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
INTEGRATE ALL COUNTY AND STATE MEDICAL SOCIETIES!
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

Robert Baker, PhD
Union-MSSM Bioethics Program & Union College

Janice Blanchard, MD
George Washington University School of Medicine

Clarence Braddock, MD, MPH
Stanford Center for Biomedical Ethics

Giselle Corbie-Smith, MD, MSc
University of North Carolina at Chapel Hill

LaVera Crawley, MD MPH
Stanford Center for Biomedical Ethics

Eddie Hoover, MD
Journal of the NMA

Elizabeth Jacobs, MD, MPP
Cook County Hospital & Rush Medical College

Thomas A. LaVeist, PhD
Johns Hopkins Bloomberg School of Public Health

Randall Maxey, MD, PhD
National Medical Association

Kathryn L. Moseley, MD
University of Michigan Medical School

Todd L. Savitt, PhD
Brody School of Medicine, East Carolina University

Harriet A. Washington

David R. Williams, PhD
University of Michigan
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
African American Physicians and Organized Medicine, 1846-1968
Origins of a Racial Divide

Robert B. Baker, PhD
Harriet A. Washington, BA
Olufade Olakanmi, BA
Todd L. Savitt, PhD
Elizabeth A. Jacobs, MD, MPP
Eddie Hoover, MD
Matthew K. Wynia, MD, MPH

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 by the colored physicians of the South to keep them apart. The AMA was not interested in educating, training, or improving the standing of its black members; indeed, in the 1880s, it passed a resolution advocating the separation of race in medicine.

At the turn of the century, the National Medical Association emerged as a voice for African American physicians. It grew from its ten-member founding in 1895 to nearly 300 affiliate branches by 1915.

Achieving Racial Harmony for the Benefit of Patients and Communities
Contrition, Reconciliation, and Collaboration

Ronald M. Davis, MD

live up to the high standards that define the noble profession of medicine.
Background reports on the history of African Americans and organized medicine

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 poster (Civil War era), 1866-1868 (PDF, 27Kb)

B. Selecting delegates from the Massachusetts Medical Society, 1670 (PDF, 30Kb)

C. Exclusion of the National Medical Society of DC, 1970-1972 (PDF, 76Kb)

D. Evolution of AMA membership, 1847-1981 (PDF, 38Kb)

E. Racial designations in the American medical directory, 1905-1942 (PDF, 48Kb)

F. AMA policies on racial discrimination of constituents, 1870-1968 (PDF, 72Kb)

G. The "Frazier Report" and the AMA, 1916 (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, 82Kb)

K. Proposal to "amalgamate" the AMA and NMA, 1973 (PDF, 22Kb)

L. Segregation within national professional associations (PDF, 94Kb)
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

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 visitplanning@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 as work with local media personnel to get your visit promoted. The more plans 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-list
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.

VoiceForTheUninsured.org
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

- 1-800-621-8335
- Paper application

- Join AMA Minority Affairs Consortium (MAC)

- Together we are stronger