

American Medical Association Apologizes for Racism in Medicine

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Novant Health is a not-for-profit, integrated healthcare system in western North Carolina that serves >3.5 million people in 34 counties reaching from southern Virginia to northern South Carolina.

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On July 10, 2008, a seminal event silently occurred. The American Medical Association (AMA) took an unprecedented public position in the history of American medicine by officially apologizing to African-American physicians for enabling decades of racial discriminatory practices against them. The

impact of this event needs broader exposure, and the relevance to our local community of the history mentioned needs better understanding. The history of medicine in the United States has been haunted with a painful past. From a legacy of segregated hospitals, limited opportunities for medical training of African Americans, U.S.-government supported clinical trials utilizing African Americans for human experimentation, to reduced access for minority patients to medical care in the United States, this history is rife with past inequities.

The AMA has, since its inception in 1847, supposedly served to represent the interests of all physicians practicing medicine in America. Local and state medical associations, such as the Mecklenburg County Medical

Society (MCMS) and the North Carolina Medical Society (NCMS) held organizational memberships within the AMA in their respective geographical areas.

GENERATIONS OF DISCRIMINATION

It is not universally known in contemporary Charlotte medical circles that until the 1950s, African-American physicians in Mecklenburg County were denied professional membership within the MCMS and the NCMS. The paradox and sequelae of this is the fact that membership within these medical societies was, at the time, a requirement for membership within the parent national organization, the AMA. Furthermore membership in the AMA was a requirement for physicians to sit for board certification examinations within their specialties of training. As such, by being ineligible to sit for board examinations, whole generations of African-American physicians were “de-facto de-credentialed” by being unable to demonstrate professional equivalency to their Caucasian peers.

The Charlotte Medical Society was founded in 1900 to provide an enabling forum for black healthcare providers to keep abreast of advances in the medical field. It was open to all black physicians, dentists and pharmacists, and became a support network for these professionals and their spouses, still existing today independent of the MCMS. Indeed, when the MCMS voted to admit its first black member in 1954, the move incurred the wrath and censure of the State Medical Society to the extent that the State Medical Society considered the expulsion of the MCMS from organized medicine. It took 2 years, when in 1956, black physicians were finally admitted to full membership of the NCMS.

Because of this lack of “standardized credentials” among African-American physicians, they were denied admitting privileges at all 3 area hospitals. Black physicians were able to admit their patients to the all-black Good Samaritan’s Hospital, which had been erected in 1891. A Charlotte newspaper reported on September 23, 1891, that “this building was erected at considerable cost exclusively for the use of colored people.” According to Dr. C.M. Strong’s *History of Mecklenburg Medicine*, written in 1929, Mercy Hospital was the first of Charlotte’s local hospitals to admit African-American patients to a

segregated ward of 30 beds assigned to Negro patients. In 1963, Charlotte Memorial Hospital admitted its first African-American physician to its medical staff, and Presbyterian Hospital did the same thereafter.

Good Sam, as it was known locally, was the first private hospital built in the United States exclusively for the treatment of blacks. Finally deactivated in 1982, the structure was demolished in 1990. The Bank of America Stadium, the home of the Carolina Panthers, now sits on the site of this former “Black Hospital.” This pattern of patient segregation and racial discrimination in medicine was evident from Charlotte to Charleston and beyond. Up until the 1960s, black physicians in Charlotte had difficulty obtaining residency positions at accredited training programs after graduating from the primarily historically black medical schools that had trained them. Those few that were able to obtain further training were not able to sit for their specialty board examinations for the reasons set forth earlier. That set the foundation for the fact that up till the late 1970s and 1980s, the profile of the African-American physician in Charlotte was one that was regarded on the fringe of mainstream medical society. Almost all were in solo or 2-physician practices with little or no political or economic leverage within the mainstream medical establishment.

The public relations impact of these events led to the then-pervasive perception that “black medicine” was substandard to “white medicine.” Black physicians patients were likely to be all African American, and referrals from Caucasian physicians to African-American colleagues were nonexistent. While several Caucasian physicians treated black patients, it was unusual for a white patient to be treated by a black physician before the mid 1970s and early 1980s. It is little surprise that generations of African-American patients and physicians developed a distrust of the U.S. healthcare system, one that had a long history of individual and professional racism to blacks. This unfortunate yet explainable sentiment was one that would contribute in part to future negative repercussions in the health status of African Americans in the United States.

Charlotte remained a distinctly segregated medical community by way of referral and hiring patterns within mainstream medical groups and its hospitals up until the early 1990s. In 1997, a provocative op-ed article to the *Charlotte Observer* served to prick the social conscience of our hospitals, criticizing their lack of diversity in hiring patterns and maintaining contractual relations with medical groups to the exclusion of large numbers of African-American physicians. The hospitals responded appropriately. Carolinas Healthcare System formed its Diversity Advisory Committee with a goal to assist in recruiting minority physicians and to address concerns regarding diversity. This committee has organized a well-attended annual “Diversity in the Workplace” Symposium for the healthcare community in the greater Charlotte region. Novant Health formed its Corporate Diversity Council, responsible for coordinating Novant’s overall diversity initiatives.

WHY AMA APOLOGY MATTERS

What then is the relevance of this history to the recent apology by the AMA? Indeed, many will say that there is little to be gained by revisiting this sore past, which few, if any, in today’s healthcare environment had anything to do with.

There are indeed, take-home points of importance here. The direct relevance is the fact that the AMA, the parent organization of all local and state medical societies, was acutely aware of these discriminatory practices that were pervasive across the country and turned a blind eye to the actions and inactions of their organizational members. By so doing, it provided tacit endorsement of these practices, failing to represent the interests of African-American physicians during these times. The apology can be understood in the context of its social responsibility relevance, one that is of moral and ethical importance. But there is also an acknowledgement by the AMA in its apology, of the scientific relevance of these discriminatory practices in medicine and the societal sequelae of such that have contributed to the well-described diminished health status of minority populations in the United States compared to whites.

In 2002, the Institute of Medicine (IOM) published a landmark study entitled “Unequal Treatment” that provided scientific validation that minorities in the United States experience worse health outcomes compared to whites. This concept coined “Disparities in Healthcare,” has been shown to be evident irrespective of education, socioeconomic status, access to healthcare or health insurance coverage. Several factors have been identified as contributing to this finding, including poverty, racism, discrimination, bias and stereotyping among healthcare providers and institutions, and immigrant status.

IN CHARLOTTE, SOME PROGRESS

Small strides have been made in race relations in medicine in Charlotte Mecklenburg over the past 2 decades. Integration in medical groups has begun albeit at a glacial pace. Diversity in hospital administrative leadership is lacking. There has been an influx of highly specialized African-American physicians into the Charlotte area over the recent years, and African-American physicians now serve as members and officers of the MCMS board of directors. Much more needs to be done.

Six years after the release of the IOM’s weight of clinical evidence linking racism in medicine to health disparities in minority populations, the AMA has, in its acknowledgement of and apology for discriminatory practices against black physicians, done the right thing. Dr. Martin Luther King, Jr. was poignant when he stated: “of all the forms of inequality, injustice in healthcare is the most shocking and most inhumane.” Why is it important to remember this? Because those who fail to heed the lessons of history are destined to repeat them.