

DRAFT

M I N U T E S

JOINT LIAISON COMMITTEE
NATIONAL MEDICAL ASSOCIATION
AMERICAN MEDICAL ASSOCIATION

May 19, 1968
Drake Hotel, Chicago

The Joint Liaison Committee of the National Medical Association and the American Medical Association met on May 19, 1968, in Chicago at the Drake Hotel. The following representatives were present:

National Medical Association

Lionel F. Swan, M. D.
James M. Whittico, Jr., M. D.
Henry S. Robinson, Jr., M. D.
Leonidas H. Berry, M. D.
John A. Kenney, Jr., M. D.
Jasper F. Williams, M. D.
Mr. L. Kirkpatrick
Mr. Windsor

American Medical Association

Lester D. Bibler, M. D.
Gerald D. Dorman, M. D.
Otis L. Simenstad, M. D.
Ernest B. Howard, M. D.
Charles L. Hudson, M. D.
Richard P. Bergen, LL.B.
Leo E. Brown

Dr. Lester D. Bibler chaired the meeting and welcomed those present. Dr. Lionel F. Swan, President of the National Medical Association, responded by expressing NMA's appreciation for the opportunity of meeting with representatives from the AMA Board of Trustees and expressed the hope that this and future meetings would not be used to air disagreements but, more importantly, to explore ways and means of how the NMA and the AMA might work more closely together in better serving the American people.

The following areas of mutual interest were discussed:

(1) National Medical Association Foundation

The National Medical Association Foundation, in cooperation with the Medical and Chirurgical ~~Faculty~~ ^{Society} of Washington and Howard University Medical School, has entered into an agreement with the Federal Government to develop

a program to provide better health care in the nation's inner city areas, with Washington, D. C. being used as a model. This program, now in the planning stage, will include group practice facilities, extended care facilities and urban housing projects.

The new facilities are to be integrated with existing facilities and various Federal programs will be coordinated by the NMA Foundation in meeting the health needs of the inner city.

The National Medical Association believes that the private sector must move with dispatch in the delivery of health services to the inner city; and that these new facilities should operate on a private basis, serving the poor as well as the wealthy in contrast to OEO Neighborhood Centers which provide free care to all who live in the neighborhood. All services are to be integrated and, hopefully, white doctors would participate. The NMA does not believe that medical services should be provided without charge to all individuals irrespective of the patient's indigency, and objects to sponsoring groups taking over and ignoring the Negro physician, *in The Planning Policy-making Process -*

The NMA welcomes the help of white physicians in planning and operating these new health facilities but would appeal to them to work through the Negro physicians in the community, permitting him to maintain his image as the medical and health consultant among his own people.

It was agreed that physicians must take the leadership in assessing the needs of the inner city and in developing programs which will serve the entire community and be integrated with the medical care system within the total community.

The AMA expressed its sincere interest and desire to participate in projects designed to improve health services in the inner city. AMA constituent medical societies are being encouraged to participate in "needs surveys" and program development and to cooperate in projects sponsored by the National Medical Foundation.

(2) Talent Recruitment

Both the AMA and the NMA have been active in recruiting qualified students into medical and allied fields. It was recognized that a special problem exists in recruiting more Negro students. It was agreed that special emphasis should be exerted in this area. The AMA invited the NMA to participate in its recruitment efforts to influence Negro students in medical and allied health careers as it exhibits at national guidance counsellor meetings. Both Associations agreed to cooperate as closely as possible in all recruitment efforts and to share their promotional material.

The Committee agreed that a joint statement should be adopted setting forth the need for more Negro manpower in medical and allied health fields and should be promoted as widely as possible. Attached is the suggested statement for Committee approval. The following Committee was appointed to clear this statement: NMA - Doctors Swan, Whittico and Barry; AMA - Doctors Bibler, Simenstad and Dorman.

In discussing the specific need to attract larger numbers of Negro students into medicine, the financial needs of both Howard and Meharry Medical Schools was emphasized. It was suggested that an appeal be made to the District of Columbia and Tennessee Medical Associations to take a

special interest in this problem. It was also suggested that the National Medical Association and the American Medical Association review Federal law granting assistance to medical education and explore areas in which additional legislative support might result in increased funds to Howard and Meharry. Staff was instructed to present this problem to the AMA Council on Legislative Activities and the Council on Medical Education, and to enlist their support.

(3) Discrimination in Medicine

After an extensive discussion of discrimination in medical society membership and hospital staff privileges, the Committee agreed that the following procedure should be considered in handling cases of discrimination:

- (a) That when cases of discrimination are brought to the attention of either the NMA or the AMA, these cases should be reported to the other organization.
- (b) That each organization request its local constituent medical society to thoroughly investigate the charge and to share these findings with the Joint NMA-AMA Liaison Committee.
- (c) That the Joint Liaison Committee review these reports to (1) determine the validity of the charge; (2) determine if further investigation is necessary and, if so, whether the Joint Liaison Committee should conduct further investigations; and (3) whether the AMA Judicial Council should be requested to assume original jurisdiction in the case where appropriate.

The Joint Committee also recommended that the current AMA policy on *normal* discrimination *by medical societies* in medicine be reaffirmed by the AMA House of Delegates *and that the statement be extended to include discrimination in Hospital*

One specific case of discrimination was considered by the Committee.

It was decided that, before a final decision was reached, the NMA request its constituent county society to provide further information.

The next meeting of the Committee was tentatively set for September 1968.

Attachment