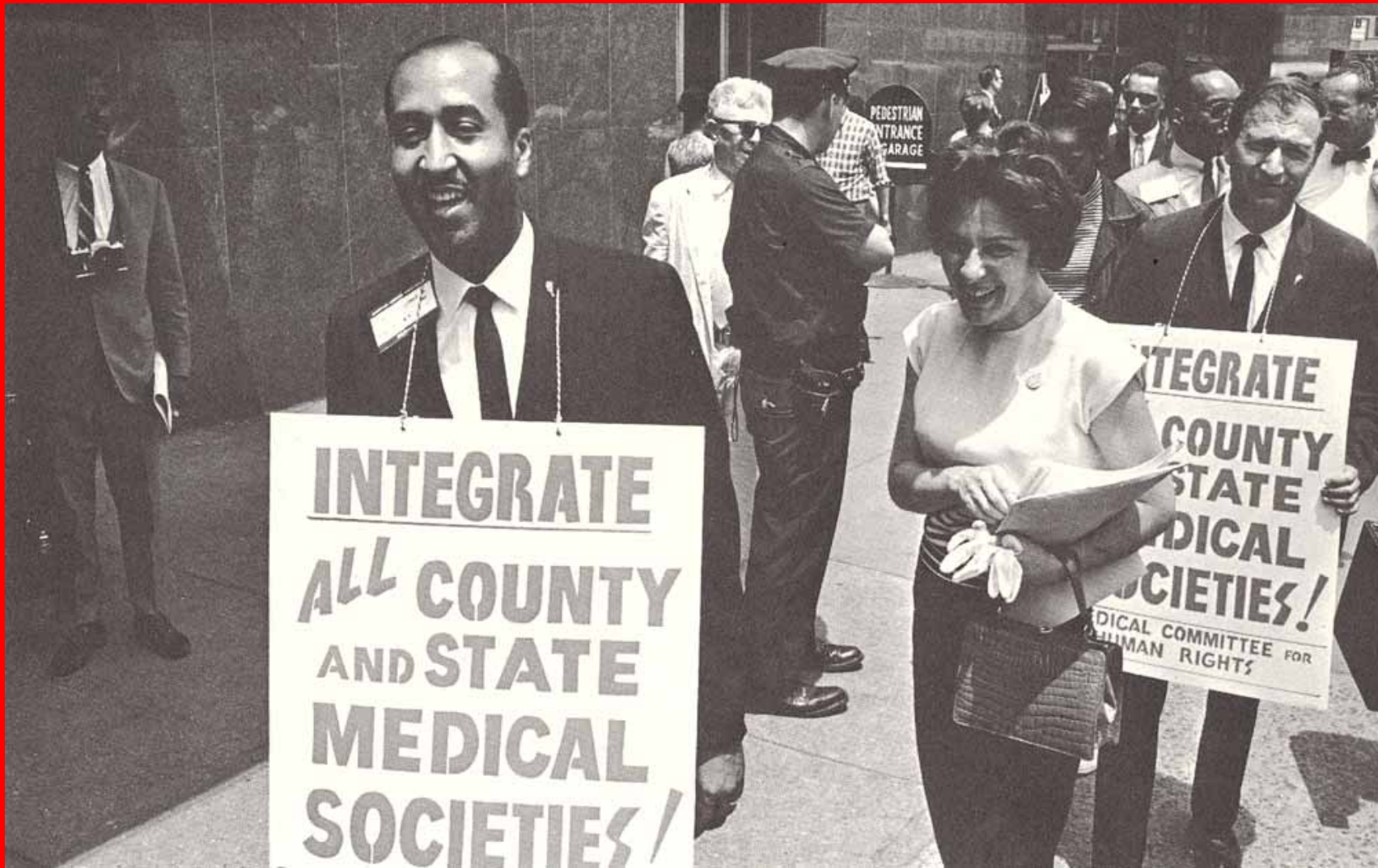


The AMA & The NMA: Past, Present, and Future

Ronald M. Davis, MD
Immediate Past President
James Rohack, MD
President-Elect
American Medical Association

National Medical Association
House of Delegates
July 30, 2008







History of Writing Group



- Independent panel
 - convened by AMA Institute for Ethics
 - Supported by AMA and NMA leadership
- Members selected by Institute for Ethics
 - additional members added by panel
- Neither NMA nor AMA leadership were asked to approve the panel members or their findings



Writing Group on the History of African Americans and the Medical Profession

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Goals of Writing Group



- Review and analyze historical roots of racial divide in American medical organizations



- Avoid making moral judgments re: *intentions*
- Emphasis placed on *results* of decisions

- All members stand by the historical facts presented



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African American Physicians and Organized Medicine, 1846-1968

Origins of a Racial Divide

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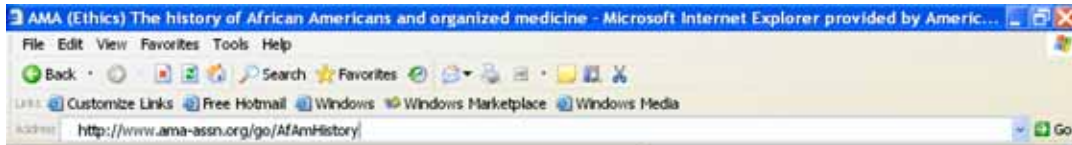
BY THE END OF THE 19TH CENTURY, US physicians had formed 2 national associations: the National Medical Association (NMA) and the American Medical Association (AMA). This peculiar duplication reflected a profession segregated by race. The AMA was almost entirely white; the NMA predominantly black—founded

Achieving Racial Harmony for the Benefit of Patients and Communities

Contribution, Reconciliation, and Collaboration

Ronald M. Davis, MD

live up to the high standards that define the noble profession of medicine.



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Home > Resources/Standards > Medical ethics > Institute for Ethics > Research programs > The history of African Americans and organized medicine

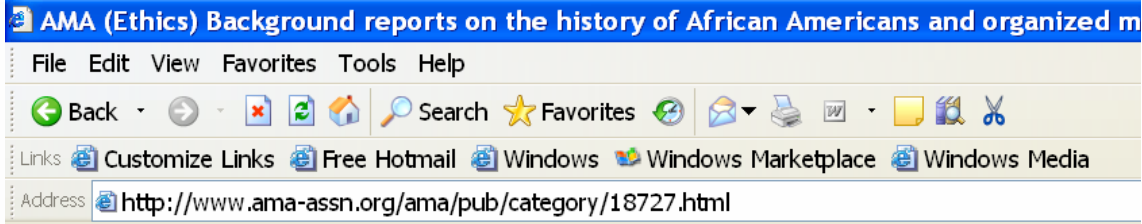
The history of African Americans and organized medicine
e-mail story | print story

Segregation and racism within the medical profession have, and continue to, profoundly impact the African American community. Yet, the complex history of race in the medical profession is rarely acknowledged and often misunderstood. The AMA Institute for Ethics invited a panel of experts to review and analyze the historical roots of the black-white divide in American medicine. The following is a summary of the panel's findings, along with other resources.

- Journal of the American Medical Association article
- Journal of the American Medical Association commentary
- AMA APRAISAL MESSAGE
- Medical history (PDF, 104KB)
- Historical sources (Web resource)
- Constitutional issues, part 1 (PDF, 14KB)
- Constitutional issues, part 2 (PDF, 24KB)
- Bibliography (PDF, 51KB)
- Panel acknowledgments (PDF, 16KB)
- 1978 National Medical Journal article (PDF, 24KB)
- American Medical Association Archives

Background reports on the history of African Americans and organized medicine
Background research reports for the project on the history of African Americans and organized medicine

Reviews for the history of African Americans and organized medicine
Reviews for the research project on the history of African Americans and organized medicine



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Background reports on the history of African Americans and organized medicine
e-mail story | print story

The following supplemental reports were commissioned by the Writing Group to provide additional information and direct quotations from primary source materials on specific aspects of the history of African American physicians and organized medicine.

- A. AMA annual meeting attendance roster (civil war era), 1860-1868 (PDF, 27KB)
- B. Seating delegates from the Massachusetts Medical Society, 1870 (PDF, 38KB)
- C. Exclusion of the National Medical Society of DC, 1870-1872 (PDF, 76KB)
- D. Evolution of AMA membership, 1847-1981 (PDF, 39KB)
- E. Racial designations in the American medical directory, 1906-1940 (PDF, 49KB)
- F. AMA policies on racial discrimination of constituents, 1870-1968 (PDF, 72KB)
- G. The "Flexner Report" and the AMA, 1910 (PDF, 43KB)
- H. The Hill-Burton Act and the AMA, 1946 (PDF, 86KB)
- I. The Civil Rights Act and the AMA, 1964 (PDF, 53KB)
- J. The AMA and Medicare and Medicaid, 1965 (PDF, 62KB)
- K. Proposal to "amalgamate" the AMA and NMA, 1973 (PDF, 22KB)
- L. Segregation within national professional associations (PDF, 64KB)

Last updated: Jul 16, 2008
Content provided by: Institute for Ethics



Key findings



- **Early years following the Civil War**

The AMA declined to embrace a policy of nondiscrimination and excluded an integrated local medical society through selective enforcement of membership standards



- **1870s–1960s**

The AMA failed to take action against AMA-affiliated state and local medical associations that openly practiced racial exclusion in their memberships—practices that functionally excluded most African American physicians from membership in the AMA





Key findings *(continued)*



- **Early decades of the 20th century**

The AMA listed African American physicians as “colored” in its national physician directory; was slow to remove the designation in response to NMA protests



- **Late 1950s and 1960s**

The AMA was silent in debates over the Civil Rights Act of 1964 and put off repeated NMA requests to support efforts to amend the Hill-Burton Act’s “separate but equal” provision, which allowed construction of segregated hospital facilities with federal funds





Some effects of this legacy



- In 2006, African Americans made up ...
 - 12.3% of US population
 - 2.2% of physicians & medical students
 - 1.8% of AMA members
 - 5.0% of AMA committee members and section leaders



- Underrepresentation in American medicine



- Underrepresentation in organized medicine

- Ongoing segregation, and mistrust of medicine, are key drivers of disparities





Summary

- Organized medicine emerged from a society deeply divided over slavery, but largely accepting of racial inequities and theories espousing black inferiority.
- Emblematic of existing societal values and practices, medical schools, residency programs, hospital staffs, and professional societies largely excluded African Americans.



Summary *(continued)*

- For >100 years, many medical societies, including the AMA, actively reinforced or passively accepted this exclusion.
- Throughout this history, vocal groups of physicians—black and white, and within and outside these associations—challenged segregation and racism.
- The AMA, and American medicine, have suffered for lack of diversity.
- This history is still being written. ...



Positive steps since 1968

- 1968 – AMA expressed need to increase number of African American physicians
- 1989 – AMA report on “Black-White Disparities in Health Care”
- 1992 – AMA Minority Affairs Consortium created
- 1994 – Lonnie Bristow, MD, becomes first African American AMA president
- 2004-present – minority medical student scholarships (AMA Foundation)
 - \$10,000 each
 - 12 scholarships in 2008





Positive steps since 1968 *(continued)*



- 2004 – Commission to End Health Care Disparities was created by NMA, NHMA, & AMA
 - Co-chaired by NMA & AMA
 - > 50 health organizations are members





Positive steps since 1968 *(continued)*



- **Commission's areas of focus**



- influencing government actions to curtail disparities
- engaging health professionals & organizations in efforts to eliminate disparities
- improving the practice environment to foster effective efforts to eliminate disparities
- promoting collaboration between medicine & private industry on strategies to eliminate disparities
- increasing diversity in the health professional workforce



“Doctors Back to School” program



AMA Minority Affairs Consortium Doctors Back to School program

4

Getting ready

A pre-visit checklist

The following is a suggested checklist to help you plan your “Doctors Back to School” (DBTS) visit. Doing as much as possible ahead of time helps ensure that you will be able to focus your full attention on the children during your visit.

Three to four weeks before your visit:

- Identify a school or community organization that serves children in an underrepresented minority group.
- Arrange a date and time with the principal or director to visit a specific class or group of students. If you will be visiting with multiple groups of students, make sure you are given specific times and room numbers for each group.
- Let the AMA-MAC office know about your planned visit by e-mailing wilda.knox@ama-assn.org or calling (312) 464-5529. We would like to track our program’s progress by logging and recognizing your visits.
- The AMA will prepare your media alert and work with local media personnel to get your visit promoted. The more planned visits we know about ahead of time, the more successful we will be at promoting the event to local and national media.

Two weeks before your visit:

Pre-visit



AMA



AMA's health care advocacy agenda for 2008



- Expand coverage for the uninsured
- Reform the Medicare physician payment system
- Reform the medical liability system
- Improve the quality and safety of health care
- Improve public health through ...
 - Healthy lifestyles
 - Reducing health disparities
 - Disaster preparedness





The uninsured: An all-too-familiar crisis



- 47M Americans w/o health insurance

- Non-elderly adults w/o insurance:

- 13% for non-Hispanic whites
- 21% for African Americans
- 34% for Hispanics (2005 CPS)



- Most uninsured (8 out of 10) work
- Of those with health insurance, many (1 in 3) worry about losing it





Expanding coverage of the uninsured and increasing access



- Short-term: advocate for incremental measures to expand coverage for children and lower income families and individuals



- Long-term: press for adoption of a consumer-driven, market-based plan to expand coverage through tax credits and insurance market reforms



1 out of 7 of us doesn't have health insurance...

But we all have a voice. And a vote.



45 million uninsured. It's not just a number or a graph in a report. It's people all around you. Like a friend. A neighbor. A relative. People who are suffering. And you can do something about it. One out of seven of us doesn't have health insurance, but we all have access to voting booths. Please vote with this issue in mind. To learn more and share your voice about this issue, visit VoiceForTheUninsured.org.

VoiceForTheUninsured.org

Because 1 out of 7 is 45 million too many.



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Because 1 out of 7 is 45 million too many.





Disparities: The Problem



- Minorities suffer disproportionately from diabetes, heart disease, HIV/AIDS, cancer, stroke and infant mortality
 - Despite our profession's pledge to provide equal high-quality care to all, minorities too often receive inferior quality of care for these and other illnesses
- Disease knows no ethnic or racial barrier
- Neither should prevention, diagnosis, treatment, or palliation





AMA membership



- <http://www.ama-assn.org>
- 1-800-621-8335
- Paper application



- Join AMA Minority Affairs Consortium (MAC)



- Together we are stronger



