

**Interviewer:** This year's theme for National History Fair Day is "Rights and Responsibilities", and so could you discuss how the denial of African Americans in the AMA impacted the rights of African American medical practitioners?

**Baker:** Being a member of the AMA, at the time that this happened, roughly from the 1870's straight up until the 1960's, so almost a century, and during that century, being a member of the American medical association was essential for getting your privileges and hospitals giving you access to all kinds of economic benefits, giving you advancements in the field. Just like during that period there were African-American baseball teams that sort of played in second rate stadiums and never quite got the limelight, so African-Americans physicians were delegated to second-rate hospitals and never got the chance to have the kind of economic success that the comparable white doctors had. You have to remember the exclusion was on the state level, the exclusion was primarily in the state of the south and confederacy, in states like New York, African Americans quickly were admitted to the AMA and did a lot better to the local medical societies and did a lot better in education status and achievement than their counterparts in the south.

**Interviewer:** Can you elaborate on the responsibilities promised from the two ethical principles mentioned in your book, *collective protection* and *fair opportunity*?

**Baker:** It's unethical to discriminate against anybody, it's unethical to violate the human rights and personal dignity of anybody. If you preclude them from joining your society simply because of the color of their skin or their genetic background and for too long, especially in the South of the United States. African-Americans weren't provided equal opportunity to rise in their profession. The thing that's neat about medicine, is that if your really good you can rise to the top of your field, and the things that's horrible about what happened to African-American physicians, was that a lot of them were talented and yet they were not able to rise to the top of the field simply because, as I said, the color of their skin and their racial background.

**Interviewer:** Can you discuss the denial of African American rights in the 1847 AMA Code of Ethics?

**Baker:** So you have a code of ethics that are applied equally to everybody, so what happens is that nobody said because you are an African-American you can't be a member of the medical society. They found underground ways to exclude African Americans. They said they hadn't gone to proper medical schools, they're lab wasn't practiced in medical schools, and so what happened was the physicians from Howard and other medical hospitals that admitted African-Americans were presumed to be second-rate and because they were presumed to be second-rate or not qualified, they were excluded. It's called institutional racism, nobody says we are doing this because you're an African-American, what they do is find some other valuer that they impose that has the same effect. It excludes African-Americans, and of course it was unfair to African-American patients who want good quality and to everybody who believes everybody should be treated equally.

**Interviewer:** How influential do you think the code of ethics are regarding treatment of patients of African American descent?

**Baker:** Extraordinarily influential. Ill give you an example, when the aid epidemic broke out in the 1980's, just by sheer accent, the provision in the AMA code of ethics, which requires physicians to treat everybody who was sick, with respect to all the danger to the physician's own health or life. The basic idea is that, if you're a soldier you have to fight even if your life's at risk, if you're a fireman you have to put out fires even though you put your life at risk. If you're a physician you have to treat people during times of epidemic, even if you risk your own life. That line was taken out of the AMA code, in the 1980's when the aids epidemic hit lots of physicians refused to treat people with aids. There was a secondary code, a different code for physicians who practiced infectious disease treatments or internal medicine that will have that line in it. When you change the AMA code what happens is physicians act differently. The thing that happened in respect to African-Americans, is that people interpreted it in a discriminatory way. They actually followed the original code there would have been no discrimination.

**Interviewer:** Can you discuss the historic treatment of African American patients and doctors in the medical field?

**Baker:** The country was founded in the 18th century, and originally to become a doctor you have to get trained outside the United states because there is no training of regular doctors in the U.S and a few African-Americans did get trained in Europe and try to practice medicine. What happens is in the North we know that some of them get admitted to regular medical societies and treat African-Americans and white patients and they are accepted in the community. What begins to happen in the South is the medical societies do not recognize these physicians, so they are excluded from the medical societies, the better hospitals, and the better opportunities for training. And they are treated as second class doctors and one of the nasty things that happens in that they have these directories that tell people where doctor's offices are located and for a long time up until the 1940's these directories used to have a little c by the names of the African-American physicians, so anyone would know that these are African-American physicians, it stood for color. And that was a polite usage at the time. Bottom line, there was exclusion in the medical schools, there were exclusion in the medical societies, therefore there were few African-American physicians available and the African American communities were getting second-rate medical care and the African-American physicians were basically helpless to provide them with better care. That comes to an end in the 1950s when the civil rights movement hits.

**Interviewer:** How has the government in the past become involved in the effort to end discrimination in healthcare?

**Baker:** Well everybody gets involved. The government gets involved in the Civil Rights Acts,

which directly bans discrimination, and it reaches into the hospitals and the medical schools through medicare and medicaid, and issue statements that they will not give money to any hospital that discriminates since, medicare and medicaid and are a major form of financial support for medical training, and for hospitals. The hospitals basically all over the United States begin to end discrimination against patients and against physicians. So its a massive thing, it happens the 1960s and early 1970s and its part of civil rights legislation and is implemented through the medicare and medicaid program. At the same time, by the 1970s the American Medical Association responds to the civil rights movement, and to the National Medical Association, which was African American, and begins to change its policies. By the 1980s theres a major effort by the old medical associations of the United States, by the government, to address what they call “healthcare disparities”, differential data statistics treatments between African Americans and the rest of the population. At the same time, theres lots of sponsorships for African Americans to get medical training. It was a massive movement starting in the 1960s into the 1990s to try and correct the past. In 2008, the AMA formally apologizes towards past history of discrimination.

**Interviewer:** Can you elaborate on the racial bias induced during medical studies, and is this bias still prevalent today to a different extent?

**Baker:** The answer to that is to a certain extent, yes. The bias is still around today, and the way we know it is the following: not getting people into medical schools, but rather in the way in which patients are treated. One of the myths about African Americans is that they have a greater pain tolerance than white people. It turns out that thats just a myth, not true. One of the things you want to find out to see whether or not the stereotype affects medical care is you ask doctors to fill out a questionnaire, in which you describe a patient suffering from angina, which is a kind of heart pain, and you ask, “what kind of treatment would you give this patient”, “whether you’d refer them to a cardiologist or specialist in heart care or not”, and if you give indications that the patient is white they are much more likely to treat the pain, and refer somebody to a cardiologist than if you suggest that the patient is black. The curious thing is that study holds for whether or not the physician being assessed is an African American or white physician. So do we know that there is bias in the system? Yes, we do know it. Does it exist in the kind of heavy handed overway that it existed in prior decades? Clearly not because medical schools are trying to go out of their way to open their doors to African Americans, and at the premedical level and the colleges there are all kinds of programs that extend a welcoming hand, give support, including financial support to African American students that want to go to medical school. So you’ve got a society trying to apologize for past discrimination, trying to make everything better on the one hand, and yet some of these old beliefs about racial disparities, about the two races being different still linger on in people’s minds.

**Interviewer:** Do you think these programs are doing enough to help with these disparities?

**Baker:** Thats an interesting question! They are certainly making a big difference. Those disparities still linger, and so as long as there are those disparities you want to do more. So how

do you make a better program or make them work more? I mean that's not my expertise, but I really wish they did work better.

**Interviewer:** So in your opinion, you don't think they're sufficient?

**Baker:** The racial disparities still exist. There should be more African American physicians, nurses etc. in health care. There should be fewer lingering racial stereotypes. There are more coming in and the stereotypes are being eroded, but there's still racial disparities, and as long as there are racial disparities you should be doing more to eliminate them.

**Interviewer:** Can you discuss the amount of say patients have on the health care system today?

**Baker:** Patients have more rights today than they have ever had, however, if you're a sick person or a worried person you're going to be treated today better than ever before, but you won't have a lot of say, no.

**Interviewer:** Who do you think has the most say regarding health care?

**Baker:** Two groups: 1) Health care professionals 2) Nameless bureaucrats that devise programs like Medicare and Medicaid.

**Interviewer:** Describe the change in the code of bioethics regarding race historically to currently?

**Baker:** After the 1960s, virtually every code of medical ethics, AMA and elsewhere, prohibited discrimination. One of the great changes is that there was nothing hidden about racial discrimination especially in the South, prior to the 1960s. There were separate seating areas and buses, separate places to eat, separate toilets, separate water fountains, separate schools, and it wasn't hidden. What happened was from the 1960s that basically became against the law, and became bad form; it was not the thing you could say or do, and you couldn't use the N word. So it was a fundamental change, that was radically different. What was slower to change in medicine and every part of society, was people's actual attitudes. I think your generation has gotten more opportunities and more possible avenues of mobility than any generation of African Americans in the history of the country, but there's still hidden values that I'm sure you will encounter in your lifetime. There's subtle and not so easily corrected, and the big barriers that we bulldozed down in the 60s and 70s.

**Interviewer:** And lastly is there anything else that you want to add?

**Baker:** No, I hope I've answered all your questions and have been useful to you.