

## HEALTHCARE SOLUTIONS FOR BLACK AMERICANS

*The following excerpts are from the inaugural address given August 6, 2003 by Randall Maxey, MD, PhD, president, National Medical Association, who was installed as the 104th President of the NMA last August.*

**Key words:** minority healthcare ♦  
African Americans

First, I must give honor to God, who provides strength for my life and existence. I acknowledge the NMA family, the honorable past presidents (we've walked many roads together), the Board of Trustees, the delegates, the membership, and my family and friends.

I come from a very small church—St. James AME Zion—where I was the first child born in that church community to finish school with an advanced degree. On the day I graduated from medical school in 1972 from Howard University, many church members were present. They had sold pies and cakes, and scrubbed floors to raise money to travel to Washington, DC to see their church “son” graduate. And guess what? They came today, and I want them to stand up and be recognized.

I rise before you this evening to place before you a sacred trust, a trust given into our hands by the countless men and women of color who look to us to guard and defend minority health. A trust that was born out of struggle and strife and from the sacrifice of sharecroppers, and sons and daughters of former slaves. I am acutely aware of the many men and women who played such an important role in establishing the National Medical Association, dating back to 1895. It is by their prayers and their faith that we are here today to protect and defend this sacred trust of minority health.

My understanding of prayer and of faith is that prayer is where your faith meets God's power. When that happens, things move. I'm referring not only to the visionary founders of the NMA but also to the hardworking physicians whose names may not be well-known but whose contributions are far reaching. I am also thinking of those people who prayed, marched, were beaten, imprisoned, and humiliated, as well as those who enabled some of us to be here by simply providing

a meal or other means of support, so we could study, learn, and thrive. These are the shoulders upon which we now stand. This is our legacy, and it is why we must protect and defend the sacred trust of African-American health.

So it is with tremendous pride, much humility, and with a deep spiritual understanding and commitment that I take this oath of office as the 104th President of the NMA.

Each year in August, as the NMA welcomes a new president, it bids farewell to its immediate past president. I want to acknowledge the dedication and hard work of our outgoing president, Dr. Natalie Carroll. My comments about her leadership over the past year are made not out of obligation or ritual but out of sincere thanks and appreciation for a job excellently done. Dr. Carroll, we recognize it has been no small task to take on the responsibility of serving as the president of the NMA, acting as the lead spokesperson for our organization, being “on call” to respond to policies and practices that impact healthcare in America—and doing all of this while also maintaining an OB/GYN practice in Houston. We thank you for your outstanding service, your strong commitment to the NMA, and helping to bring a much-needed spotlight on major healthcare issues that confront African Americans and others of color.

Improving minority health is a matter of personal and national security. We all know that African Americans and other minorities are disproportionately affected by disparities in healthcare, and we know there are disparities that impact our physicians as well. I want the name of the National Medical Association to be synonymous with efforts to identify and eliminate health disparities. Indeed, this remains our most paramount mission: to help create a national healthcare system that provides quality, affordable, and accessible healthcare to all. Only when that happens will we finally eradicate the health iniquities that plague African Americans and other people of color.

The NMA was created to serve the needs of physicians of African descent and to enhance their mission to provide optimum healthcare in that community. To

© 2004. From the National Medical Association, Washington, DC. Send correspondence and reprint requests for *J Natl Med Assoc*. 2004;96:156–159 to: Angelique Redd, National Medical Association, 1012 Tenth St. NW, Washington, DC 20001; phone: (202) 207-1555

be fully effective, the NMA must have the ironclad commitment of its membership. It must generate permanent sources of income that enable it to accomplish its mission. Currently, the NMA largely operates on inconsistent revenues from NMA members, small grants, and a few contracts. That is not sufficient—not if we are to be the defenders and protectors of the sacred trust of improving minority health.

As a national medical association, we provide world-class services to our membership and develop important health policy recommendations that need to be implemented. However, we yet have not cracked the barriers of healthcare disparities because in many instances the government does not heed what we at the NMA say. In other words, they don't listen. We have to forge a new direction whereby we transform the NMA into a Fortune-500 business, adopting a philosophy of economic self-sufficiency which understands that business is war.

It is clear that we are under attack—under siege from within and without. It is clear when all of the health statistics document that, compared to whites, blacks die earlier and suffer from more kidney failure, hypertension, and strokes. More than 25% of black men are in penal institutions. AIDS is an epidemic; the blood of our young men runs in the gutter through our streets. Diabetes kills and maims our people, and now Type-2 is increasingly found in our children. When you're under attack, you can retreat or you can fight back. The former is not an option. Therefore, we must declare war on the present status of healthcare in black and minority Americans, and on those who perpetuate these unacceptable conditions.

Before we can go to war, however, we must rejuvenate the spirit, passion, and commitment of the NMA membership. It's very difficult to enter a war when things aren't right at home, when you can't pay the rent in your office, when you're worried about having enough money to send your kids to college, when there's infighting among the troops. General Colin Powell said, "Never go to war until you have overwhelming force, so your troops must be trained." To significantly wage war on health disparities, the NMA must undergo basic training in team building, relationship management, ego control, and conflict resolution. Our troops must develop tactical and collaborative strategies that involve active participation by all NMA affiliates. Our members must embrace program development, recruitment initiatives, clinical research, and fundraising. To be effective combatants, we must be equipped with the right weapons and

tools. For instance, we should consider modernizing our basic structure to more favorably position for battle. Our corporate structure should be a 501(c)6 trade association that allows for a membership component with the ability to lobby on behalf of issues for the NMA and for the communities that we serve.

In addition, we need a for-profit component so we can joint venture with people, such as Bear Stearns, Smith-Barney, Merrill Lynch, and American Express, so that when you need capital for your medical practice—your business—the necessary funding is available.

Very importantly, the NMA must continue to provide training in cultural competency across the board—not only for NMA members but also for other physicians. Whenever the issue of cultural competency is raised, I am reminded of the black woman who came to me with a blood pressure of 180/110. When I asked if her doctor had put her on medication, she said he told her that she was black and therefore her blood pressure was supposed to be high. Such a comment by a so-called physician not only demonstrates cultural incompetence but also *clinical* incompetence.

We need to teach all doctors how to appropriately treat African Americans and other minorities. Too many doctors practice "one size, fits all" medicine.

In closing, let me say that the NMA has a well-thought-out and researched plan that can move us closer to our collective goals. The fight to eliminate health disparities is not easy. But it is a battle that must be fought—and must be won.

I'm excited and honored to serve as your president, and I pledge my considerable passion, commitment, and hard work in making the NMA a strong proactive voice in assuring that all Americans receive accessible, equitable, and quality healthcare.

I encourage each of us to go back and fetch our common heritage and ancestry, to revisit what our elders taught us and what they dared to dream—a dream realized in the accomplishments of each of you here tonight.

The challenges that we face are legion. But I was glad when they said unto me, let us build up the NMA. I was glad when they said unto me, there are black doctors who are smart and aggressive and work together and are going to conquer this problem. I was glad when they said unto me that the NMA will stand up, defend, and protect the sacred trust.

Will you answer the call? Will you carry the message? Will you take on the fight?

# Your medical collection is not complete without the

JOURNAL OF THE

# National Medical Association<sup>®</sup>

Peer-Reviewed & Published Since 1909

## Why subscribe?

- For more than 100 years, the National Medical Association has served as a leading voice for African-American physicians and other health professionals. The monthly journal is the primary source for specialized clinical research activities related to the health problems of African Americans and other minority groups.
- NMA takes the lead in shaping national policies that affect patient care and in providing resourceful information to our members and to the public.
- NMA represents the interest of more than 25,000 African-American physicians in all medical specialties.
- NMA has nearly 100 affiliate societies throughout the nation and in U.S. territories.
- NMA's information and resources are accessible through our website.

*Mail or fax the form on the next page.*

# Make sure your library has it.

*Here's how.*

- 2004 Subscription**, Vol. 96, 12 issues (*NMA News*, a quarterly newsletter, comes free with *JNMA* subscription)  
 Institutional—\$165    Overseas delivery, add \$51    Canadian delivery, add \$28 plus 7% Canadian tax

## PREPAY WITH CREDIT CARD OR ALLOW 4–6 WEEKS FOR BILLING

- American Express    Mastercard    Visa    Discover

Credit card account number \_\_\_\_\_

Expiration date   /   /      Payment amount/order total \$ \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Signature \_\_\_\_\_

## SHIPPING

Subscriber/Company name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Province/Country/Postal code \_\_\_\_\_

Phone (       )       -       Fax (       )       -

## BILLING (if different from above)

Subscriber/Company name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Province/Country/Postal code \_\_\_\_\_

Phone (       )       -       Fax (       )       -