AMA Apologizes for Racial Discrimination

BY MARY ELLEN SCHNEIDER
New York Bureau

African American physicians are looking for action to back up the words of apology recently tendered by the American Medical Association for more than a century of racial inequality and bias.

In accepting the AMA's apology, the National Medical Association (NMA), which represents minority physicians, urged the AMA leadership to work with them on three initiatives: recruiting more African American physicians, reducing health disparities among minorities, and requiring medical schools and licensing boards to make cultural competency mandatory for medical students, residents, and practicing physicians.

"We really want to use this apology as a springboard," said Dr. Nedra H. Joyner, chair of the NMA board of trustees and an otolaryngologist in Chicago.

These changes will be critical to reversing racial health disparities that have led to poorer health outcomes in African Americans, she said.

"Talk is cheap," said Dr. Carl Bell, professor of public health and psychiatry at the University of Illinois at Chicago.

Dr. Bell said that while he is hopeful that the AMA will take some meaningful action to reduce health disparities, he is unimpressed by the apology alone. Instead, he would like the AMA to take a stand on issues that would advance minority health in the United States.

For example, he said that he wants to see the AMA push for single-payer national health insurance, be stronger in challenging the pharmaceutical industry, do a better job of promoting public health, and support research into minority health as well as mental health issues.

Dr. Warren A. Jones, who was the first African American president of the American Academy of Family Physicians, agreed that further action will be needed but called the AMA's apology "appropriate" and "timely." This is not an apology of convenience, he said, but a signal of a change in the mind-set of the AMA leadership.

The AMA now has an opportunity to ensure that cultural competency becomes a tool in the medical armamentarium in the same way as the stethoscope or the scalpel, he said. "Now is the time for the AMA to put its resources where its mouth is," said Dr. Jones, executive director of the Mississippi Institute for Improvement of Geographic Minority Health.

The AMA offered the apology in July to coincide with the release of a historic paper in its flagship journal that examined race relations in organized medicine (JAMA 2008;300:306-313).

The paper, which chronicles the origins of the racial divide in AMA history, was prepared by an independent panel of experts convened by the AMA in 2005.

The panel reviewed archives of the AMA, the NMA, and newspapers from the time to provide a history from the founding of the AMA through the civil rights movement.

The paper notes a number of instances where the AMA leadership fostered racial
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