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The National Medical Association 1895-2020: Struggle for Healthcare Equity in the United States of America

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This year the National Medical Association (NMA) celebrates 125 years since its founding in 1895 in Atlanta, Georgia. In the backdrop of a racially exclusive society at that time, laws in existence perpetuated segregated patterns for healthcare utilization in the United States (U.S.), but additionally segregation and *Jim Crow* laws dictated social behavior, employment, housing, public transportation, education, and the practice of medicine.

Having a history of being denied membership in professional organizations and societies, a group of physicians committed to establishing medical societies and hospitals, formed an organization, The National Association of Colored Physicians, Dentists, and Pharmacists, that subsequently became the NMA. The setting occurred during the Cotton States and International Exposition attended by many from September 18, 1895 through December 18, 1895. Following a presentation by Dr. Booker T. Washington approximately one month earlier encouraging training in agriculture and commerce, the decision was made to organize and the meeting occurred at the First Congregational Church and the selection of charter members and initial officers was made. The charter members present at this meeting, chose Robert F. Boyd, M.D., of Nashville, TN, as its first president. The other officers were: Daniel Hale Williams, M.D., of Chicago, vice president; Daniel L. Martin, M.D., of Nashville, TN, secretary; David H. C. Scott, M.D., of Montgomery, AL, treasurer; and H. R. Butler, M.D., of Atlanta, GA, chairman of the executive committee. Miles V. Lynk, M.D., of Memphis, TN, and Robert F. Boyd, M.D. of Nashville, TN, were the prime moving spirits of the formation of the organization. These two men invited all professional persons who could be located at the exposition to meet at the church, and the NMA was born.^{1,2}

One of the initial goals was support of education and the establishment of medical institutions to provide training for Negro physicians. Several medical colleges for

training Blacks had been established prior to 1895. These and others with the dates of inception included: Howard University Medical Department (1869); Lincoln University (1870); Straight University (1873); Meharry Medical College (1876); Leonard Medical School of Shaw University (1882); Louisville National Medical College (1888); Hannibal Medical College (1889); Flint Medical College of New Orleans University (1889); Knoxville College of Medicine (1895); Chattanooga National Medical College (1899); State University Medical Department (1899); Knoxville Medical College (1900); University of West Tennessee College of Medicine & Surgery (1900); and, Medico-Chirurgical and Theological College of Christ's Institution (1900).³

While resources were limited, many of the Negro medical colleges received support from church and benevolent groups. However, most of these schools closed following substandard evaluations in the 1910 Flexner Report, "Medical Education in the United States and Canada." Only Howard and Meharry were deemed worthy of further development. In fact, the report indicated that Flexner stated Black physicians be transformed into Black sanitarians in order to train rural populations in the U.S. in sanitation methods. He stated that Black medical practitioners should have this role because of teaching sanitation to prevent the spread of disease from the Black to the White population and furthermore, their practice should be limited to the Negro race.^{2,4}

With an increasing Black population in the U.S., other concerns were added to the NMA agenda and the *Journal of the National Medical Association* (JNMA) was established in 1909, with Dr. C.K. Roman as editor. The JNMA published "Report of Committee on Medical Education on

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Colored Hospitals” in 1910, the same year as the Flexner Report. With an increasing black population throughout the U.S. at the turn of the century, other concerns were added to the NMA agenda: (1) how to address the health care needs of a population that by 1912 exceeded 10 million; (2) how to increase the number of minority physicians needed to adequately treat them; and, (3) how to improve the overall health of the black population. NMA members set up their own hospitals, emphasized physician training, and appointed special commissions to study major diseases contracted by minorities, such as tuberculosis, hookworm and pellagra. By 1912, the NMA had increased its membership to more than 500. The JNMA was deemed a method for enhancing standards for Black medical schools and hospitals and published articles that engaged bonding of physicians as well as serving as a forum for Black physicians opinions and editorials. Thus, the NMA supported not only the care provided to patients in Black hospitals, but the training of Black doctors and policies regarding the practice of medicine.¹

The prominence of the NMA continued through the 20th century with contributions toward social entities. Increasing numbers of African American student were admitted to medical schools throughout the country. The NMA lobbied in support of the Civil Rights Act of 1964 and the Voting Rights Act of 1965. With contributions in support of the Medicare legislation, the NMA was promulgated to an even higher level.

In 2004, a series of meetings on healthcare disparities were led by the American Medical Association (AMA) and co-chaired by the NMA. The Writing Group on the History of African Americans and the Medical Profession was convened by the AMA and findings reviewed by an independent group. In an address during the 2008 Annual Convention and Assembly held in Atlanta, Georgia, the Past President of the AMA apologized for a century of AMA policies that excluded African Americans from membership, in addition to policies that also barred them from some state and local societies.⁵

While the efforts of the NMA currently continue, it is well-recognized that healthcare equity in the U.S. has not yet been reached. “Diversity in Medicine: Facts and Figures 2019,” published by the American Association of Medical Colleges, indicated that among practicing physicians in the U.S. on July 1, 2019, only five percent, or 45,534 were Black or African American. Furthermore, only 3.6% or 6288 of full-time U.S. medical school faculty by race/ethnicity in 2018 were Black or African American. Yet of applicants to U.S. medical schools by race/ethnicity for academic year 2018-2019, only 8.4% were Black or African Americans. Thus, there remains the need to increase the number of Black or African American physicians, as well as other underrepresented minority physicians in this country.

As the current 2020 COVID-19 pandemic results data, more African Americans and other minorities suffer from chronic diseases and sustain higher mortality rates consequent to infection throughout the U.S. While the NMA has endured a continuous battle against racism in healthcare and medicine, we still have a long way to go and future battles ahead in the fight for equity. Congratulations National Medical Association for 125 years of the struggle and countless successes toward healthcare equity in the United States of America!

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