Op-Ed: AMA Needs To Go Bigger on Racial Justice

— Removing founder's bust is too little -- but it's not too late for truly meaningful action

by Howard Wolinsky, Peter Swenson, PhD, and Alan Blum, MD
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The American Medical Association (AMA) has never been a trailblazer on issues of social and racial justice.

As in society as a whole, attitudes at the AMA have changed, albeit at a glacial pace. In 2008, the AMA broke new ground and apologized for its long history of discrimination against Black physicians -- it didn't admit its first Black delegate to its policy-setting House of Delegates until 1950, more than a century after its founding -- and entered on what it calls a path of racial healing and reconciliation.

Thirteen years later, AMA leadership again felt a sting of conscience about past policies that kept Black medical doctors out of the mainstream of American medical politics. The target this time was the AMA's revered founder Nathan Smith Davis Sr., MD, LLD, who helped create the AMA and aimed to make it an arbiter for improving the standards of medical practice.

Until recently, a bust of Davis resided outside the executive offices in the AMA headquarters. But AMA CEO James Madara, MD, announced last week that he has relegated the bust to the AMA archives and removed Davis' name from what had been the AMA's Nathan Davis Award for Outstanding Government Service.

In a blog post, Madara wrote, "We can't erase history, but we can decide the appropriate way to recognize individuals from our past." He explained that Davis, keen to maintain the AMA as a national organization, had insisted on explicitly excluding women and Black physicians from its House of Delegates, in order to appease state and local medical societies that barred all but white men from their membership.

However, Madara's decision to remove the bust of Davis is just a small step in the AMA's long journey ahead toward racial justice.

The history of race and the AMA

The AMA's early years, in the middle of the 19th century, were tough on the nascent organization. Before and after the Civil War, the AMA carefully balanced the locations of its meetings and selection of its presidents, splitting them equally between the northern and southern states.

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The new purging of Davis is unexpected for an organization that thrives on tradition and represents a largely conservative membership. It comes at a time of protest when many statues and building names for honored American figures -- from Presidents George Washington (who owned slaves) and Abraham Lincoln (who came late to emancipation), to explorer Christopher Columbus (who enslaved Native Americans) and Benjamin Franklin (who was a slaveholder) -- are under attack as America searches its soul over just who merits public accolades.

Other once-prominent medical figures have posthumously fallen from grace in recent years. The statue of J. Marion Sims, the founder of modern gynecology, was banished from New York City's Central Park because he experimented on enslaved women. The name of Josiah Nott, founder of Alabama's first medical school, was removed from a building on the University of Alabama campus last year -- a century and a half after his lectures purporting to prove the supremacy of the white race were as acclaimed in New York City as they were in the South.

Acknowledging that judging past historic figures with modern eyes is tricky, Madara is clear that Davis is no longer worthy of the respect the AMA once afforded him as the father of the organization, founder of its famed journal *JAMA*, and a long-time advocate of medical education reform.

Madara argues that Davis was "the smoking gun" in leading the AMA down the path of racism. He said Davis "might well have directed the AMA toward a path of integration early in our history."

Judgment in hindsight

The AMA faced a fork in the road in 1869, four years after the Civil War ended, when the nation was trying to sort out places in a new society for both emancipated Blacks and angry, defeated rebels.

The story Madara alludes to involved three Black physicians who were found eligible to join but were denied membership in the Medical Society of the District of Columbia, an all-white AMA affiliate dominated by former Confederates.

The Black doctors, along with faculty members from Howard and Georgetown Universities, attempted to persuade the U.S. Congress to revoke the medical society's charter. When that failed, they sent an alternative interracial group to the AMA annual meeting in Washington in 1870.

After several days of debate, Davis wrote the report that persuaded the AMA House of Delegates not to seat the Black delegates on technical grounds -- not because of their race. The door was left open for later admission of integrated medical societies.

The official AMA view now holds that Davis single-handedly chose the path of institutional racism and exclusion that long barred Blacks from involvement in the nation's largest medical group.

But the record on Davis and his attitude is sparse. We don't know his thoughts on race. We only can judge his actions.

The AMA was Davis' baby from its founding in 1847. American society was already racist. Davis' agenda may have been to save his beloved organization by putting out the fires for integration. Would the AMA have died on the vine if it adopted the path of integration and blazed a new trail?

Also, Davis favored a restructuring of the AMA as a pyramid of local and state medical societies, each of which would be free to decide for themselves who could be their members, and thus members of the AMA. There is no record of his saying anything to preclude the admission of Black doctors.

It may be true that Davis helped stop the planting of a seed of integration. But that likely would have yielded no fruit. Davis likely was no more of a racist than the vast majority in the AMA or the rest of white America. If he hadn't done what he did, there might not have been an AMA at all after 1870. The D.C. case concerned a breakaway, competing society. Davis wanted to bind together the already chaotic, fractured organization, not witness it being torn asunder.

Salve for AMA leaders' consciences?

Madara could have commissioned a report to lay out the nation's current racial disparities in health care and an AMA's 10-point plan, with a budget behind it, to lead the way to end them. Why not create a scholarship fund for African-American medical students or fellowships for future minority leaders of health organizations? To start, the AMA might convene a symposium for medical historians built around an exhibition on the history of the AMA from its founding to the present.

The AMA needs to focus on other issues concerning race, including overcoming the serious underrepresentation of Blacks in medicine. The situation is improving only slowly. While African Americans represent about 13% of the U.S. population, only about 5% of practicing doctors and 8% of medical students are Black.

The AMA also needs to reexamine its feeble role in public health, its support of racist legislators, including medical doctors, through its American Political Action Committee (AMPAC). The AMA needs to denounce racism among physicians in elected office -- especially those whom AMPAC still generously supports.

The AMA should be held to account for silence about the Trump administration's criminal negligence during the COVID-19 pandemic that has infected nearly 30 million Americans and killed nearly 500,000, with disproportionate numbers being Black, Latinx, and Native American.

Banishing Davis to a closet is just a baby step. The AMA, like the rest of America, has a long journey ahead to establish racial justice and reconciliation.

Howard Wolinsky is a Chicago-based medical writer. He is the author of "The Serpent on the Staff: The Unhealthy Politics of the American Medical Association" (Putnam/Tarcher, 1994) and "Contain and Eliminate: The American Medical Association's Conspiracy to Destroy Chiropractic" (Sportelli, 2021). Peter A. Swenson, PhD, is C.M. Saden Professor of Political Science and director of undergraduate studies in the Program on Ethics, Politics, and Economics at Yale University, and author of "Disorder: The History of Reform, Reaction, and Money in American Medicine" (Yale University Press, forthcoming). Alan Blum, MD, holds the Gerald Leon Wallace, MD, Endowed Chair in Family Medicine at the University of Alabama School of Medicine's Tuscaloosa campus. He served on the governing council of the AMA Resident Physician Section and is a former editor of the Medical Journal of Australia *and the* New York State Journal of Medicine.

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