

Healing the racial divide

Can the AMA apology to African-American physicians make a difference?

Written by Karen Carlson ● Photograph by James Hawker

After more than 100 years of racial discrimination, the American Medical Association (AMA) issued an apology in July to African-American physicians for failing to include African-Americans in its organization.

The apology, included in the July 16 issue of the *Journal of the American Medical Association* (JAMA), was prompted by a historical study by an independent panel of experts. Commissioned by the AMA in 2005, the study summarized the history of the racial divide and the bias in organized medicine from 1846-1968.

While no direct policy excluded African-Americans, in the past the AMA required physicians to be part of their local chapter to be in the AMA. The segregation led to inferior health care for African-Americans and “professional isolation, erosion of professional skills and limitations on sources of income,” wrote Robert B. Baker, Ph.D., et. al., in the study (“African-American Physicians and Organized Medicine, 1846-1968, Origins of a Racial Divide.” JAMA, July 16, 2008. Vol. 300, No. 3, pg 307).

The apology, “Achieving Racial Harmony for the Benefit of Patients and Communities” written by the immediate past-president of the AMA, Ronald M. Davis, M.D., also was in the issue of JAMA. Davis wrote, “The medical profession, which is based on a boundless respect for human life, had an obli-

gation to lead society away from disrespect of so many lives. The AMA failed to do so and has apologized for that failure,” (JAMA, July 16, 2008, Vol. 300 No. 3, pg 323). He described the AMA’s numerous revised policies and committees to promote diversity.

Amid progress in diversity, the divide is still evident today. Two medical associations represent physicians in the United States: the AMA, with a largely Caucasian membership, and the National Medical Association (NMA), whose membership is predominately African-American. According to the former chair of the NMA Board of Trustees Nedra Joyner, M.D., an oral apology was made directly to the NMA delegates at its annual convention in July. “It’s a great beginning,” she says. “We accept the apology as an organization and will work on initiatives with the support of the AMA members.” Dr. Joyner is a 1982 alumna of SIU School of Medicine.

Many physicians have memberships with both associations, but Dr. Joyner sees a need for the associations to remain separate. “There will always be a need for the NMA as long as there is discrimination. There are still problem areas in modern medicine where minority physicians are denied hospital privileges,” she says. “The NMA speaks for African-American physicians and has a unique view of their situation that the AMA

“THE FIRST STEP IN RECONCILIATION IS ACKNOWLEDGEMENT OF THE PROBLEM.”

may not be able to see.” Dr. Joyner is working on “pipeline” programs to nurture students as young as elementary school to pursue a medical career. “Over time, we’ll be able to be a cohesive group and bring more minority students into the medical fields.”

The NMA and AMA have collaborated on numerous projects, including the Commission to End Health Care Disparities, in partnership with the National Hispanic Medical Association. They meet annually to discuss AMA policies and try to implement initiatives to help change people’s outlooks about minority physicians. The collaborative effort, she says, helps rectify some of the problems with access to care. Dr. Joyner also calls for increased awareness of the cultural sensitivities by non-minority physician and their care of minority patients, including Hispanic patients, the poor, the young, and female.

The apology is an opportunity to draw attention to the collaborative efforts and the health disparities that continue to exist among the African-American population. Dr. Joyner says African-Americans disproportionately suffer from heart disease, diabetes and high blood pressure.

Wesley Robinson-McNeese, M.D., ’86, executive assistant to the dean for diversity at SIU School of Medicine explains. “Because of more than 100 years of discrimination, many blacks have been subjected to substandard education and living conditions. We as a people grew up in environments where we didn’t have the right foods to eat or the right training about what we should be doing. As a result, we have some bad habits about diet and exercise that we need to break.”

Other SIU School of Medicine African-American faculty

who responded to requests for interviews believe the apology is a good first step. “It’s time to turn the page and look at the bigger picture as opposed to individual interests,” says Paul Henry, Ph.D. He believes the apology should generate excitement about reversing the health-care disparities. “We all need to be energized every now and then.”

Dr. Henry, associate professor of medical educa-

tion in MEDPREP, was surprised to learn about the discrimination at levels described in the historical study. “Anytime you get a system-wide apology that comes from a group of people, that’s very powerful, and it will be appreciated,” he says. “It sends a positive message and will serve as a motivator for current and future physicians. You can team build, promoting an exchange of ideas and approaches dealing with issues in more comprehensive way.”

MEDPREP trains underrepresented students to prepare for post-baccalaureate training in many health-care fields, and Dr. Henry sees the apology as a motivator for other medical professions.

“The apology is a major starting point to build coalitions and collaborate. It sends a message to other agencies that something needs to be done.”

Other SIU faculty are cautiously optimistic about the apology. “Better late than never,” says Victoria Nichols-Johnson, M.D. “The AMA has recognized that in order to grow and maintain a viable organization, they have to do everything in their power to see that it’s all-inclusive.” Dr. Nichols-Johnson, associate professor in the Department of Obstetrics and Gynecology, is a 32-year veteran of the School of Medicine.

Cynthia Thomas, M.D., ’91, assistant professor of family and community medicine, says that many minority physicians have felt the disparity between themselves and their non-minority colleagues at some point in their careers. “The panel’s findings legitimize these feelings,” she says. “Although the feelings have been there, they became motivation to make us stronger and better physicians.” She was encouraged that the AMA hired and responded to an independent panel but doubted its immediate impact. “The apology will increase awareness, but it will take years to change attitudes,” she says.

Dr. McNeese is pleased with the AMA’s apology but notes it is just the first step. “We’ve always known we were considered second-class citizens,” he says. “Even today, there are many people who believe we shouldn’t be a member of the profession. The biggest problem is that because of the past, there’s still racial prejudice among physi-

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cians. The apology sends a message that the AMA believes we are legitimate. It's tremendous that they've done that.”

The apology reflects progress getting minorities into medicine. According to AAMC figures, in 2004, about 6.5 percent of all medical school applicants were African-American, and more than 41 percent of those applicants were accepted. This was a turnaround from a downward trend that peaked in 1996. In addition, nearly 70 percent of all African-American first-time applicants were women.

While only six percent of SIU School of Medicine's graduates are African-American, 13 percent of its students walking the halls right now are African-American. According to an AAMC graduation questionnaire from 2004, approximately 50 percent of African-American medical school graduates indicated they planned to practice in an underserved area.

“SIU School of Medicine has always been on the cutting edge of increasing underrepresented students since the inception of the School in the 1970s,” says Dr. Henry. The state-funded MEDPREP program began in 1972. He adds that other schools had programs similar to MEDPREP at that time, but once the grants stopped, so did the programs. By keeping state funds allocated to the Carbondale program, Dr. Henry says, “there's a commitment from the top to keep MEDPREP in place.”

In 2001, the Office of Diversity, Multicultural and Minority Affairs opened under the direction of Dr. McNeese, who has undertaken several initiatives to promote diversity. SIU medical students visit high school students to teach them about the School of Medicine to help them move forward into the profession. Dr. McNeese and Dean and Provost J. Kevin Dorsey, M.D., Ph.D., are working with the Springfield school district on more initiatives to get local students on campus and give them special handling to encourage them to go to medical school and consider SIU School of Medi-

cine. A new Diversity Leadership Group of SIU faculty, staff and students met for the first time in August with the goal to broaden diversity past the racial and ethnic issues to include gender, sexual orientation, accessibility, and other factors.

For SIU faculty, the apology made now doesn't mean as much as what will happen next.

The physicians encourage more scholarships and educational programs to help young minorities to become physicians. “The more we discuss, the more we improve cultural competency, the more we teach it at the grade-school level and definitely in medical school, hopefully things will get better with time,” Dr. Thomas says.

“We need to increase efforts to recruit underrepresented students in medical schools,” says Dr. Henry. “That starts with restoring federal funds to pipeline programs.” These programs have started as early as elementary school to get youngsters interested in health-care professions.

“It's going to take education and time to bring blacks from substandard environments to become physicians,” Dr. McNeese explains. “The educational system and social service system have to be improved, and it's not going to happen overnight. But when it happens, blacks are going to show themselves more than worthy and more than able to be in this profession and all other professions as well.” ●●●

