

RICHARD ALLEN WILLIAMS, MD, FACC, FAHA, FACP

**Clinical Professor of Medicine,
UCLA School of Medicine**

Founder, The Association of Black Cardiologists, 1974

Founder, Central Recruitment Council, Harvard Medical School, 1968

**President/CEO,
The Minority Health Institute, Inc. (Founder, 1985)**

117th President, National Medical Association, 2016

Editor, The Athlete and Heart Disease (1999)

Editor, Textbook of Black-Related Diseases (McGraw-Hill, 1975)

Editor, Eliminating Healthcare Disparities in America (Humana, 2007)

**Editor, Healthcare Disparities at the Crossroads with Healthcare Reform (Springer,
2011)**

Editor, Blacks in Medicine (Springer, 2016)

**EMERGENCE OF THE AFRICAN AMERICAN
DOCTOR:
HISTORICAL PERSPECTIVES**

HISTORICAL BACKGROUND OF BLACKS IN MEDICINE

I. ANCIENT HISTORY

AFRICAN AND

Humankind had its origin in Africa. So it seems reasonable that civilizations originated there as well.

Not if you believe some mainstream history books.

Many scientists and scholars have been slow to acknowledge Africa's contributions to civilization—particularly to science and medicine. But the fact is, Egyptians and Ethiopians had advanced civilizations more than 4,000 years ago.

Hippocrates, the legendary "father of medicine," was influenced greatly by the works of Imhotep, an Egyptian who established his reputation and was deified for his medical contributions thousands of years before Hippocrates. Other sages also were distinguishing themselves in the sciences.

For example, the ancient Egyptians, who lived in Egypt and Ethiopia, had a knowledge of anatomy that was more advanced than that of the Greeks and Romans. And the ancient Egyptians had a knowledge of surgery that was more advanced than that of the Greeks and Romans.

Indeed, the African countries of Egypt, Ethiopia, Ghana, Mali and Tanzania were the sources of knowledge that Greeks and Romans used to improve European society. And the notable achievements of ancient Africa were the forerunners of modern medicine, says Dr. Charles Finch, director of international health at the Morehouse School of Medicine and a noted historian on African influences on Western medicine.

"There's absolutely no question about it," he says. "Just because you have the first surgery 6,000 years ago [in Egypt] shows there's no question about it. They [Africans] were pioneers."

Africa made three major contributions to world medicine:

(1) the first physicians;

(2) the first medical literature—the Edwin Smith Papyrus, the Ebers Papyrus and the Kahun Papyrus;

(3) the first medical knowledge—Egyptian medicine and Greek medicine. Greek medicine, however, acknowledged its African roots. The names of gods and the principles of astrology, geometry and astronomy were imported from Egypt to Greece. Thousands of years later, Greek philosophers and scientists, including Thales, Solon, Pythagoras and Plato, were educated in Egypt.

Don't know much about this history? **HealthQuest** has put together a timeline of African and African-American contributions to medical history from 4,000 B.C. to the present. From Imhotep to Dr. Mae Jemison, these black achievers have changed the face of science and medicine—and, indeed, of history.

AFRICAN-AMERICAN

CONTRIBUTIONS TO

MEDICAL HISTORY

Design by Mignon S. Gotsch
Illustrations by Kamela Latac

Through the Ages

By Connie Green



IMHOTEP, GOD OF MEDICINE

4,000 B.C.

The *Ebers Smith Papyrus*, the first surgical textbook, dates back to this time. Found in Egypt, it was named, ironically, for a white American collector of Egyptian antiquities who acquired the papyrus in 1862. Described as the prehistoric *Encyclopedia of Surgery*, it includes descriptions of traumatic lesions and their surgical treatments.

4,000 B.C. ▶

The *Ebers Papyrus* also dates back to this time. It contains chapters on medical disease, ophthalmology, dermatology, gynecology, obstetrics, pregnancy diagnosis, contraceptive dentistry and surgical treatments for abscesses, tumors, fractures and burns. It also has a section on the body's circulatory system, describing the heart as the system's center.



◀ 2,700 B.C.

Imhotep, honored as the first physician known by name, was the grand vizier and court physician to King Zoser of the Third Egyptian Dynasty. Called Imhotep the Wise, he was architect of the Step Pyramid, which rises in a series of giant steps, or terraces. The Pyramid, built for King Zoser around 2,650 B.C., still stands in the ancient city of Memphis. Deified later as a universal god of medicine, Imhotep established a reputation as a great healer, and his image graced the Temple of Imhotep, widely regarded as the first hospital. Patients came from all over the world for prayer, peace and healing at the Temple. Imhotep's work tremendously influenced Hippocrates and other Greeks for centuries to come. The Greeks identified him with their own god of healing, Asclepius. One of Imhotep's best-known sayings: "Eat, drink and be merry, for tomorrow we shall die."

2,600 B.C.

Hesy-Ra was chief of doctors and physicians to the Pyramid builders of the Third Dynasty. Some scholars consider him the first known medical practitioner.

2,000 B.C.

Merisut, of Egypt, became the first known woman physician. According to her inscription on the treatment of Ptolemy, she was chief of physicians, probably during the Middle Kingdom.

1,500 B.C.

Egyptians used poppy, a source of opium, to make morphine to relieve pain and to combat colicky babies. Honey was used as a paste to treat wounds, and bread mold was used to treat infections.

350 A.D.

Natural forms of tetracycline were used in the Sudan.

900s A.D.

Ethiopians practiced smallpox inoculation.

1200s

Ethiopians began the practice of removing tumors.

1700s

The Zulus of South Africa knew and employed the medicinal properties of more than 700 plants, according to accounts from anthropologists.

1721

Cinquinah, a slave in Massachusetts, provided Americans with the antidote for smallpox. He explained to his master, Cotton Mather, that he had been inoculated against the virus—the common practice in Africa.

1729

Papam, a slave in Virginia, was bought from his master and freed by the Virginia Legislature because he was able to effectively treat fevers and venereal diseases. He later practiced medicine in Virginia.

1751 ▶

Cesar, a slave in South Carolina, was freed by the South Carolina General Assembly because he discovered a cure for rattlesnake bites.

Cesar described how to prepare and administer the remedy, which consisted of various roots and rum. The cure was published in the South Carolina Gazette, and Cesar received a stipend of 100 pounds sterling.



1762 ▶

James Oserum (spelled Oshum in some accounts) became the first black person to receive a certificate to practice medicine in the United States. He was apprenticed, won his freedom and set up his own practice in New Orleans.

1850

Martin Robinson Delany attended Harvard Medical School from 1850 to 1851, but left after white students protested. He still practiced medicine for the rest of his life. He became the first black major in the U.S. Army in 1865 and later helped suppress the cholera epidemic in Pittsburgh, where he practiced.

1864

Rebecca Lee Crumpler became the first black woman doctor in the United States, though some accounts say Rebecca's life was the first (see item below). Dr. Crumpler graduated from the New England Female Medical College.

1867

Robert T. Freeman, the first black dentist, graduated from Harvard University.

1867

Rebecca E. Cole became the first black woman to graduate from the Women's Medical College of Pennsylvania and, by most accounts, the second black woman physician in the United States. Dr. Cole worked for a time with Elizabeth Blackwell, the first white female physician in the United States.

1870

George F. Grant, internationally recognized as an expert in the treatment of cholera, graduated from Harvard University, where he later taught.

1870 ▶

Susan McKimney—who became the first black woman doctor in New York and the third in the nation—graduated from New York Medical College. In 1881, she co-founded the Women's Hospital and Dispensary in Brooklyn.



1879 ▶

Uganda documented a case of a successful Caesarean section in which both the mother and child survived. Caesarean sections in Europe and America were usually done as emergency procedures to save the child; the mother usually did not survive.



Photograph courtesy of
University of Michigan
School of Dentistry

◀ 1890

Ida Gray became the first black woman dentist. She graduated from the University of Michigan Dental School and practiced in Chicago.

1891

Daniel Hale Williams led the successful effort to open the Provident Hospital and Training School for Nurses in Chicago. Provident is the oldest free-standing black-owned hospital in America. Dr. Williams is best known for performing the first successful operation on the human heart in 1893 by sewing up the pericardium of a stabbing victim. He was later surgeon-in-chief at Freedman's Hospital in Washington, D.C., where he established a training school for nurses.



1912 ▶

William Augustus Hinton graduated from Harvard Medical School, where he later worked as its first black professor. He originated the Hinton test for syphilis. Dr. Hinton's publication, "Syphilis and its treatment" (1916), was the first medical textbook by an African-American to be published.

1913

The National Dental Association was formed as a forum for practicing African-American dentists who were denied membership in other oral-health organizations. Now representing more than 6,000 black dentists in the United States and abroad, the NDA has become a powerful voice for the healthcare rights of the underserved.

1924

Theodore Kennedy Lawless taught dermatology at the Northwestern School of Medicine from 1924 to 1941. Later, in the heart of Chicago's black community, Dr. Lawless established one of the nation's largest and best-known skin clinics. He became an internationally renowned skin specialist—for whom a clinic in Israel is named—and made valuable contributions to the scientific treatment of syphilis and leprosy. He also helped develop cures for several rare skin diseases.



Photograph courtesy of the
Countway Library of Medicine

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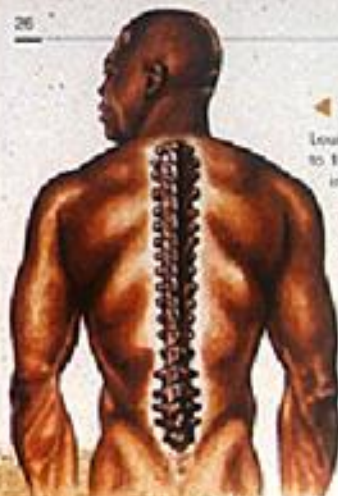
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Photograph courtesy of the
Countway Library of Medicine



◀ 1928

Louis T. Wright was director of surgery at Harlem Hospital from 1926 to 1939 and from 1943 to 1952. He pioneered the method for operating on fractures of the knee joints, designed a brace for fractures of the spine, and supervised the first human test of the antibiotic aureomycin, then called "the wonder drug." He also originated the intradermal method of vaccination against typhoid. He is the father of cancer research specialist Jane Cooke Wright.

1940 ▶

Charles Richard Drew, known for research on blood plasma and setting up blood banks, directed American efforts to send blood plasma to Britain during World War II. Dr. Drew convinced other doctors to use plasma instead of whole blood for transfusions on the battlefield and in other emergencies. (Plasma can be stored for long periods, but, at the time, whole blood could not be kept more than a week or 10 days.) Dr. Drew became the first director of a Red Cross program that collected plasma for the U.S. armed forces.



1948

Leonidas Harris Berry became the first black internist at Chicago's Cook County Hospital. He had worked at Provident Hospital, the oldest free-standing black-owned hospital in America, for more than 50 years. In the early 1930s, Dr. Berry published the definitive text on endoscopy, the penetration to the interior of the body. His work helped to save countless exploratory incisions, saving lives and sparing brains.



◀ 1950

Percy L. Julian developed an inexpensive method of synthetically manufacturing cortisone from soybeans and helped create derivative drugs for use by asthmatic patients. A chemist, he synthesized the drug phenylephrine, which is used today in the treatment of glaucoma, an eye disease. Dr. Julian has more than 100 chemical patents; many of products made from soybeans. His research on soybeans resulted in the development of a synthetic progesterone, a female hormone. In 1933, Dr. Julian founded Julian Laboratories in Illinois, with branches in Africa and South America. He sold the laboratory in 1954 and founded the Julian Research Institute, which conducts research on soybean compounds.

1952 ▶

Eure Cordia Wright, a surgeon and cancer research specialist, who pioneered chemotherapy on tumors, succeeded her father, Dr. Louis L. Wright, as director of Harlem Hospital Cancer Research Foundation. In 1955, she joined the faculty of the New York University Medical Center as director of cancer chemotherapy and surgery and as an instructor of research surgery.



Physicist mother of Satchel Carter, Dr. Wright is Black Culture

1957

Dorothy Levisia Brown, the first Black woman surgeon in the South, became chief of surgery at Riverside Hospital in Nashville. She graduated from Meharry Medical College in 1948.



◀ 1964

Samuel Lee Kountz Jr., working with transplant pioneer Dr. Roy Clift, revolutionized kidney transplant by performing a kidney from a mother to her son—a first transplant between siblings who were not identical twins. A surgeon who created the nation's largest kidney transplant and training programs, Dr. Kountz performed 500 kidney transplants—believed to be the most by a physician at that time. He discovered that large doses of the drug methylprednisolone could reverse rejection of transplanted kidneys. In 1967, at the University of California, Dr. Kountz helped develop the prototype of a machine that preserves kidneys up to 50 hours after they are taken from a donor's body. The "Islet Kidney Perfusion Machine" was named for Dr. Arthur D. Belzer, Dr. Kountz's partner.

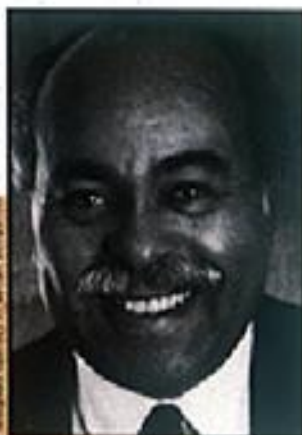
1971

Kirland Lloyd Scott became director of the Center for Sickle Cell Disease at Howard University Medical School. Called the father of sickle cell anemia research, Dr. Scott began intensive study of the disease in the 1940s before most scientists became interested. He is the co-author, with Athena D. Kissler, of "Sickle Cell Anemia & Your Child."



1971

The National Black Nurses Association was founded under the leadership of Dr. Lorraine Samms, former dean and professor of nursing at Tuskegee University's School of Nursing. With 20 chartered chapters, the NBNA represents more than 140,000 Black nurses in the United States, the Caribbean and Africa.



1971

Walter P. Lomax Jr., a Philadelphia physician, became a pioneer in the fledgling managed care movement by transforming his solo practice into a group facility offering high-quality medical services to Philadelphia's underserved populations while containing costs. In 1989, his Lomax Health Systems joined with another African-American company, ASE, to launch Healthcare Management Alternatives. That same year, HMA won a Pennsylvania Department of Welfare contract—the largest state contract ever awarded to an African-American company—to provide managed care services to 80,000 Medicaid-eligible patients in various parts of Philadelphia.

1976

Alexa Canady became the first black woman neurosurgeon in the United States. Dr. Canady is currently a pediatric neurosurgeon at Children's Hospital in Michigan in Detroit and an clinical associate professor at Wayne State University.

1980

Maurice C. Clifford became the first African-American president of a predominantly white medical school in the United States. In 1960, Dr. Clifford left the school to become the health commissioner of Philadelphia.

1980's

Photograph courtesy of Morehouse School of Medicine



◀ 1981

Louis W. Sullivan founded the Morehouse School of Medicine in Atlanta. He left his post as president of the school to serve as secretary of Health and Human Services for the Bush administration from 1989 to 1992. Dr. Sullivan, who has returned to his position at Morehouse, is also founding president of the Association of Minority Health Professional Schools.

1981

Irene Hunter Costa became president of California State University at Fullerton. She had become a prominent cancer researcher, specializing in breast ecology, after earning a doctorate in Biology at New York University in 1950.

1987 ▶

Neurosurgeon Benjamin S. Carson was the primary surgeon on the team that performed the first successful surgical separation of Siamese twins joined at the back of the head. Dr. Carson is currently director of pediatric neurosurgery at Johns Hopkins Hospital.

Photograph courtesy of the National Cancer Institute



◀ 1991

Ben Carson became the first African-American president of the American Medical Association. Dr. Carson currently works with the National Institutes of Health on the National Program of Health.

1990's



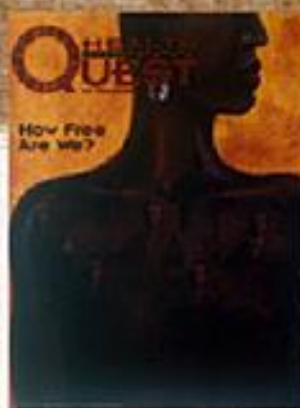
1992

Edward S. Cooper became the first African-American president of the American Heart Association. An acclaimed researcher in stroke prevention, Dr. Cooper is a practicing physician and a professor of medicine at the University of Pennsylvania.



1992

Mae C. Jemison became the first black female astronaut to complete a space mission. Dr. Jemison, a former staff physician for the Peace Corps in Sierra Leone, was in charge of a space experiment to see if our vital organs could be functioned in weightlessness. She also studied biofeedback, a process that involves using relaxation and mental exercises to control bodily functions.



1993

LEVAS Inc., a black-owned publishing company, premiered *HealthQuest: The Publication of Black Wellness*, the first widely circulated national magazine to examine health issues from an African-American perspective.

1993

Barbara Ross-Lee became the first African-American woman to be appointed dean of a U.S. medical school. Formerly an osteopathic family practitioner and a captain in the Naval Reserve, Dr. Ross-Lee now heads the Ohio University College of Osteopathic Medicine in Athens, Ohio.

1993

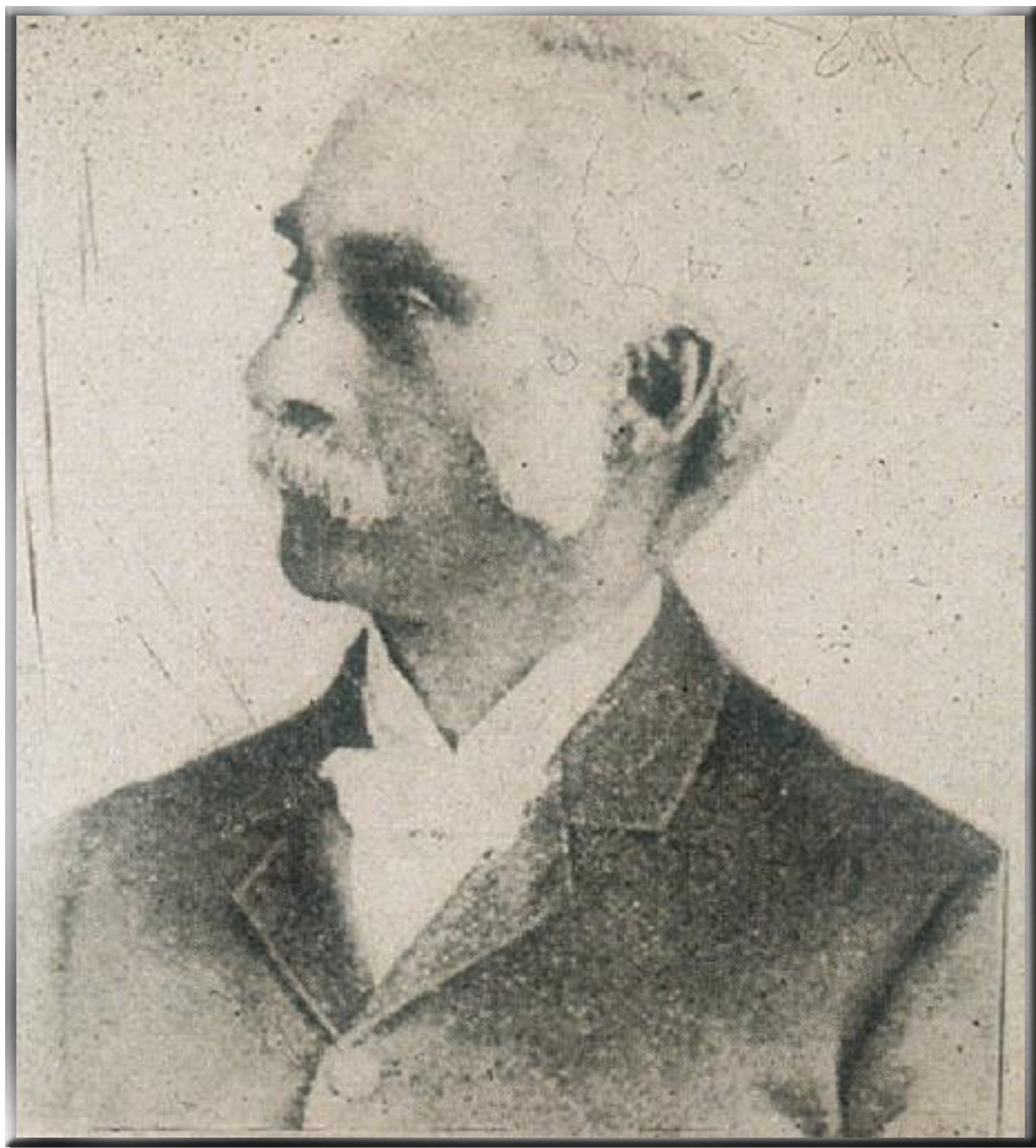
Dr. David Satcher, former president of Meharry Medical College in Nashville, became the first African-American to lead the Centers for Disease Control and Prevention.

II. INTERMEDIATE PERIOD

THE EARLIEST BLACK DOCTORS AND SLAVE DOCTORS IN AMERICA

- **DR. LUCAS SANTOME**
- **DR. JAMES McCUNE SMITH**
- **DR. JOHN V. DEGRASSE**
- **DR. A.R. ABBOTT**
- **DR. MARTIN R. DELANEY**
- **DR. CHARLES B. PURVIS**
- **DR. A.T. AUGUSTA**
- **DR. PETER W. RAY**
- **DR. EDWIN C. HOWARD**
- **ONISIMUS**
- **PAPAN**
- **PRIMUS**
- **CAESAR**
- **JAMES DERHAM**



















J. MARION SIMS: GYNECOLOGIC SURGEON

**REBECCA LEE, M.D.
(1833-UNKNOWN)**

In 1864, Dr. Rebecca Lee was graduated from the New England Woman's Medical College in Boston, Massachusetts, thereby earning the distinction of being the first African American Black woman to receive a medical degree in the United States.

She was born in Richmond, Virginia in 1833, where she received her preliminary education. Following the move to Boston and, in 1859, she entered the New England Woman's Medical College.

Dr. Lee's medical education was not without conflict. With the outbreak of the Civil War she was forced to interrupt her medical studies for a period of two years. Upon resuming her medical school in 1863, she found that she no longer had a scholarship. Financial stress, as well as the violent resistance of a considerable number of racial prejudice confronted her. A northern and southern women, the courageous Dr. Lee overcame these barriers and graduated.

After receiving her degree on March 2, 1864, Dr. Lee returned to her native city where she conducted a successful medical practice in stone at Richmond.

The exact date and circumstances of her death are unknown.

Ellen D. Dickson, M.D.
Professor, Obstetrics and Gynecology
University of Pennsylvania
School of Medicine
Philadelphia, Pennsylvania



III. EVOLUTIONARY PERIOD (POST-SLAVERY)

**MILES VANDAHURST LYNK, M.D., F.S.G.
(1874-1956)**

Dr. Miles Vandahurst Lyнк was founder, editor, and publisher of the first Black medical journal, *Medical and Surgical Observer*, which appeared in December, 1912, and ran for eighteen months.

He was born June 5, 1874, on a farm near Brownsville, Tennessee. His father died when he was very young, leaving his mother with five children. By determination, he was able to supplement her country school education with a home study course, so that he gained his teacher's certificate and obtained a teaching position at the age of thirteen.

In 1894, at the age of nineteen, he received his M.D. degree from Meharry Medical College. He also obtained a law degree and was admitted to the Tennessee bar. He thereby had the distinction of being both a physician and an attorney.

In 1895, Dr. Lyнк was one of the organizers of the first Black national medical organization, which later became the National Medical Association.

In 1900, he founded and was president of the School of Medicine of the University of Saint Tennessee. This school graduated 266 Black physicians from 1904 to 1925.

At Louisville, Ky., U.S.A.
Founder and Editor, *Public*, of the
Medical Society of Eastern Kentucky
and Western Kentucky State.

SOCIAL



Medical & Surgical Observer

Volume 1, Number 1, December 1912

Medical & Surgical Observer

THEODORE KENNETH LAWLESS, M.D.
(1892-1971)

in Philadelphia, graduated at Adelphi College, the University of Kansas, Columbia and Harvard Universities. Dr. Theodore Kenneth Lawless earned his M.D. from Northwestern University prior to doing graduate work in dermatology in Vienna, Hong and Paris.

He an instructor of dermatology at Northwestern, Dr. Lawless made notable scientific contributions in ophthalmology and gonorrhea, spanning a period of twenty years. In spite of his professional pursuits were stifled by racial tensions of that time, resulting in his being denied the Chair in Dermatology at Northwestern. Although troubled by organized medicine, in the early 1940's, Dr. Lawless suffered heart failure and was recognized as the chief of Chicago's Chicago Hospital for Skin of all races and creeds.

After moving to dermatology, he became a millionaire and extended his philanthropy to DePaul University, where a chapel named after him. A \$100,000 dermatology clinic was erected in his honor in DePaul, a grant of four honorary degrees, and the award of the AMA's Spanglow Medal, for the first Black Diplomate of the American College of Dermatology and Syphilology (1945), published a number of scientific papers in 1921 to 1941.

Dr. T. K. Lawless, M.D.,
Senior Professor of Dermatology
and University School of Medicine
Chicago, Ill.

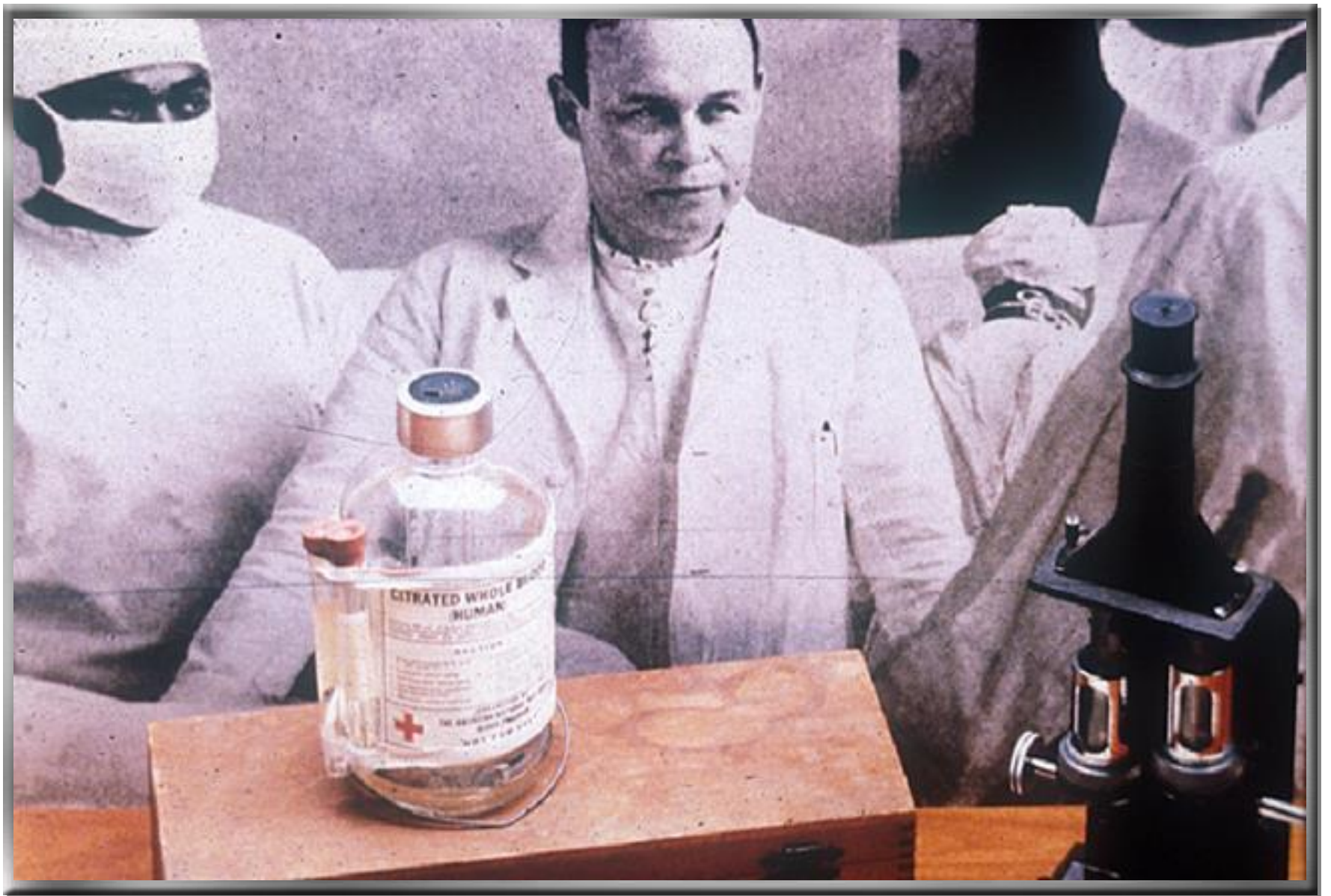


CARDIOLOGY

Richard Allen Williams



Daniel Hale Williams, M.D. (1856-1931) In 1893 he performed the first successful operation on the human heart, thus paving the way for the DeBakeys, Cooley's and Barnards of our day. Schomburg Collection



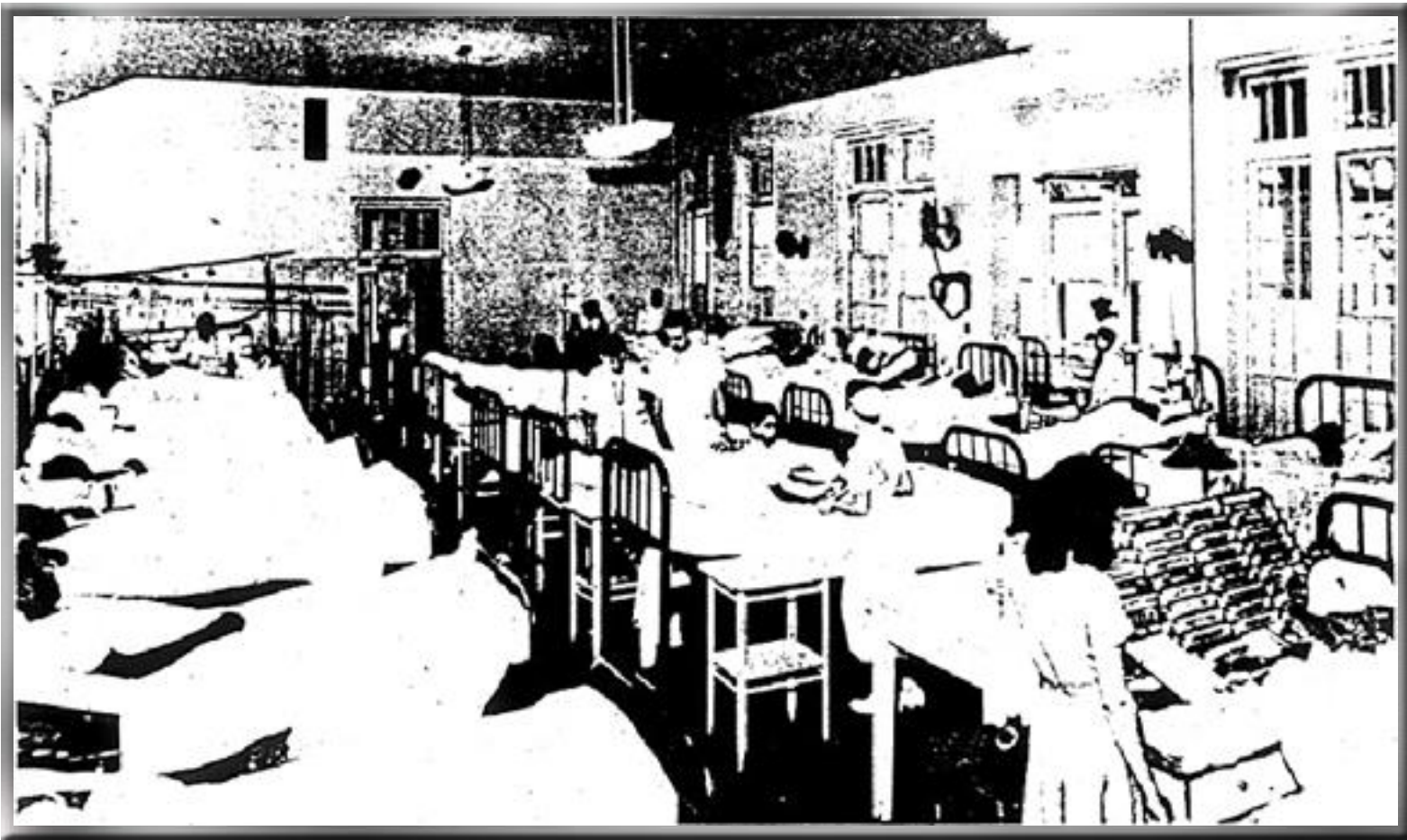


**Meharry Medical College,
Drew University,
Morehouse Medical
School, and Howard
University train most of
the nation's black dentists
and doctors.**

**W. Montague Cobb has
been cited for his studies
in anatomy and physical
anthropology. He was the
major historian of blacks
in medicine.**

IV. THE CIVIL RIGHTS PERIOD





A black surgical ward in Charleston's segregated "Old Roper" Hospital, c. 1950. Although patients were all black, the professional staff here were all white. Courtesy of the Waring Historical Library. Medical University of South Carolina.



Montague Cobb (left) and Hubert Eaton at the 1964 meeting of the National Medical Association. Cobb is recognizing Eaton for his role in the 1956 desegregation suit against a Wilmington, North Carolina hospital, the nation's first such action and one which Eaton and two colleagues finally won in 1964.
Courtesy of Dr. Hubert A. Eaton

Dr. Martin Luther King, Jr. On Health Care Disparities



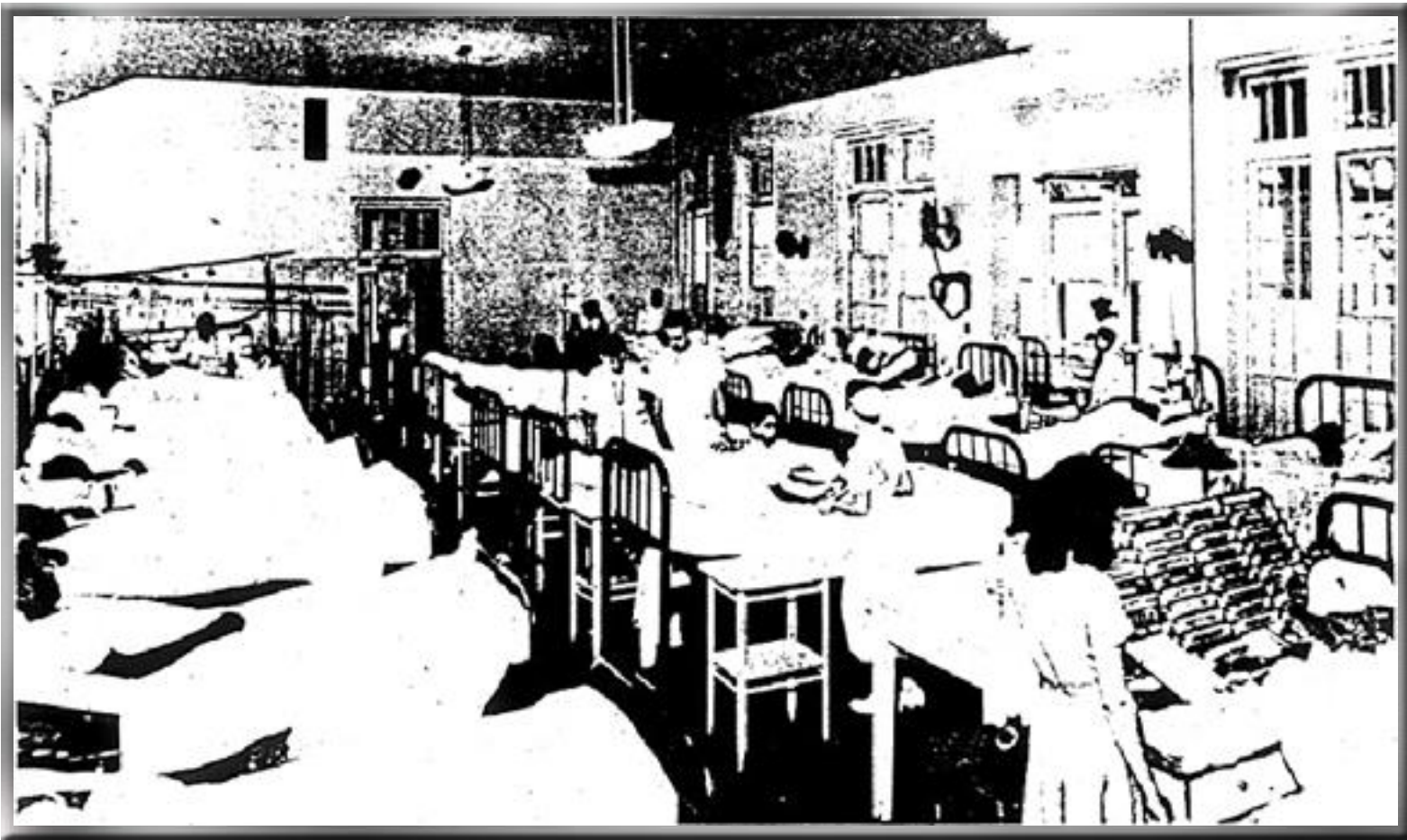
*"Of all the forms of
inequality,
injustice in
health is the
most shocking and
inhumane."*

Dr. Martin Luther King, Jr.



A group of black men receiving intravenous treatment in a Georgia disease clinic, c. 1937. Individual chemotherapy sessions lasted about four hours, and the whole course of treatment could stretch to eighteen months.
Courtesy of the Library of Congress.





A black surgical ward in Charleston's segregated "Old Roper" Hospital, c. 1950. Although patients were all black, the professional staff here were all white. Courtesy of the Waring Historical Library. Medical University of South Carolina.

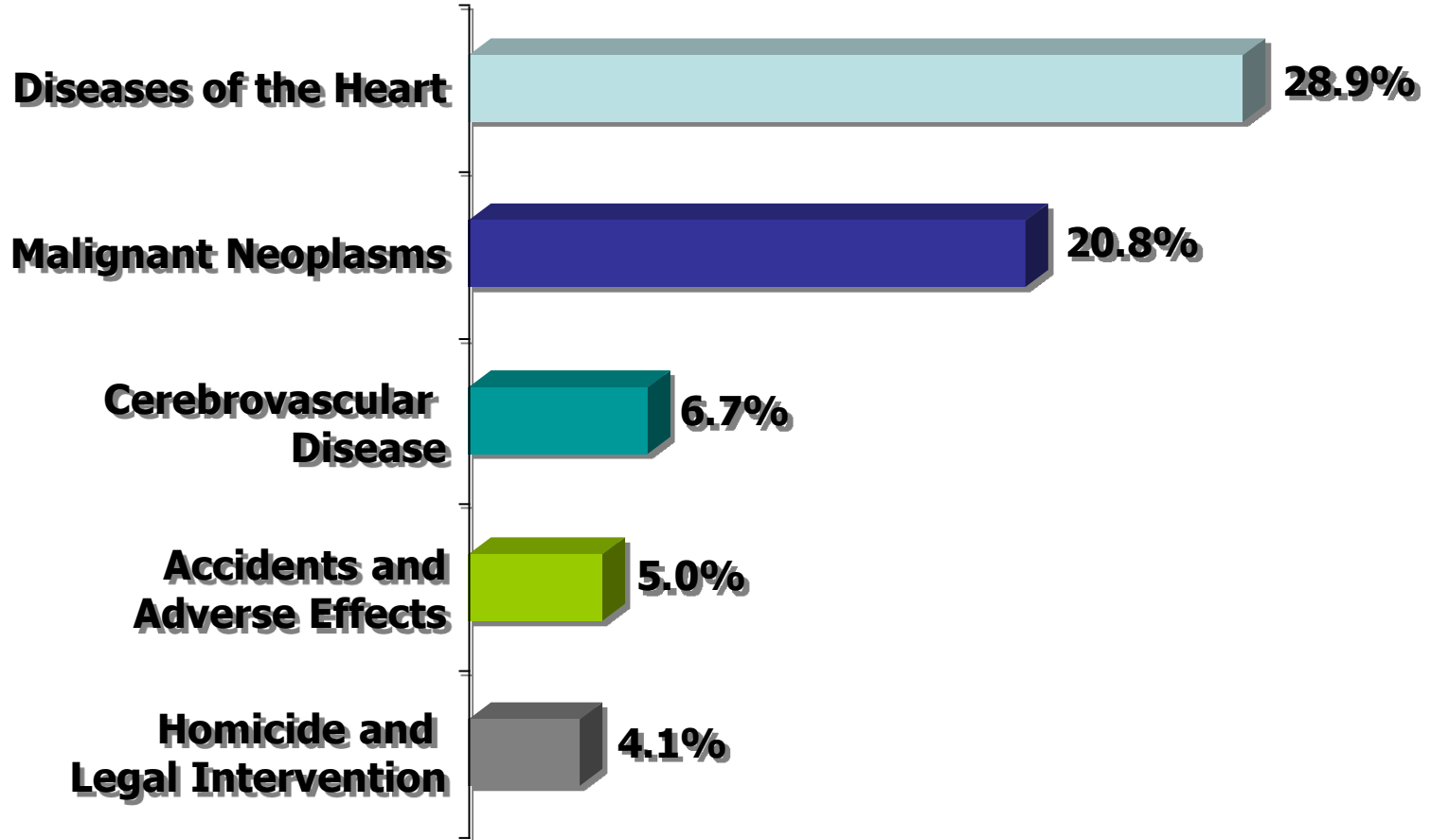
**V. EMERGENCE OF AFRICAN AMERICAN
DOCTORS:
(1950 TO THE PRESENT)**

JOHN BEAUREGARD JOHNSON, M.D.
(1908-1972)

**THE FIRST AFRICAN AMERICAN
CARDIOLOGIST**

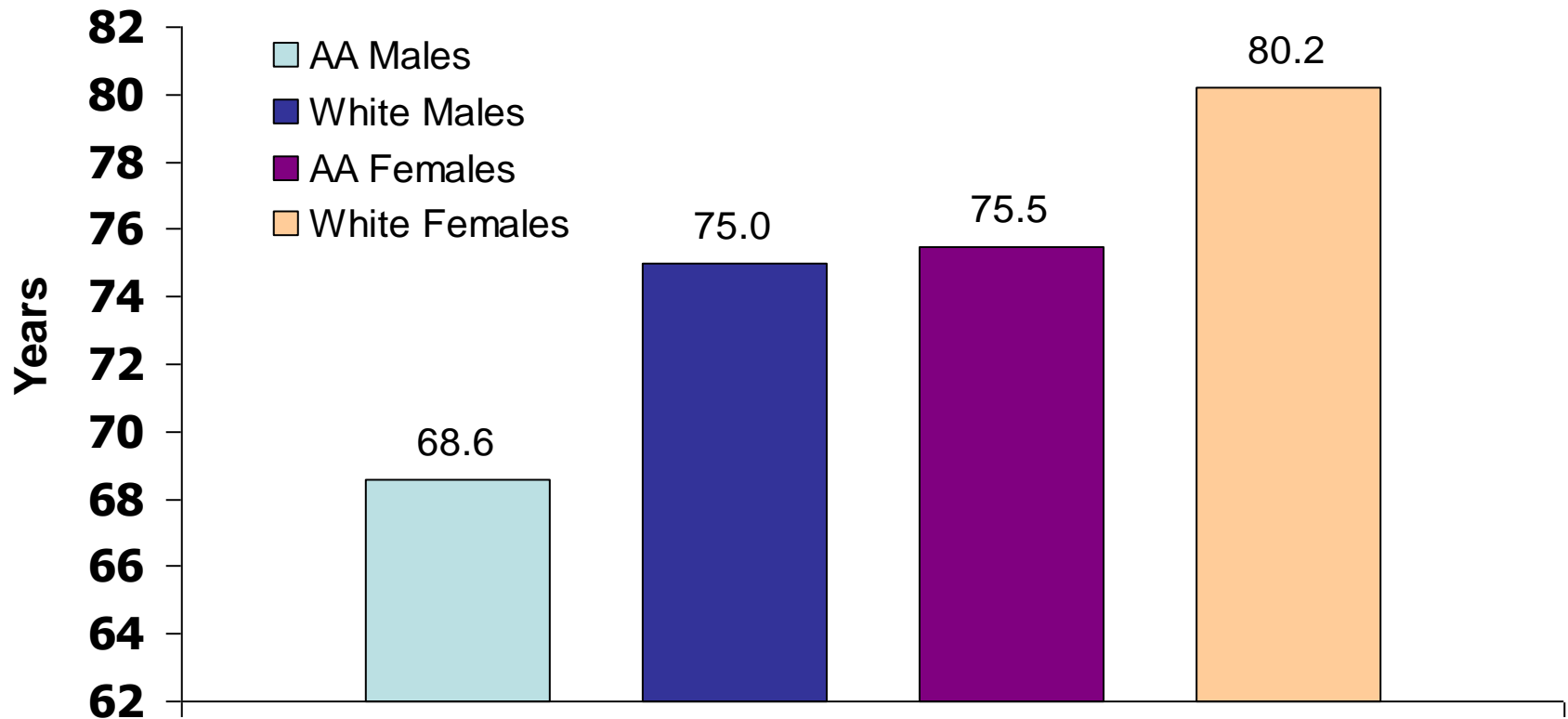
**VI. THE CURRENT PERIOD:
ESTABLISHMENT OF THE ASSOCIATION
OF BLACK CARDIOLOGISTS (ABC) IN
1974**

Percent of All Deaths Due to the 5 Leading Causes of Death for Blacks



Source: National Center for Health Statistics, Division of Vital Statistics, *Monthly Vital Statistics Report*

Estimated Life Expectancy: 2001



Projected Survival of White and Nonwhite Cohorts Born in 1974

| Year | White | Nonwhite |
|------|-------|----------|
| 1974 | 1,000 | 1,000 |
| 1975 | 982 | 969 |
| 1984 | 977 | 961 |
| 2000 | 963 | 936 |
| 2039 | 738 | 581 |
| 2044 | 639 | 478 |

Source: National Center for Health Statistics, *Vital Statistics of the United States, Monthly Vital Statistics Report*, Vol. 20, no. 13, suppl. 2, U.S. Public Health Service, Aug. 30, 1972.

DOCTOR, STUDIES
SHOW THAT IF I WERE
A WHITE MALE, YOU'D
BE RUSHING ME TO A
CARDIAC CATHETERI-
ZATION PROCEDURE.

NO
KIDDING?
I THOUGHT
A ROLAIDS
WOULD DO
THE TRICK
FOR YOU.



Uneasy Doctors Add Race-Consciousness to Diagnostic Tools

Evidence that ethnicity plays a role in a wide range of ailments overcomes fears of bias.

By WARREN E. LEARY

DOCTORS are showing a cautious resurgence of interest in giving more consideration to their patients' racial or ethnic backgrounds when diagnosing and treating illnesses.

Mounting evidence suggests that race and ethnicity can and should be factors in evaluating symptoms while reaching a diagnosis and in determining the treatment and how the patients fare.

Because of the country's sensitivity to racial issues, there has been a reluctance to address race or ethnicity

in medicine except in the most obvious cases, experts say. Tay-Sachs disease among descendants of Eastern European Jews, sickle cell disease and hypertension among blacks, diabetes among some native Americans and stomach cancer among immigrant Asians are well-known conditions associated with particular groups.

But specialists note that other well-known health problems, although often considered ethnically neutral, may express themselves in different ways and vary in incidence among ethnic groups, requiring different approaches in treatment.

For instance, new evidence indicates that the incidence of severe kidney failure among some blacks, long known to be higher than that of whites, is much worse than previously believed. Research also suggests that Chinese and Hispanic women face a significantly greater risk of developing diabetes during pregnancy than comparable blacks or whites.

Also, blacks with high blood pressure generally respond much better than whites when treated with diuretics, drugs that lower salt and water levels, while

Asians being treated for psychiatric problems respond to some anti-psychotic drugs at about one-tenth the level recommended for whites.

Proponents of increasing the awareness of ethnicity in medicine acknowledge the problems that could result, such as a rise in racism, increased debate over the relative roles of heredity versus environment in illness, and misconceptions about genetic superiority or inferiority associated with eugenics.

"The political concerns are real," said Dr. Robert F. Murray Jr., a genetics expert who is professor of pediatrics and medicine at Howard University in Washington. "There is always a desire among some to use any hint of a genetic defect against you. But all groups, without exception, have genetic disabilities and people have to recognize that and move on to what we can do about them."

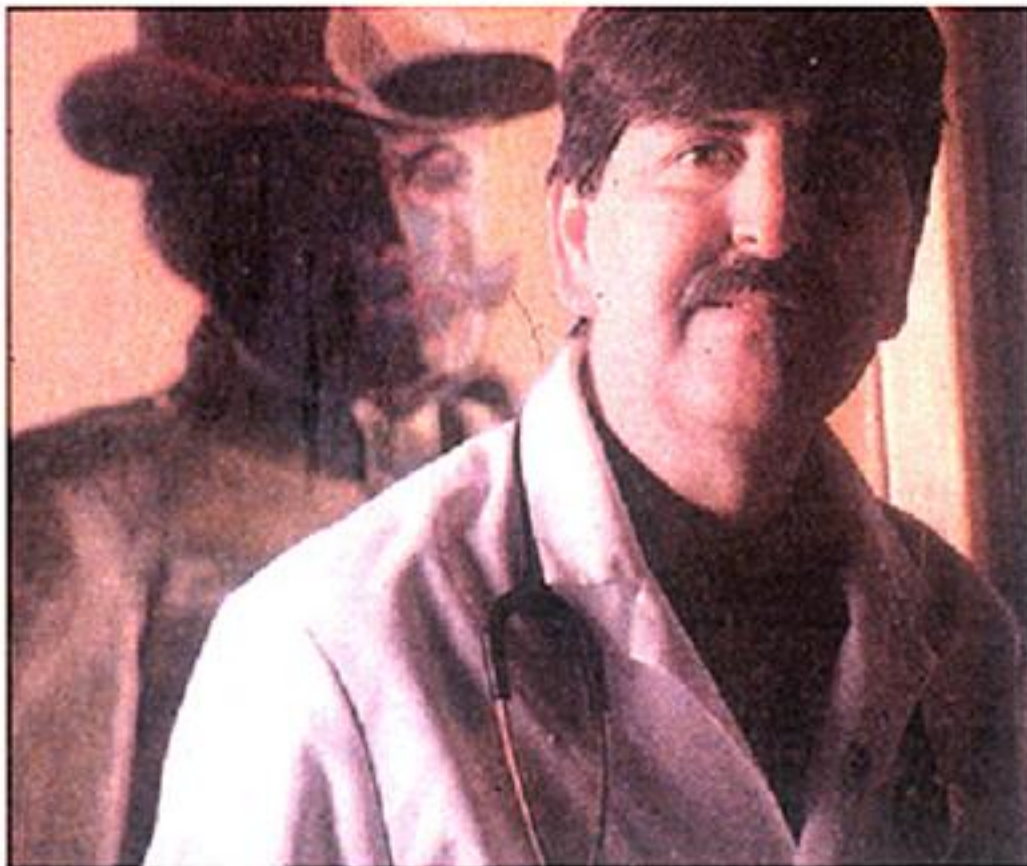
It has become almost impossible to properly deliver medical care without considering the ethnic background of the patient, including the effect of both genetics and socioeconomic factors, said Dr. Murray and other experts.

"The idea of emphasizing ethnicity in medicine came up before, 30 years ago during the civil rights era," Dr. Murray said. "But it was downplayed because some felt the racial climate was too charged and there were too many people who would use this to perpetuate their racism. Now people are beginning to say we have to address this because you get better results with your patients if you do."

Citing mounting evidence that knowledge of a patient's background can improve care, Dr. Arthur C. Caplan, director of the Center for Biomedical Ethics at the University of Minnesota, said: "You must take into account race and ethnicity. You can't ethically treat patients without considering it."

American society remains unsure how to handle the idea of equality, and medicine reflects this uncertainty, Dr. Caplan said. With some exceptions, he added, medicine generally has ignored ethnic difference in the name of equality, which has led to considering the norm as being white and middle class.

Continued on Page F-10



BOB CHAMBERLIN / Los Angeles Times

Dr. Juan Villagomez, left, leads a coalition of 350 Latino doctors seeking to improve access to



WALLY SKALD / Los Angeles Times

medical care in low-income areas. At right, women at a jammed Cudahy clinic wait their turn.

Doctor Shortage Severe in Poor Areas

■ **Southland:** Activists say affirmative action ban in medical schools adds to crisis.

Minority med school admissions drop

By Mike Mitka
AMNEWS STAFF

Minority enrollment in medical school faces a three-year decline, despite the best intentions of organized medicine to reverse the trend.

Randall C. Morgan Jr., MD, outgoing president of the National Medical Assn — the largest professional organization of African-American physicians — says

Three-year decline in enrollments linked to attacks on affirmative action

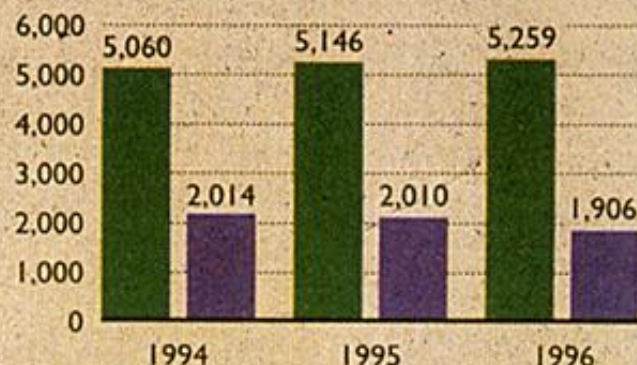
state actions and court decisions in the past few years attacking affirmative action have created a chilling effect on minorities getting into medical school.

"There's no question that the number of applicants are down [for 1997]; but equally distressing is that the number of acceptances is significantly down," Dr.

Dwindling diversity

The number of minority medical students has fallen in recent years despite increases in applications.

■ Minorities applying to medical schools
■ Minorities enrolled



Source: Assn. of American Medical Colleges

fell 5% in 1996 to 2,070. The AAMC anticipates a further drop in 1997.

And since the high-water mark of 2,014 in 1994, the number of minorities enrolled has fallen each year, and 1997 will be no different, the AAMC projects. Underrepresented minorities are: African-Americans, American Indians,

Mexican-Americans and mainland Puerto Ricans.

Health care leaders cite two major factors affecting affirmative action that are leading to the drop in minority participation in medical school.

One is the U.S. Supreme Court's *See MINORITY, page 58.*

Aiming cigarette at blacks called 'slick, sinister'

By PHILIP J. HILTS
New York Times News Service

WASHINGTON — The nation's top health official, Dr. Louis W. Sullivan, expressed outrage on Thursday at the R.J. Reynolds Tobacco Co. for "deliberately and cynically" test-marketing a cigarette aimed primarily at blacks, and he assailed the company for "promoting a culture of cancer."

In an unusually blunt attack, Sullivan denounced the company's "slick and sinister advertising" and called on the company to reverse its plans to sell the new cigarette brand, Uptown.

"At a time when our people desperately need the message of health promotion, Uptown's message is more disease, more suffering, and more death for a group already bearing more than its share of smoking-related illness and mortality," said Sullivan, who is black and has made minority health a priority as secretary of health and human services.

It has been a decade since a secretary of health spoke out so strongly on cigarette smoking, and officials at the Department of Health and Human Services said it may be the first time a secretary has ever openly attacked a specific company and brand.

Sullivan, who has kept a rather low profile during the first year of the Bush administration, made his remarks at the dedication of a building at the University of Pennsylvania in Philadelphia, where R.J. Reynolds is scheduled to begin test-marketing the new cigarette on Feb. 5. A text of his remarks were made available in Washington.

Betsy Annese, vice president for communications of the tobacco company, a subsidiary of R.J.R. Nabisco Inc., said in a telephone interview: "The company will respond directly to Dr. Sullivan." She declined any further comment about the criticism.

Annese said that the company will go ahead with plans to market Uptown as a cigarette that "ap-

peals most strongly to black smokers."

Uptown is a menthol cigarette, and its packaging will be black and gold rather than the usual green for such cigarettes.

Marketing surveys show that 69 percent of black smokers prefer menthol compared with only 27 percent of other smokers.

Philadelphia was picked for the test because it has a 40 percent black population and the advertis-

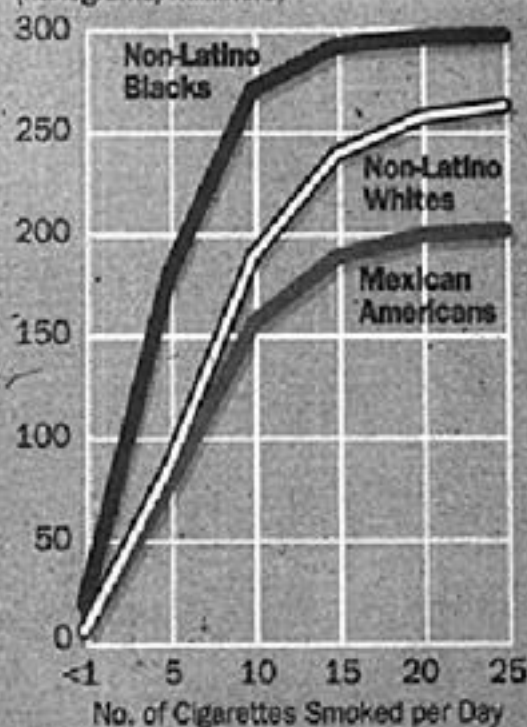
ing will go into black newspapers there as well as black-oriented magazines such as Jet and Ebony.

Congressional staff members said that the issue was one of the few that is easy for the secretary to get angry about without offending the White House or key constituencies. The secretary has been criticized for lack of action on other health issues, and he came into office under a cloud about whether he supports or opposes abortion.

Metabolizing Nicotine

An average of 65% to 80% of the nicotine absorbed by the body is metabolized into what is called cotinine. In a new study, African American smokers have been found to have higher levels of cotinine in their blood than whites and Latinos.

Serum Cotinine Level
(nanograms/milliliters)



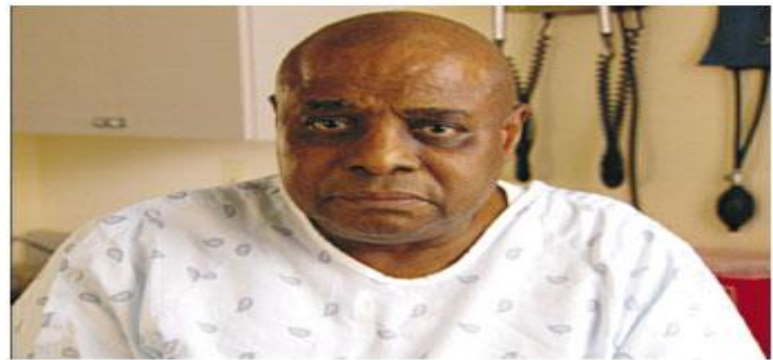
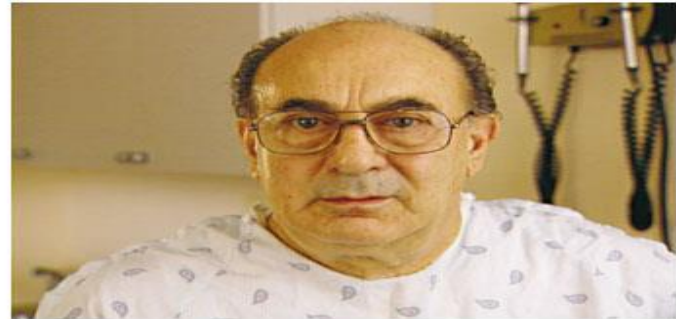
Source: CDC Office on Smoking and Health

REBECCA PERRY / Los Angeles Times

**THE EFFECT OF RACE AND SEX ON PHYSICIANS' RECOMMENDATIONS
FOR CARDIAC CATHETERIZATION**

KEVIN A. SCHULMAN, M.D., JESSE A. BERLIN, Sc.D., WILLIAM HARLESS, Ph.D., JON F. KERNER, Ph.D.,
SHYRL SISTRUNK, M.D., BERNARD J. GERSH, M.B., Ch.B., D.Phil., ROSS DUBÉ, CHRISTOPHER K. TALEGHANI, M.D.,
JENNIFER E. BURKE, M.A., M.S., SANKEY WILLIAMS, M.D., JOHN M. EISENBERG, M.D.,
AND JOSÉ J. ESCARCE, M.D., Ph.D.

“Patients” experiencing symptoms of heart disease, from Schulman et al. (1999)



Evidence of Racial and Gender Bias in Medical Procedures and Treatment

1. Treatment of cardiac arrest
2. Selection of patients for cardiac catheterization
3. Coronary artery bypass graft surgery (CABG)
4. Thrombolytic therapy
5. Percutaneous transluminal coronary angioplasty (PTCA)
6. Selection of patients for treatment to prevent stroke

THE “OPPORTUNITY GAP” IN MEDICAL EDUCATION

About 1 million doctors practice in the US

Only 2% are black, 3% Hispanic, <1% AI, 8% Asian, 44% white

Doctor Disparity: Caused by disproportionate numbers of minority (URM) medical students:

7.2% Latino, 6.4% black, 0.3% AI/AN, 60% white (AAMC data)

FUTURE MEDICAL WORKFORCE NEEDS

- Deficiency of 125,000 doctors by 2025
- AAFP: Deficiency of 149,000 doctors by 2020
- Doctor shortage will hit minority communities hardest
- Healthcare disparities will increase unless more minority doctors are produced soon

12 FACTORS AFFECTING ORGANIZED MEDICINE'S RESPONSE TO RACIAL DISPARITIES

- **1. Creation of the American Medical Association (AMA), 1847**
- **2. Creation of the National Medical Association (NMA), 1895**
- **3. The Flexner Report, 1910**
- **4. Brown vs Board of Education, 1954**
- **5. Voting Rights Act, 1965**
- **6. Civil Rights Act, 1964**
- **7. Affirmative Action, 1968**
- **8. Creation of National Institutes of Health, 1972**
- **9. Founding of the Association of Black Cardiologists (ABC), 1974**
- **10. Malone-Heckler Report, 1985**
- **11. Institute of Medicine (IOM) Report, 2003**
- **12. Passage of the Patient Protection and Affordable Care Act, 2010**

John F. Kennedy



*If we cannot end our differences,
at least we can make
the world safe for diversity,
for in the final analysis,
our most basic link
is that we all inhabit
this small planet.
We all breathe the same air,
we all cherish our children's future,
and we are all mortal.*

John F. Kennedy

What are the reasons for racial differences in care?

ATLANTA — Researchers have long put the blame for racial differences in coronary revascularization rates on physician bias, socioeconomic differences and other factors. Now, a new study suggests that blame may be misplaced.

The study proposes that a more likely explanation for variations in care may be found in as-yet unidentified differences between black and white patients themselves. **Russell F. Kelly, MD**, of Rush-Presbyterian-St. Luke's Medical Center and Cook County Hospital in Chicago, presented the study's findings at the American College of Cardiology 47th Annual Scientific Session here.

Intrigued by studies showing lower rates of coronary revascularization for black patients, Kelly and his colleagues theorized that if bias and other factors were really at work they would see similar discrepancies in rates of noncoronary cardiac procedures used in cases of valvular or congenital disease.

To test their hypothesis, the researchers reviewed the records of all 572 black and white patients who

underwent diagnostic cardiac catheterizations at Cook County Hospital between January 1993 and March 1997. Located in Chicago's inner city, the hospital is a public institution serving black and white patients of comparable socioeconomic status.

Testing the hypothesis

After noting what therapy was recommended and what was actually received, the researchers confirmed

Black patients less likely to be recommended for coronary revascularization.

what other studies have already found — that black patients were less likely to be recommended for coronary revascularization and were less likely to actually undergo the procedure. However, the racial difference did not hold true

for noncoronary cardiac surgery. In fact, black and white patients were equally likely to be recommended for and undergo the noncoronary surgery.

"Our preliminary conclusion is that racial differences are not due to physician bias, because you would expect physicians to be equally biased whether they're taking care of patients with coronary disease or patients with noncoronary disease," explained Kelly.

"And the differences probably aren't caused by socioeconomic factors. If patients are going to refuse to have their chests surgically opened to have their blood vessels fixed, you would expect them to be equally likely to refuse to have their chests surgically opened to have their valves replaced."

More analyses needed

Although Kelly and his team have not yet performed sophisticated analyses of other variables such as gender or age, they speculate that some biological difference may be at play. One possibility is black patients' higher rate of diffuse distal coronary disease, which cannot be treated with bypass surgery.

Frank S. James, MD, president-elect of the Association of Black Cardiologists, isn't convinced. Until researchers take those other factors into account, he said, it's premature to make conjectures about the racial differences and similarities uncovered. Age, for instance, would have an impact on patients' comorbidities, their risks, and the likelihood that physicians would recommend particular procedures a patient would accept them.

"Dr. Kelly's study is interesting, but I don't think the conclusions drawn from the data are valid," said James, a cardiologist at Germantown Hospital and Community Health Services in Philadelphia. "The similarity of black and white patients' rates of noncoronary cardiac surgery doesn't necessarily prove there isn't physician bias."

For more information:

Kelly RF, Shah M, Hashim A, et al. Racial differences influence rates of coronary revascularization, but do not influence rates of valve or noncoronary cardiac surgery. Presented at American College of Cardiology 47th Annual Scientific Session, March 29-April 1, Atlanta.

Recommendations To Reduce Health Care Disparities

- Ban Bigotry
- Reject Racism
- Purge Prejudice
- Defeat Discrimination
- Deny Disparity
- Develop Diversity
- Cultivate Culturalism
- Create Compassion
- Sustain Sensitivity
- Cherish Competency

**Where There Is No Vision,
The People Perish.**

Proverbs 29:18

*Apply thy heart unto
instruction and thine ears
unto the words of knowledge*

Proverbs 29:18

Words Of Wisdom

*Those Who Fail To Heed
The Lessons Of History
Are Destined To Repeat Them.*

-Santayana