(Sent to file President Column)

OPENING REMARKS
Leonidas H. Berry, M.D.
President
National Medical Association

Luncheon meeting of the American Medical Association Officers and Board of Trustees hosting NMA officers and Liaison Committee, Friday, April 1, 1966, AMA Headquarters, Chicago

President Appel, Chairman of the Trustee Board, Dr. Hopkins, Speaker of the House of Delegates, Dr. Rouse, Administrative Vice President, Dr. Blasingame, members of the Board of Trustees of the American Medical Association, fellow Americans. On behalf of the Chairman of the Board of Trustees of the NMA, Dr. Armstrong, who is unavoidably absent today, the NMA President-elect, Dr. John Holloman, Past President, Dr. John Kenney, and other members of the NMA Liaison group - Drs. William Grant of Nashville, Jasper Williams and Quentin Young of Chicago, it becomes my very pleasant task to express our deep gratitude for the unique privilege of being the luncheon guests of the officers and trustees of the AMA. I wish to state at the outset that the officers and trustees of the NMA wish to extend an invitation at this time to a liaison group of officers and trustees of the AMA for discussion as NMA luncheon guests at a time of ~~future~~ mutual convenience in the near future.

While we eat, drink and make merry today, let us turn our thoughts in the spirit and atmosphere of camaraderie to the more serious and vital task of achieving in a meaningful way a greater equality of health care for all Americans. AMA and NMA

representatives have met off and on in a liaison relationship for at least 25 years trying to solve the problems of racial discrimination in medical care. Our achievements have been spotty, at best. But we are encouraged by the progress in mutual action and understanding coming out of our last meeting, and that we are having another just six months later. Never before have we had the opportunity and pleasure of meeting so many of the official family of the AMA in a liaison relationship with representatives of the NMA. However, the task which is before us is a serious one, and it has the urgency of the actions and passions of our time in history. The climate for progress would seem to be right as never before for progress against second and third-class medical care for millions of Negroes purely on account of race.

After many years of struggle - two decades and more by Negro-Americans and white Americans who have wanted to make democracy live and grow - the dvil-rights act of 1964 including its title VI was achieved. Much health legislation has come out of congress during the last year - 1965. Whether all of us like it or not, it is the law of the land and so is title VI. I believe that organized medicine has had the opportunity and will continue to have opportunity to participate in the implementation of these new laws and to work effectively toward the preservation of the meaningful and desirable structure of American medical practice. We are here today to continue discussions of the role of organized medicine, as represented by the AMA, in helping the partnership between people and government to eliminate second and third class medical care

and to provide medical service where none exists for millions of Americans purely because of race. This kind of medical care includes equal opportunity for Negroes to study and enter and advance in medical professions and in paramedical careers. It is the belief of this liaison group of officers and members of the NMA for whom I make this preliminary plea, that the hierarchy of the AMA (to which most of us also belong and pay dues) has the statesmanship and the moral obligation to aggressively lead the way to the elimination of racially and discriminatory inferior medical care and inferior medical opportunity. The AMA leadership has the opportunity of rising to the challenge of becoming the important catalyst in this national interaction against ~~races~~ racism in medicine and the NMA wishes to help ~~you~~ in a great redemption. In all history, the privileged and ruling class has been reluctant to extend to the underprivileged the necessities of life in reasonable and just proportions. However, our democracy seeks to prove itself far in advance of these archaic and dehumanizing practices before the other cultures of the world.

Unfortunately, all too often we hear the language of prejudice from our fellow physicians and our intellectual peers. Such cliches as "you can't legislate the heart" and "you have got to do it gradually" are statements frequently heard. There are millions of Americans who don't want love from any American until it comes naturally, but they want to live as long and be as healthy as any other American - by law if necessary. The gradient of gradualism to standard health care for millions of Americans is not an inclined plane, but the perpendicular

side of a mountain. Racial discrimination in medical care and medical opportunity including health education in many parts of the country are more important than economics and housing in the disproportionately high maternal infant and neonatal mortality rates in the Negro population. The time has come when most citizens will no longer accept discrepancies in mortality and morbidity rates in population groups as a fact of race. We are assembled here today as co-consultants to point up moral and ethical and cooperative responsibilities of medical organizations and medical leaders in the delivery of a greater equality of first-class health care to all Americans. I believe that these goals can be achieved. Thank you very much.

Leonidas H. Berry, M.D.

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