As a profession, medicine must have a strong voice in society – a voice that reflects the entire profession. Though few physicians will agree with every position the American Medical Association (AMA) advocates, the AMA is often seen, by patients and policy makers, as the primary voice for American medicine. Therefore, the AMA must engage in issues that are important to medicine and society and, in doing so, it must strive to represent the entire profession.

A critical social issue the AMA must help to address is racial and ethnic health care disparities: the inequitable provision of medical care to minority populations. In 1989, the AMA’s Council on Ethical and Judicial Affairs issued a report entitled, *Black-White Disparities in Health Care*, which framed the inequitable provision of medical care according to race as an ethical problem. Sadly, too little attention was paid to this report, and to several other reports on health care inequities, until the landmark 2003 Institute of Medicine (IOM) Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. The release of this IOM report focused significant attention on the issue of racial and ethnic disparities across the health care system and prompted many important local and national initiatives.

In 2004, during his term as President of the American Medical Association, Dr. John C. Nelson was assigned to chair a set of meetings on health care disparities, convened by the AMA to consider how best to respond to the recommendations in the IOM report. The meetings were co-chaired by Dr. Randall Maxey of the National Medical Association (NMA) and attended by leaders from several state and specialty medical societies. The outcome of these meetings was the formation of the Commission to End Health Care Disparities, a collaborative effort to unite physician associations and societies in efforts to eliminate health care disparities.

As he became involved with the work of the Commission, Dr. Nelson discussed the AMA response to health disparities with AMA staff who were also committed to improving minority health, public health, patient trust, physician trustworthiness, and overall health care quality. Together, they saw health care disparities as a quality issue, influenced by patient trust and the trustworthiness of the medical profession. In this regard, historical events such as the US Public Health System study of untreated syphilis (the infamous “Tuskegee syphilis study”) and the fact that African American physicians had been excluded from AMA membership might affect the relationships that African American patients and physicians have with the medical profession and organized medicine today.

Dr. Nelson and AMA staff felt that for the AMA to be a credible leader in efforts to eliminate health care disparities, the organization would need to understand, acknowledge, and learn from
events that had occurred in the past. In other words, the AMA needed to undertake a project to honestly explore and explain the history of African Americans and the medical profession.

To ensure the integrity of this project and to avoid the inherent biases that AMA staff might bring to the task, it was decided that an external group should be invited to study the issue. Also, to ensure that the topic received credible and academically rigorous consideration, it was decided that the group should not be designated as an advisory panel to the AMA, which might become more political than academic, and instead it would be designated a writing group. Its charge would be to do historical research, with full access to the AMA Archives, and to create an independent set of reports on this work – but not to make recommendations on how the AMA and other stakeholder groups should respond to knowledge of this history or how to move forward. The hope was that the group’s recounting of this history would provide a solid foundation for organizations to respond to, and which would inform future activities and policies.

The Writing Group on the History of African Americans and the Medical Profession was convened originally by the Institute for Ethics at the AMA in October 2005, with additional members subsequently being added to the Writing Group by the Writing Group itself. Neither AMA nor NMA leaders were asked to approve the Writing Group’s manuscripts, nor did they have any role in the selection of the Writing Group Members.

One final note on the beginnings of the Writing Group. The group began its investigations with a few basic understandings:

- The AMA exists as part of the larger society, and in many cases it is to be expected that the actions of the AMA would reflect what was going on in society.
- As a federation of constituent societies, the AMA makes decisions in a democratic fashion. Key decisions are voted on by physicians who come from throughout the nation and can be expected to share its diverse attitudes and values.
- Yet, as a profession with a uniform code of ethics that demands equitable and high quality care for all people, physicians and their organizations should be accountable to their own high ethical and quality standards.