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REPORT OF THE PRESIDENT-ELECT OF THE
NATIONAL MEDICAL ASSOCIATION
TO THE HOUSE OF DELEGATES
SEVENTIETH ANNUAL CONVENTION, AUGUST, 1965, CINCINNATI, OHIO

Mr. Speaker, members of the House of Delegates of the National Medical Association, and fellow physicians — greetings.

Your president-elect, who is about to take office as the titular head of the National Medical Association, is highly honored for the opportunity and challenge which faces him. During the past year he has been involved in the preparation and development of his proposed program and its formal presentation at the opening inaugural session which, with the help and cooperation of the Trustee Board Chairman, the trustees individually, and the members of the Society, he hopes to carry out with credit and distinction.

An accounting of the activities of the office of president-elect during 1964-'65 and recommendations are herewith set forth. The president-elect's first official act was to assure the president, by letter, of his willingness and readiness to assist in carrying out any chore which he should request as far as was humanly possible and feasible.

Chronologically, the president-elect responded to a request by appearing as guest lecturer in gastroenterology as a part of a two-man team with Dr. Claude Beck, heart surgeon of Cleveland, Ohio, ⁱⁿ ~~and~~ presenting a five-hour "Clinical Road/^{Show}" before the Indiana Chapter of the American Academy of General Practice at the Holiday Inn, Muncie, Indiana, ^{October} ~~November~~ 28, 1964.

^{October} ~~November~~ 4, 1964, he gave a lecture titled "The Aged Citizen, Geriatric Care, and the Church" at the corner stone

laying services of a Federal Government supported home for the aged at Kansas City, Kansas. On the following night he met with the NMA Component Society of Kansas City, Mo. and Kansas, and discussed common medical problems which are the concern of our organization.

On ~~November~~^{October} 29, 30, 1964, the president-elect visited Cincinnati and conferred with the Component Host Society for the 70th annual convention and its various Arrangement Committee Chairmen, regarding matters for which he would be primarily responsible during the Cincinnati convention, where he would preside as president. These discussions concerned primarily the formal opening Tuesday morning program and certain problems which had arisen in this regard.

On October 11, 1964, the president-elect met with the Detroit Component Society of NMA, arranged by Dr. Lionel Swan and Dr. Arthur Boddie. Between cocktails there was a "skull" session on the geographic aspect of problems of equal opportunities and services in hospitals.

The president-elect attended the interim session of the NMA Trustee Board as a participating member at Netherland-Hilton Hotel, Cincinnati, February 13-14, 1965. He presented preliminary plans for the projected program of his administration as president. He requested Trustee Board approval of the names of four outstanding medical men to receive NMA awards at the opening formal session in August 1965. These men were Dr. Albert Sabin, Dr. Henry N. Harkins, Dr. Charles W. Mayo, Dr. James A. Bailey, and Mr. Aaron Henry, pharmacist. The selections of the president-elect were approved. The remainder of the program for the formal

opening session was reviewed, discussed, and endorsed by unanimous vote.

On request of the Mississippi Medical and Surgical Association, a Constituent Society of the NMA, the president-elect gave two lectures in clinical and research gastroenterology during the 70th annual state meeting at Greenville, Mississippi, 1965. The sessions were held at the Armory of the Mississippi National Guard, with Negro municipal police officers serving as "honor guards." It was the first non-white group ever to hold a meeting in these quarters. On March 24, 1965, the president-elect convened a group of thirty internists, who are NMA and potential NMA members, with the Chicago Medical Associates and other Chicago internists serving as hosts for an evening of fellowship and discussion of problems of common interest to the NMA. Membership recruitment was emphasized. These men were attending the golden anniversary meeting of the American College of Physicians in Chicago, during which the president-elect served as vice chairman of the Host Press Relations Committee.

On March 25, 1965, the president-elect walked the last four miles of the Selma-to-Montgomery freedom march and served in a standby first-aid "health-mobile" during the all-day Alabama capital plaza confrontation. Fortunately, he was called upon to treat only one casualty -- fist bruises to the face of a Northwestern University physics professor. The president-elect was pleased to meet on that occasion and serve with our trustee board secretary, Dr. J.L.S. Holloman of New York. Other NMA members present in Montgomery on this occasion were Drs. Herbert Cave, New York City, W.E. Jones, Md., Quentin Young, Jean Spurlock, and John Branion of Chicago, David French, D.C., and others. All doctors here listed served voluntarily in the name of the NMA and the Medical Committee for Human Rights in cooperation with local Alabama doctors.

Between May 25, and May 29, 1965, the president-elect attended the joint meeting between the American and Canadian gastroenterological groups in Montreal Canada. He opened the dis-

cussion of a paper, reporting research in "Endoscopic Gastrobiopsy Observations" by a New York University group. Between sessions, the president-elect held encouraging informal private talks with four southern white gastroenterologists on a proposed program for establishing "communications" across race and geographic lines at a common professional level on human rights in medicine.

During the year the president-elect worked very hard and closely with the Chairman of the Council on Medical Education and Hospitals, Dr. "L. Harris Berry" of Chicago, in extending recruitment in medical careers ^{conferences} ~~conferences~~ which had begun during the previous year. He was also active in the area of recruitment of new members for the NMA.

Other meetings attended in order to keep abreast of general medical "breaking news" to aid in his upcoming administration were the AMA's 61st annual Congress on Medical Education in Chicago February 6, 1965, and a one-day visit to the annual AMA convention in New York City, June 1965.

In the interest of keeping up the individual professional image of the president-elect in medicine and community affairs, he continued to serve as chairman of the Health Committee of the Mayor's Commission on Human Relations in Chicago and member of the Professional Orientation Committee of the Chicago Medical Society, Component Unit of AMA.

Finally, in the area of ^{"professional image"} ~~Chicago Pressing~~ for the NMA, your president-elect sent to press an article on "Further Experiences with the Berry Gastrobiopsy Scope" and submitted a requested article titled "Viral Gastroenteritis" as a contributing author to a new book published by the W.B. Saunders Co., titled, "Current

Diagnosis." Also, he participated in a symposium on "Upper G.I. Hemorrhage" with a group of nationally known gastroenterologists for the "Medical Tribune."

RECOMMENDATIONS:

The president-elect presents the following recommendations for adoption and to become effective at the beginning of his administration as president. The first group will concern matters which may properly require House of Delegates' action, but endorsement by the Board of Trustees is requested.

1) PRESIDENT'S ADVISORY COMMITTEE ON LEGISLATION

It is recommended that there be created a national committee to be known as the President's Advisory Committee on Legislation. Appointments are to be made by the president. It should be a committee of three individuals with three-year terms staggered so that one appointment is made each year at the beginning of the presidential term. This committee would serve as a reservoir of current information on impending legislation affecting medical practice, medical education, and human rights in medicine. The administrative secretary, the legal counsel, the public relations representative would share the responsibility with other sources in routing information to the committee on current medical legislation, committee hearings, title and number of legislative bills, etc. Committee members would solicit information from senators, house members, committee chairman, etc., and keep the president of the association advised at all times so that he might act appropriately and constitutionally. The president-elect shall be ex-officio member of this committee, along with chairman of trustee board and speaker of house. No other officer or individual shall assume

the prerogative of acting officially or unofficially for the association in audiences with congressional committees, lobbyists, the nation's President, his cabinet members, or advisers or others connected with national legislation, government policy, etc., or in calling national meetings/^{for this purpose}except through the office of president and his advisory committee.

**2) LIMITING OFFICE HOLDING BY ONE CONSTITUENT SOCIETY
OR ONE INDIVIDUAL**

It is recommended that this body establish as a matter of future policy of the organization, aiming at greater range of constituent society representation and participation, that except where there is proven lack of an available qualified person elsewhere not more than two members of the same constituent society may concurrently hold an office in the national association or chairmanship of one of its councils or national commissions or committees. Holding of two offices concurrently by an individual overtly or covertly shall be illegal.

**3) COMBINING THE ACTIVITIES OF THE COUNCILS ON MEDICAL
EDUCATION AND HOSPITALS AND COUNCIL ON RECRUITMENT**

In order to avoid duplication of effort and double expense, it is recommended that the structure utilized by the recruitment council during its one year of existence be maintained, and the presently appointed personnel of both councils be continued. Since the constitutionally established Council on Medical Education and Hospitals clearly has the function by precedent and otherwise of recruitment and other educational and hospital problem activities and flexibility, the councils should be combined; and the name of the combined councils shall be Council on Medical Education and Hospitals. The projected program for recruitment as currently projected can remain the

same with the same chairman, if re-elected by the council.

4) A COMMISSION ON HUMAN RIGHTS IN MEDICINE

It is recommended that there be established a Commission on Human Rights in Medicine, consisting of five men with staggered terms so that one new member is named each year. The authority for establishment and maintenance of the commission shall reside in the House of Delegates. The purpose of the commission shall be to establish liaison between the NMA and civil-rights and human-rights organizations, whether they be non-medical, medical, or paramedical, in giving NMA support for medical emergencies in the civil-rights struggle and in the implementation of civil-rights laws, for greater equality among all Americans in the distribution of unsegregated quality medical care. Financial contributions by the Association to campaigns in southern states and elsewhere should be cleared through this continuing commission. The commission shall promote the just implementation of "Medicare." The president, speaker, and trustee board chairman shall be ex-officio members.

5) DISTINGUISHED SERVICE AWARD

It is recommended that the distinguished service award shall continue to be given to outstanding medical scientists for their contribution to medicine itself, who are members of the Association, and that the Council on Distinguished Service Awards set up a second award with appropriate but different name to be given annually or periodically for outstanding service to the National Medical Association, including loyalty in attendance, etc. and that definite criteria be set up with the aim of eliminating political considerations as far as possible.

6) REDEFINING FUNCTIONS OF THE PRESIDENT-ELECT IN CONFORMITY WITH RECENT CONSTITUTIONAL CHANGES ()

The concept of president-elect has always had a rationale in organizations which have such an office. I doubt that in the National Medical Association it was ever meant to be merely a drape with which to cover a doctor while he stood motionless and aimlessly for one year in the shadow of the presidency. The constitution defines the function of the office in general terms. The 1964 version of the president-elect's function, as conceived by those who controlled and limited the budget to \$25, was based upon the wrong president-elect. My report of constitutional activities is before you. Recent constitutional changes require the president to carry out probably his most expensive activity during the months immediately preceding his inauguration, which now comes at the beginning of his term rather than at the end. I am submitting herewith a detailed account of my expenditures as president-elect, and hereby wish to request re-imbusement.

7) HELP FOR THE JOURNAL

Certain matters regarding help for the Journal will be further cleared in time for presentation at the annual meeting.

8) REACTIVATION OF LIAISON COMMITTEE BETWEEN NMA AND AMA

Reactivation of this committee will be the policy of this administration to establish communication and work with a new approach toward solution of problems of segregation and discrimination.

9) RE-AFFIRMATION OF THE LINE OF AUTHORITY TO ADMINISTRATIVE SECRETARY

It is recommended that there be a re-statement and clarification of the line of authority between members of NMA and the

administrative secretary. Undue and unauthorized pressures upon his office for performance of tasks and special favors should be made known to the total Trustee Board in his official report. Exercise of conflicting authority causing embarrassment of the administrative secretary should be avoided by clearly defining the prerogatives of each office by the chairman of the Judicial Council, when necessary.

10) MEDICARE

It is recommended that it be the official policy of the NMA to support federal legislation known as "Medicare" to extend medical and hospital care to the aged and work with unremitting vigor for its just implementation. It is at the local level that we must protect the rights of patients and physicians, especially in the south. Continued objections to M.D. participation in social security as the only remaining non-participating occupational group is arrogant, and does not represent the majority opinion of the NMA membership or a large segment of the total profession.

11) CLIQUES, "ESTABLISHMENTS," AND POLITICAL CONTROL GROUPS

The Association deplores the operation or attempted operation of political cliques, "establishments," "triangles," and subrosa "axis" movements, attempting to control the organizational policies and activities. The Society should remain free and operate for the benefit and participation of all members purely on the basis of merit, character, and broad representation.

12) RECRUITMENT AND ORIENTATION OF NEW MEMBERS

The longevity of any organization is dependent upon new

memberships. In these times of rapid social-structure change and increasing opportunities for younger Negro doctors, the NMA must actively compete with other general medical societies for their memberships. This can become a sudden and precipitous problem. When non-white doctors are fighting for memberships and participation in predominantly white organizations, the NMA must not have a defacto segregated image if it is to continue as an effective growing organization. I therefore recommend that the new Council on Membership Recruitment broaden and accelerate its program to include orientation and solicitation of high-calibre memberships, not only Negroes but across race lines.

13) ENFORCEMENT AND FOLLOW-THROUGH ON APPROVED
RECOMMENDATIONS AND RESOLUTIONS

It shall be regarded as derelict of administrative duty for any official, chairman of committee, or council, having any portion of responsibility for implementation of an approved recommendation or resolution in the House of Delegates or Trustee Board, to neglect, unduly delay, "pigeon hole," or willfully fail to carry out responsibility and implementation of said recommendations and resolutions as far as is reasonably possible. Copies of such documents must be referred to the Judicial Council for appropriate review and report to the House and Board at the following convention. The Judicial Council may hear charges in willful and flagrant cases. Financial committees must report justification for failure to appropriate funds for implementation of approved recommendations and resolutions requiring funds to the House and Board. Copies of all approved recommendations and resolutions should be filed with the Constitution Committee for their information.

It is hoped that all committees recommended and approved will be named early enough in this convention so that they may meet and implement their programs.

14) "CONTINUED GROWTH OF QUALITY PROGRAMS OF SCIENTIFIC ASSEMBLY"

The incoming president is deeply committed and has greatest concern of all for continued striving on the part of the members of the association for progress in the quality of its scientific programs and exhibits, so that our highest aims - that of promotion of professional growth so as to deliver the finest calibre of patient care - will continue to be achieved.

Finally, the president-elect wishes to thank sincerely all of the officers and members of the National Medical Association who have cooperated with him during the year, and he looks forward to your continued cooperation to the end that his recommended program and the responsibilities of the presidency of the National Medical Association may be carried out with credit and distinction.

Respectfully submitted,

Leonidas H. Berry, M.D.

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