

## The Continuing Task of Medicine in a Great Democratic Society\*

### President's Inaugural Address, National Medical Association

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**D**R. W. MONTAGUE COBB, toastmaster general of NMA affairs, Dr. Mayo, Dr. Grulee, Dr. Sabin, Professor Henry Nelson Harkins, about whom there can be no further secret that he is my undercover, underpaid public relations man, other distinguished guests, fellow members of the NMA, ladies and gentlemen. It is with great humility that I stand before you at this time as your newly inaugurated president. It is, indeed, a great honor which you have bestowed upon me, and I wish to express my sincere gratitude to the House of Delegates, the Officers, and Trustees for this expression of their confidence. It is a



INCOMING PRESIDENT BERRY

great challenge to follow in the long line of my distinguished predecessors in this office. I am acutely conscious and wish to pay homage to the fine programs of my immediate predecessor Dr.

Cobb. And while I am giving credit for the continued existence and growth of the NMA, I must pay tribute especially to the fine faculties of Howard and Meharry Medical Colleges for their contributions to the growth in quality of our scientific programs. In the more recent years, under their leadership and especially that of Dr. J. B. Johnson, there has been an escalated integration with members of other medical faculties to bring excellent programs to our Association. My own involvement with the NMA for 30 years has been primarily with scientific papers and exhibits, except when I have been overwhelmingly involved as an ice breaker in other Societies. I pledge my administration's deep concern in promoting the continual growth of the Scientific Assembly as the primary and foremost purpose of this organization.

Three score and ten years ago in the city of Atlanta at the Cotton States Exposition of 1895, the National Medical Association was born. In the oft quoted language of Dr. Charles Victor Roman, (and woe be unto me if I quote him not), "This Association was conceived in no spirit of racial exclusiveness, fostering no ethnic antagonisms, but born of the exigencies of the American environment." (And most of us here know what he meant by the exigencies.) The history of the National Medical Association is a continuous story of struggle to improve medical care for the poor and under-privileged and for equality of opportunity for the study and practice of medicine. On this 70th anniversary, its purposes and problems are essentially the same, except that today we stand at the threshold of great and revolutionary changes in America. Much is being spoken and written about the search for or the creation of "the Great Society" in our time. I have, therefore, chosen to speak to you from the subject "The Continuing Task of Medicine in a Great Democratic Society."

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## HUMAN RELATIONS IN MEDICINE

We live at a time when our democratic-structured society is being re-melted in a crucible of social revolution and those who plot the course of our great nation dare to foresee great vistas of freedom, equality, fraternity, and socio-economic progress. We who must bear the principal burden of responsibility for public and private health and the image of medical care should re-evaluate our human relations in medical education and in the distribution of medical care. America already has a great claim of leadership in technical achievements and is now in hot pursuit of time and space to stake out its sphere of influence on the moon. But what about its human relations on earth? Where do we stand? Are we keeping pace with other facets of our society in the search of our souls and the clearing of our consciences against the principles of a great democratic society? Or do we still stratify health by a formula of race? Has the ingredient of good human relations kept pace with the development of the architectural beauty of our medical institutions? Do we feel that token integration in medicine with vague promises or no promises for the future are sufficient to inspire grateful silence and passive waitfulness? I believe that the hope of America lies in the fact that there is an ever increasing number of Americans of all races and creeds who see and understand and are disturbed by the frustrations and stultifying effects of racial segregation and discrimination. These are the Americans that I call upon today to join hands for equal opportunity and equal benefits in the great and noble field of medicine.

CIVIC AFFAIRS, SOCIAL PATHOLOGY, HEALTH  
LEGISLATION

In addition to human relations, the broad and continuing task of medicine must cover many areas in the growth of a great democratic society, with good human relations always at the center of our concern in every endeavor. Doctors must participate in civic affairs in a great democratic society. Each of us is first a citizen and studying medicine does not take away the responsibility of citizenship. The physician in a great society is concerned with social pathology, juvenile delinquency, alcoholism and drug addiction, for

these social conditions are rooted in emotional immaturity and mental sickness. They are symptoms of illness and not primarily crimes against society.

In the great democratic society the doctor must be part of an informed electorate, especially where the control and dispensation of medical care are concerned. I have every confidence that members of the NMA will not boycott the implementation of medicare and other progressive legislation for extension of medical care. We will serve as a national force to implement the new law with justice at the local level. "States rights" techniques and so-called private or free-enterprise concepts must not becloud our view. One must distinguish between so-called free enterprise and preservation of privilege for the few. Has not government's sponsorship in medical care been aided in part by the failures of private enterprise to meet the needs in this field? Haven't we too often been too late with too little? As we care for the sick we will work to improve the laws on methodology in the interest of the sick and in preservation of the important established principles of medical practice.

NEW PHILOSOPHY, NEW PLANNING FOR NEW  
HOSPITALS HOME AND ABROAD

During the next decade thousands of new hospitals must be planned, constructed, and developed. Will they be developed along the segregated lines of the traditional past; primarily for Jews, primarily for white Catholics, Presbyterians, other white Protestants, and primarily for the colored? Hospitals for the future should not be new wings joined to the outmoded past. Let's make them brand new in the democratic Judeo-Christian concept, as well as in architectural design. Make them honestly from their beginnings intergroup, interfaith for all of the people and for all diseases with universal government support. This would be great community leadership for the medical profession. This would improve the shrinking image of a traditionally great profession. The progressive thinking of doctors must be projected into plans for regional medical centers to serve small towns and rural areas. Doctors should assume the leadership in planning emergency house calls, especially on Wednesdays, for the great community of tomorrow. I believe that house calls must be more and more replaced by

emergency hospitals, fast expressways, and ambulances, with supporting pools of young doctors by the medical societies. Does the doctor image need improvement in other ways? I think the private club concept of hospital staffs must go. There must be less thought of the so-called needs in manpower of the surgical department and more thought given to hospital obligations to the community and its qualified doctors. There is always room at the top.

We must be concerned about malnutrition and disease beyond our prosperous shores. The NMA has already pledged help in construction and development of the Ojike Hospital Center in Lagos, Nigeria.

#### THE GREAT DOCTOR IN A GREAT SOCIETY

A great doctor must be multi-dimensional. Not all will be great, but success must be judged by the number who achieve greatness. Great doctors in the new society should continue to combine research, teaching, and practice, but by group techniques and coordinated teams in a staggered time relationship. This combined experience tends to make a better doctor.

We must not allow automation and the drama of computer medical techniques make the doctor a glorified technician. I believe that when I get down into the valley of the shadow I will want to look through the scientific veneer of my doctor and see a common bond of humanity, supported by intellectual skills and vast experiences.

The great doctor of tomorrow's great society can be multidimensional and yet free of his twelve-hour sweat-shop toil. He, like other citizens, must have time for leisure and family living. This can be done if we join the great society and become the architects of our own destiny in cooperation with the progressive thought in the great American renaissance of the mid-twentieth century.

There must be competitive recruitment, not exclusively in the rich suburbs, not exclusively by the questionable but standardly acceptable I.Q. scores. Abraham Lincoln would never have left Springfield by these tests. Like other facets of our society, we must search for the gifted underprivileged as well. By improved formulae of selection and education, we can improve production of doctors quantitatively and qualitatively.

#### N.M.A. DESTINY—THE CLEAR VOICE OF PROGRESSIVE INTEGRATED MEDICAL CARE\*

In all of these areas, I see a great future for the National Medical Association. I believe that this society has the opportunity and the destiny to become the clear voice of a minority which will give expression and leadership for progressive thinking in medical care for all the people.

For seventy years the voice of the NMA has been continuous against segregation and discrimination, but as an essentially segregated organization it has been the voice of one crying in the wilderness. For the most part it has fallen upon the deaf ears of the medical power structure. Now that we have the educating leverage of effective Federal legislation, we must effectively integrate the National Medical Association. This Association can no longer fight for memberships and opportunities in other medical associations and their local branches without making it unmistakably clear that ethical physicians of all races and creeds are welcome in this organization. Moreover, the NMA will continue its liaison conferences with the AMA, but it cannot afford to capitulate to ultra-conservatism and decadent power structures. It must avoid the creeping death of de facto segregation which will destroy such organizations medical or otherwise, whether black or white in the great democratic society.

The NMA will be integrated by, and attractive to—only those doctors with sincere interest in equality and justice in medical care for all people, and in an opportunity to freely and courageously express their views.

#### INTEGRATED IMAGE FOR N.M.A., HUMAN RIGHTS, UPGRADING\*

I hold in my hand a list of new memberships and applications from more than 40 excellently trained doctors who happen to be white, from all parts of the country—north, south, east, and west. Among them are faculty members from Yale, Tufts, University of Illinois, California, NYU, Cornell, University of Maryland and others. Some are heads of departments, professors, county health commissioners, etc. This is only the beginning of our administration. These men have huddled with their consciences and are now ready

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to witness for progress in a great democratic society. They have learned like many Americans—black and white, in and out of the profession—that you cannot stand idly by in the shadow of great social movements and enjoy the fulfillment of a meaningful life. For, indeed, it is required of a man that he take part in the actions and passions of his time, however small his opportunities may seem, or risk the peril of being judged never to have lived.

We must continue to support civil-rights organizations, including the Medical Committee for Human Rights and other similar organizations. The Medical Committee for Human Rights has given first aid from Selma to Bogalusa, and is actively engaged in fighting for better medical care and medical opportunities for all the people.

Our new members will have the interest, and the built-in control of many appointment opportunities, and the know how to help us answer the questions—Where are the tan Flemings? Where are the brown Salks and Sabins? Why aren't there more Dan Williams and Charlie Drews? Where are the Jackie Robinsons of medicine?

Yes, there is a noticeably increased number of Negroes standing on the bottom rung of the ladder in the main streams of medicine today. Some have definitely been accepted on the team. We can now remain on the team but on the bench for many seasons, even until bench-warming becomes an entrenched racial characteristic. If Jackie Robinson had been kept in the minor league or on the bench for an indefinite number of years for fear of traumatizing the emotions of ultraconservatives, baseball would not be enjoying its greatest era of financial productiveness and popularity here in Cincinnati and elsewhere in 1965.

America will never achieve its greatest potential in medicine or other fields until there is equality of opportunity for all its citizens.

Reverse integration has already proved its potential in Negro colleges. The spectacle of the losing team calling in its star white halfback instead of its star Negro halfback to save the game has already been observed.

To symbolize my hopes for an integrated image

in the NMA, we are holding an integrated University of Chicago Medical Alumni re-union luncheon on this occasion. The National Alumni President, and many leaders in the medical profession among my classmates are present.

My great hope is for continuing new membership in the NMA through a special committee which I will appoint. "With black and white together, we shall overcome." And when the muse of history writes the story of the great American renaissance of the midtwentieth century—social, economic, and cultural—he will record with prominent particularity the great deeds of leadership of a great medical profession.

#### LEGACY FOR THE YOUNG DOCTOR

I am personally battle-scarred and weary. I will never really see the sunlit vistas of the mountain top. I will not have one of the new appointments for clinical research, teaching and practice that I dreamed and wept about in my youth. I usually had to do research without funds and make bricks without straw.

But I wish to dedicate the rest of my years toward helping in the search for a brighter tomorrow for younger men and women of all racial and ethnic groups. This must also be the continuing task of medicine in a great democratic society. We, therefore, must be like the builder depicted as "an old man traveling a lone highway who came in the evening cold and gray, to a chasm vast and deep and wide. The old man crossed in the twilight dim, the sullen stream had no fears for him. But he stopped when safe on the other side and built a bridge to span the tide. "Old man," said a fellow pilgrim near, "you are wasting your strength with building here, your journey will end with the ending day, you never again will pass this way, you've crossed the chasm deep and wide, why build you this bridge at evening tide? "The builder lifted his old gray head, 'Good friend, in the path I have come,' he said, 'there followeth after me today, a youth whose feet must pass this way.' 'This chasm which has been as naught to me, to that fair-haired youth might a pitfall be. He, too, must cross in the twilight dim, good friend, I am building this bridge for him.' "