African American Physicians & Organized Medicine: Acknowledging our Painful Legacy

The Institute for Ethics at the AMA
African American Physicians and Organized Medicine, 1846-1968
Origins of a Racial Divide

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 in 1846.

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.
History of Writing Group

• Independent panel
  – convened by AMA Institute for Ethics
  – support of 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
Founding a United Society in a Divided Nation:
The Antebellum Era
Race Relations in Antebellum Era

- A black healing tradition exists, covering a spectrum of training and practice
- Chattel slavery in slave states
- Scientific racism common throughout US
  - A few challenged this view, including among AMA’s founders (esp. John Bell)
- In North
  - 1847- David Jones Peck (1st African American to graduate from a US medical school, Rush)
  - 1854- John Van Surly DeGrasse (1st black member of Massachusetts Medical Society)
The American Medical Association

• Founded in 1846-1847

• Purpose:
  – Improve and standardize medical education nationwide
  – Establish common code of medical ethics
  – Promote entire profession’s “interests … honor … respectability … knowledge … and usefulness”

• Race not mentioned in early AMA records
North-South Balance in AMA

- AMA maintained a pattern of North-South balance in…
  - Electing Presidents
# State Residency of AMA Presidents (1847-1860)

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- Slaveholding and Trading
North-South Balance in AMA

• AMA maintained a pattern of North-South balance in…
  – Electing Presidents
  – Locating National Meetings
## Locations of AMA Meetings (1847-1860)

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- Slaveholding and Trading
Southern Participation in AMA Meetings

Percentage of Delegates from Southern States when…

• AMA meeting was held in South
  – 30%, SC (1851)
  – 44%, VA (1852)
  – 67%, TN (1857)

• AMA meeting was held outside of South
  – from 2% - 14% of total meetings (1847-1860)
Medical Societies Membership
Importance of Medical Society Membership

• Professional Advancement

• Provided forum to
  – present papers
  – learn latest techniques and treatments

• One could call on colleagues for
  – Medical advice
  – Assistance in surgery
Importance of Medical Society Membership

- Society membership often tied to
  - Referrals
  - Hospital admitting privileges
  - Licensure
  - Training

- Non-membership meant
  - Professional isolation
  - Fewer referrals
  - Limitations on sources of income
  - Limitations on educational opportunities
Lee’s Surrender at Appomattox, April 9, 1865
Medical Society of the District of Columbia
1869 - 1870
African American Physicians Denied Admission into Medical Society of the District of Columbia (1869)

Alexander T. Augusta & Charles B. Purvis

Alpheus W. Tucker

http://www.arlingtoncemetery.net/ataugusta-01.jpg
http://dbs.ohiohistory.org/africanam/images/photo/MenMark/013/013.jpg
African American Physicians Denied Admission into Medical Society of the District of Columbia

- All 3 physicians were eligible for admission
- Majority of MSDC voted not to admit these African American physicians
- Rationale: The MSDC did not admit black physicians
Senate Committee found Medical Society of the District of Columbia Guilty of...

- Excluding qualified physicians “solely on account of color”
- Refusing to consult with black physicians who were “excluded on account of color”
- Excluding physicians from educational opportunities “on account of color”
Senate Committee finds Medical Society of the District of Columbia Guilty of Racial Discrimination

“The original object, as declared in the charter and constitution of the [MSDC] Society, was the promotion of medical science, which nobody can doubt is worthy of congressional care. But when the [MSDC] Society is transmuted into a social club, it assumes a different character; and if this is done in derogation of the equal rights of all, it becomes a nuisance and a shame.”

Senator Charles Sumner

http://www.mrlincolnandfreedom.org/upload/sumner_charles_p199_med.jpg
1870 AMA Annual Meeting
Washington, DC
National Medical Society

- 1870- Augusta, Purvis, Tucker, with Robert Reyburn and other DC physicians create the National Medical Society
  - The NMS was racially integrated

- The Medical Society of the District of Columbia requested that the AMA not seat the NMS delegation
Charges Lodged by the Medical Society of the District of Columbia

Allegations that the National Medical Society…

• “was formed in contempt of” the MSDC
• “attempted, through legislative influence, to break down” the MSDC
The AMA Committee of Arrangements

- Registered meeting attendees
- Heard challenges to admitting delegations from:
  - Massachusetts Medical Society, b/c MMS admitted irregulars*
  - MSDC, b/c the MSDC granted licenses to irregulars
  - National Medical Society

* Irregular practitioners had not received a “regular medical education”


Robert Reyburn
Surgeon-in-Chief, Howard University
AMA Committee on Ethics

• All issues of membership were referred to Committee on Ethics
• Members appointed by AMA President:
  – Nathan Smith Davis, Chair (IL)*
  – Alfred Stillé (PA)
  – J. M. Keller (KY)
  – Henry F. Askew (DE)
  – J. J. Woodward (US Army)

* The AMA’s self-declared “Father”
Recommendations of the Committee on Ethics

**Charges**
- The MSDC licenses irregular practitioners
- The MMS admits irregulars as members
- The NMS attempted to “break down” the MSDC

**Recommendations**
- Admit delegation, because charges are “not of a nature to require the action of the [AMA]”
- Admit delegation, address w/in the state, even though “plainly in violation of the Code of Ethics”
- The Committee was divided, 2 to 3…
Nathan Smith Davis vs. Alfred Stillè
Minority Report

• Minority of Committee on Ethics:
  – Alfred Stillé (Spokesman, PA)
  – J. J. Woodward (US Army)

• Recommended inclusion of the NMS members because:
  – The NMS was “regularly organized”
  – The excluded physicians were “qualified practitioners of medicine”
  – There were “no sufficient grounds” for exclusion

AMA Action: Tabled
Majority Report

• Majority of Committee on Ethics:
  – Nathan Smith Davis (Spokesman, IL)
  – Henry F. Askew (DE)
  – J. M. Keller (KY)

• Recommended exclusion of all NMS members because:
  – The NMS “used unfair and dishonorable means to procure the destruction” of the MSDC
  – Some members of the NMS were not licensed*

*N.B. Licenses were issued by the MSDC

AMA Action: Adopted (vote: 114 – 82)*

* 36 MSDC members were allowed to vote
Proposed Nondiscrimination Policy

John L. Sullivan (MA) offered the following:

• “Resolved, That no distinction of race or color shall exclude from the Association persons claiming admission and duly accredited thereto.”

AMA Action: Tabled (vote: 106-60)
The AMA Convention Denies Charge of Racial Discrimination

Horatio R. Storer (MA) offered the following:

• “Resolved, That inasmuch as it has been distinctly stated and proved that the consideration of race and color has had nothing whatsoever to do with the decision of the question of the reception of the [NMS] delegates,…the report of the majority of the Committee on Ethics be declared, as to all intents and purposes, unanimously adopted by the [AMA].”

AMA Action: Adopted (vote: 112-34)
Summary of 1870 Events

• The AMA
  – Tabled a proposed nondiscrimination policy
  – Excluded the sole integrated delegation
    • By stringently applying standards of collegial behavior
  – Admitted two all-white delegations
    • By leniently applying scientific standards
  – And finally, the AMA voted to absolve itself of charge of racism
    • Recognizing the racial implications of these actions
National Medical Journal

EDITED BY

CHRIS. C. COX, M. D., LL. D.,
Professor of Medical Jurisprudence and Hygiene
In Georgetown College.
How were these colored men who claimed admission to be excluded, and yet it be made to appear that they were not excluded on the ground of color?

Nothing less than this would please or satisfy the southern brethren and their sympathizers, and yet the thing was somewhat monstrous, and would need plausible excuse before others.

*NMJ* (1870): p172
This Association had been formed avowedly as the great sign-manual of demarcation between true, legitimate medicine and the "irregulars"—not a mere social or local compact, but as the great national idea of legitimate practice. It boasted itself as exclusive only of the false in science and character, and it seemed too great a slander on its avowed purpose and too big a blot and too bold for this advance guard of regular medicine, aspiring to be the great papal of orthodoxy, to propose tests for membership totally irrelevant to capacity or character.
But, alas! the "Asso" of 1870 makes a flank move on its sacred principles. It puts up new barriers to entrance, and brings ethnological distinctions to bear on science.

*NMJ* (1870): p177

The Association has unharnessed itself from its code of ethics...

*NMJ* (1870): p180
AMA Develops an Early Model of a “States’ Rights” Solution
Restricting Delegations

• Before 1874 - AMA delegates came from medical schools, hospitals, professional societies, and other organizations

• 1873 - N. S. Davis proposes that the AMA
  – Restrict delegations to state/local societies
  – Allow state societies to decide which local societies will be officially recognized by AMA

AMA Action: Adopted in 1874
Forming a State-Based Federation

• 1874 decision turns AMA organizational structure into a state-based federation

Effects:
  – Since most state/local societies were racially exclusive, African American physicians were effectively excluded from the AMA
African American Medical Societies
African American Medical Societies

• Excluded from existing societies, African American physicians form their own medical organizations:
  – 1884 - Medico-Chirurgical Society of DC
  – 1886 - Lone Star State Medical, Dental, and Pharmaceutical Association (TX)
  – 1887 - Old North State Medical Society (NC)
  – 1865 - North Jersey National Medical Association (NJ)
"Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery, Pharmacy and Dentistry."

PUBLISHED AT TUSKEGEE INSTITUTE, ALA.
Formation of the National Medical Association

- None of the African American medical societies could send delegates to AMA meetings

- 1895 – African American physicians, and other health professionals, formed the National Medical Association
  – At least one founder of the NMA was an AMA member … guess who?
Flexner, the AMA and
Separate and Unequal Medical Education
African American Medical Schools

• Few African Americans accepted into US medical schools in the north

• Missionary groups in south founded medical schools that accepted black students:
  • 1868 - Howard University Medical School (DC)
  • 1870 - Lincoln University Medical Department (PA)
  • 1876 - Meharry Medical College (TN)
  • 1882 - Leonard Medical School (NC)
Shaw Hall at Shaw University, Raleigh, NC (ca. 1908)

Source: UNC Chapel Hill Library Collections
First Class of Leonard Medical School at Shaw University, Raleigh, NC (ca.1886)

Source: Shaw University Archives
Faculty of Leonard Medical School at Shaw University, Raleigh, NC (1886)

Source: Shaw University Archives
The AMA and Medical Education

- 1847 - Committee on Medical Education is established
- 1904 – Committee becomes the AMA Council on Medical Education
  - Council tracks state licensing board failure rates and other statistics
  - Creates grading system to rate schools
African American Medical Schools and the AMA Rating System

• African American schools lacked resources to comply with rising educational standards
• AMA rated all African American schools in bottom third of US schools
• Licensure failure rates for graduates of African American schools were over 20%
FAILURE RATE ON STATE MEDICAL LICENSURE EXAMS, 1900-1910

O---O Black Medical Schools
O---O All Medical Schools

PERCENTAGE OF FAILURES

YEAR OF GRADUATION FROM MEDICAL SCHOOL
AMA Approaches Carnegie Foundation

- AMA’s rating system was seen by many as not objective
- AMA asks Carnegie Foundation to sponsor a survey of medical schools in US and Canada
- Survey was meant to advance the agenda of the Council on Medical Education
Abraham Flexner

• Educator from Louisville
• Carnegie Foundation hired Flexner to head study
• The Council Secretary accompanied Flexner on site visits
• Flexner wrote most of his report at AMA headquarters

Source: Rockefeller Archive Center
http://www.hbci.com/~wenonah/history/img/flexner.jpg
"Flexner Report" Published in 1910

MEDICAL EDUCATION
IN THE
UNITED STATES AND CANADA
A REPORT TO
THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING
BY
ABRAHAM FLEXNER

WITH AN INTRODUCTION BY
HENRY S. PRITCHETT
PRESIDENT OF THE FOUNDATION
Flexner Report: Principle Findings

- In the US, “physicians are four or five times [too] numerous”
- Many poor quality schools
  - 90% have inadequate admission standards
  - Many lacked adequately trained faculty
  - Most had inadequate course offerings
  - Many lacked adequate laboratory facilities
- Recommendation: Close weak schools, focus resources on stronger schools
Flexner Report: Women’s Medical Education

- 80% of women attend “coeducational institutions”
- Close all medical schools for women
- Integrate women into predominantly male medical schools
Flexner Report: “Negro” Medical Education

• **Separate**
  – “the practice of the negro physician will be limited to his own race”

• **Different** education
  – “negro doctors” should become sanitarians, to “humbly and devotedly” serve “their people.”

• Recommendations for schools:
  – Close 5 of the 7 historically African American medical schools
  – Support only Howard University Medical School and Meharry Medical College
    • Acknowledge they will be “unequal to the need”
Aftermath of Flexner Report

• N.B. Part of much larger picture of the evolution of medical education (esp. integration of labs, hospitals, universities, etc)

• With specific regard to AA medical education
  – White medical schools were funded first
  – Flexner did not immediately recommend adequate funding for Howard or Meharry
  – African American schools struggled financially
  – AMA kept up pressure for educational reform through annual evaluations
  – AMA continued to give African American medical schools low ratings
By 1923

Among the US medical schools operating in 1910...

51 of the 131 (40%) total schools closed

5 of the 7 (71%) African American schools closed
Meharry Medical College, Nashville, TN (ca. 1895)

Source: UNC Chapel Hill Library Collections
Howard University Medical College,
Washington, DC (ca. 1867)

Source: Howard University Archives
Outcome for Howard and Meharry

- Howard University Medical School and Meharry Medical College survived
- Both struggled financially

- As late as the 1970s, Howard and Meharry educated over 2/3 of all African American medical students admitted per year in the US.
The AMA Directory and “Colored” Physicians
NMA Relations with AMA

- NMA struggled during its first decades of existence, unable even to meet each year
- NMA rarely mentioned in AMA records
- Few NMA-AMA interactions between 1895 and World War II
Racial Designations in the American Medical Directory

• 1906 - AMA began publishing a Directory, which listed all US physicians

• The Directory listed black physicians as “colored”

• Effect on black physicians:
  – More difficult, or impossible, to obtain malpractice insurance and credit
NMA Protests “col.” Designations

• 1931 - AMA at first refused to meet with NMA to discuss the issue
  – AMA Board did “not feel disposed to make any change in its … policy of designating colored physicians.”

• AMA eventually sought different ways of designating black physicians

• 1939 - After NMA protests drew media attention, the AMA stopped listing African American physicians as “col.”
The Civil Rights Era
1955-1968
Medicine and the Civil Rights Movement

- Medicine played a major role in civil rights movement, but largely outside of AMA
- Physicians organized and participated in civil rights marches
- Physicians played a role in picket lines and patient advocacy
- Physicians filed lawsuits that sought to end hospital segregation
- *JNMA* published “Integration Battlefront”

Hospitals and Professional Advancement

- The relationship between hospital staff integration, professional advancement and integration in organized medicine
  - Board certification critical for pursuing medical specialties and honing skills
  - Specialty training took place in hospitals
  - Hospitals often required their staff to be members of a medical society and/or AMA
  - Thus, racial bars to society membership were also bars to specialty training and professional advancement

Source: IR Clark Collection (right)
http://www.american.edu/bgriff/H207web/civrights/coloredwaitingroom.jpg (left)
In 1931, out of 25,000 specialists in US, 2 were African American

Daniel Hale Williams
(American College of Surgeons, 1913)

&

William Harry Barnes
(American Board of Otolaryngology, 1927)

Source: http://www.africanamericans.com/images2/DanielHaleWilliams.jpg
Legal Remedies to Hospital Desegregation

• *Eaton v. James Walker Memorial Hospital*
  - (1961) Court finds that Hubert A. Eaton and other African Americans were wrongfully denied staff privileges. Eaton won his appeal after a decade of litigation.

• *Simkins v. Moses H. Cone Memorial Hospital*
  - (1963) Fourth Circuit Court of Appeals finds it unconstitutional to discriminate against black physicians in hospitals built with federal funds under the Hill-Burton program.

Hubert A. Eaton (1916-1991)
AMA Repeatedly Reaffirms Jim Crow Segregation

• 1939 – AMA appointed committee to consider problems “inimical to the welfare of colored physicians”
  – Decreed racial discrimination in state/local society membership
  – Noted that a “large number of colored physicians were AMA members
  – But every “medical society has the right of self governance in…membership”
AMA Policies on Discrimination in State and Local Societies

1940-1964, many attempts to change discriminatory membership policies were rebuffed

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<th>AMA Action</th>
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<td>1944 – NMA members requested “associate membership” in AMA</td>
<td>Denied</td>
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<td>1952 – Old North State Medical Society requested to be a “constituent association” of AMA</td>
<td>Denied</td>
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<td>1963 – Exclude societies with discriminatory membership policies</td>
<td>Denied</td>
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Reasons given for AMA Inaction

• “Progress” is being made in integrating Southern societies
• The AMA has many “Negro” members
• Many “Negro members of state medical societies…have not chosen to become members of the [AMA]”
• Membership in state/local societies “is outside the jurisdiction of the [AMA]”
Martha Mendell
Physicians’ Forum

In 1952:

“

The continued exclusion of Negro physicians by southern medical societies is not just a national, but an international disgrace. The claim of the AMA that it is powerless to correct this practice because of the ‘autonomy’ of its component societies is an evasion of its responsibility. Surely, if the southern medical societies decided to admit chiropractors to membership the AMA would quickly find the means of re-defining this autonomy.”
In 1964 says the AMA is acting like:

“[a] man who is standing on the shoreline watching a fellow-man floundering in the sea and proclaiming to the world and to his God that he does not believe in drowning. This alone does nothing for the man in the sea….Their conscience may be eased so that they can sleep at night to ‘take a stand against discrimination,’ but, it takes a concerted effort of positive action to rescue those caught in the sea of discrimination.”

Arthur H. Coleman (1920-2002)
Civil Rights Not a Priority for AMA

- Civil rights are almost completely unmentioned in AMA records (and state medical journals too)
- AMA ignores or even obstructs civil rights agenda
  - Elects not to defend African American physicians arrested in Atlanta for attending the Fulton County Medical Association’s whites-only luncheon
  - Opposes “Oath of Compliance” to Title VI of the Civil Rights Act
  - JAMA declines to publish letter about Selma march because it is “controversial”
  - Repeatedly declines to support NMA on Hill-Burton changes

Source: US Social Security Administration
http://www.ssa.gov/history/pics/celebrez.jpg
Picketing the AMA

- NMA found AMA inaction “totally inadequate”

Photos- Members of the NMA, MCHR, and others picket AMA meetings in 1965 (above) and 1966 (below). John L. S. Holloman, Jr. (1919-2002) (above left)
Imhotep Conferences on Hospital Integration

- AMA was invited and sent representatives
- At future Imhotep meetings, AMA refused to “participate fully and actively”
After Repeated AMA Absenteeism

In 1963, NMA President Cobb stated in part:

“...for seven years we have invited [AMA representatives and others] to sit down with us and solve the problem [of hospital integration]. The high professional and economic levels of these bodies and the altruistic religious principles according to which they are supposed to operate seem to have meant nothing...By their refusal to confer they force action by crisis. And now events have passed beyond them. The initiative offered is no longer theirs to accept.”
The initiative was, indeed, no longer the AMA’s to accept…

President Johnson Signing Civil Rights Act of 1964

http://www.american.edu/bgriff/H207web/civrights/LBJcivrights1964.jpg
The AMA Judicial Council

After desegregation became the law of the land, the AMA voted to amend the Constitution and Bylaws, giving the Judicial Council the authority to

- Investigate allegations of discrimination in state/local societies, in 1966
- Expel state/local societies found guilty of racial discrimination, in 1968
A number of key events since 1968

• 1968 – AMA first expressed need to increase number of African American physicians
• 1989 – First AMA report on “Black-White Disparities in Health Care”
• 1992 – AMA’s Minority Affairs Consortium created
• 1994 – Lonnie Bristow becomes first African American AMA President
• 2004 – Commission to End Health Care Disparities created, with NMA and NHMA
  – Doctors Back to School
  – Minority Scholar Awards
  – Cultural Competence Compendium, etc…
Powerful Effects of this Legacy

African Americans make up

– 12.3% of the US population (2006)
– 2.2% of physicians and medical students (2006)
  • As compared to 2.5% in 1910, at the time of the Flexner Report
– 1.8% of AMA members (2006)

• What are the effects of this lack of diversity?
  – What happens when a group is under-represented in a democratic organization?

• Ongoing segregation, and mistrust of medicine, are key drivers of disparities
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 clinical situations from primary source materials on specific aspects of the history of African American physicians and organized medicine.

A. AMA annual meeting attendance report (Civil War era, 1869-1888) (PDF, 27KB)
B. Sectional delegates from the Massachusetts Medical Society, 1870 (PDF, 36KB)
C. Exclusion of the National Medical Society of DC, 1879-1882 (PDF, 76KB)
D. Evolution of AMA membership, 1847-1981 (PDF, 36KB)
E. Racial designations in the American medical directory, 1908-1940 (PDF, 48KB)
F. AMA policies on racial discrimination of constituents, 1970-1988 (PDF, 72KB)
G. The "Pinnester Report" and the AMA, 1916 (PDF, 43KB)
H. The Hill-Burton Act and the AMA, 1948 (PDF, 36KB)
I. The Civil Rights Act and the AMA, 1954 (PDF, 53KB)
J. The AMA and Medicare and Medicaid, 1965 (PDF, 52KB)
K. Proposal to "amalgamate" the AMA and NMA, 1971 (PDF, 22KB)
L. Segregation within national professional associations (PDF, 94KB)

Last updated at 10, 2006.
Content provided by Institute for Ethics
AFRICAN AMERICAN PHYSICIANS AND ORGANIZED MEDICINE

Project website
http://www.ama-assn.org/go/AfAmHistory
Summary

• In the US, organized medicine emerged from a society deeply divided over slavery, but largely accepting of racial inequities and theories espousing black inferiority.
• Medical schools, residency programs and hospital staffs largely excluded African Americans.
• For more than 100 years, many medical associations, 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.
• This history is still being written …