

Doctors' goal: End disparities

Atlanta: Birthplace to National Medical Association

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Henry Grady, former managing editor of The Atlanta Constitution, realized a dream in 1892 when Grady Hospital opened its doors as a three-story, 110-bed facility. Its mission was to provide quality medical care to the poorest citizens of the Atlanta community. Despite the intended goal, quality and equal health care could not be assured, as the facility was designed to have Negro patients receive medical care on one side of the building and whites receive care on the other. The segregated medical wards on each floor were joined only by a crosswalk between the two sides, hence, the "H" structural design, which exists to this day.

The separation of the races in a public health care facility almost 30 years post-emancipation concerned many of Atlanta's first black physician-pioneers. Many of those same physicians had sought (and were repeatedly denied) admission in professional organizations, including the American Medical Association, whose memberships were restricted to "whites only."

From a need to assure quality care for their patients and to associate with their professional colleagues, in 1893 Atlanta's black physicians established the Georgia State Medical Association. This organization later birthed the National Medical Association in 1895, which, unlike its AMA counterpart, was, from its inception, open to physicians of all races.

This week, Atlanta hosts the 112th annual convention and scientific assembly of the NMA, which represents more than 25,000 black physicians in the United States and has chapters in 33 states.

Each year, conventioners meet to network, party and reunite with former schoolmates—many of whom attended historically black medical schools. But the agenda is similarly full with scientific meetings in which updates in medical care are provided.

This year, special attention is given to the ongoing national trend of ethnic disparities in health care outcomes.

Ethnic health disparities are nothing new. What's concerning is, despite initiatives of the U.S. Department of Health and Human Services and the Atlanta-based national Centers for Disease Control and Prevention—coupled with many local efforts to bring attention to minority health concerns—Hispanics and blacks still carry the highest incidence and worst prognosis for many killer diseases. These include hypertension, stroke, cancer deaths, diabetes, obesity, infant mortality, HIV/AIDS and more.

Concurrently, many of those in greatest need of medical care lack much-needed health insurance; but statistics show that even for those with insurance, many still lag far behind in successful health care outcomes.

Under the direction of its outgoing president, Dr. Nelson Adams, the NMA launched an aggressive agenda of community education and global outreach, partnering with the American Cancer Society, AARP and other organizations, to effect a change in the health status of high-risk patients nationwide and abroad. Physicians also recognize the need for more blacks to participate in clinical trials and more to enter medical school. Statistics show patients absorb more information and receive better care when treated by a physician of similar ethnicity.

In addition to patient concerns, the NMA will address the challenges faced by physicians across the country: The ever-changing requirements of insurance companies, cumbersome legislative agendas and diminishing compensation for services rendered, all while staying current with the latest in technology, research and treatment with which to best provide quality care to patients.

Despite the multilevel challenges to minority patients and the physicians who care for them, there is hope that one day, with a concerted effort from government and private sectors (including churches, insurers, businesses and community agencies)—and with a commitment from patients themselves to make use of the services available—patient apathy will wane, services will become more widely available and better utilized, and a change will come that improves the health of all U.S. citizens, especially those most in need.

The NMA is an important adjunct to this national goal.

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