AMA Moves To End Discrimination

The American Medical Association (AMA) has taken its first formal step to prohibit racial discrimination within its chapters. The resolution —which has been the subject of a bitter dispute for years—calls for an amendment of AMA bylaws to state clearly that membership in the AMA or any of its constituent associations "shall not be denied or abridged on account of color, creed, race, religion or ethnic origin."

The resolution, introduced by the Massachusetts Medical Society, states that, if a medical society denies membership for racial or religious reasons, the National AMA Judicial Council can oust it from the parent organization.

The resolution, which was adopted by 242 delegates to the AMA annual convention in San Francisco, was passed by a nearly unanimous voice vote on 18 June. The AMA House of Delegates, whose 242 members represent all 50 state medical societies, directed that the necessary amendments to the bylaws be prepared for consideration when the House of Delegates meets in Miami in December.

Although the AMA officially does not discriminate against Negroes, it is held that some county and state medical societies affiliated with AMA have failed to admit Negro physicians to membership through various ruses.

While Negro physicians have often complained and occasionally have sued for admission to the barred medical societies, legal action in many cases has been complicated because these societies are private organizations.

In effect, the denial of society membership in the past has often meant that Negro doctors have been barred from hospitals that set membership in the local society as a prerequisite for practicing medicine in specific institutions. Negro physicians say that this is an economic weapon used against them.

Of the nation's almost 300,000 physicians, about 7000 are Negroes. Of these, about 5000 are members of the National Medical Association, which is predominantly Negro.—MARTI MUELLER

of us." (McGovern also criticized HEW for its slow start on the national nutrition study, listing it as one of a number of agencies "that really haven't faced up to this problem.")

One explanation for failure to face hunger and malnutrition is the fact that officials and citizens have been afflicted with several varieties of ignorance. One argument is that, since so little is known about nutritional patterns in the United States and about the effect of food-intake patterns on health, nothing significant can be accomplished. Others blame the ignorance of the ill-fed: "If they don't know enough to eat an adequate diet, there's nothing we can do to help them." Others cite a different kind of ignorance: The fact that federal officials did not feel it was their responsibility to do anything about feeding the poor; one high federal health official was quoted as saying that, since it was nobody's job specifically to worry about hunger nobody in the government did anything about it.

Another form of ignorance that affected the official view was that arising from the natural disinclination to confront unpleasant human problems. A leading HEW official attributes the lack of awareness that some people in this country are undernourished to the "arrogance of affluence"—the assumption that in a rich country like the United States it is impossible for anyone to be underfed.

Such "arrogance" has been subjected to severe blows in recent months. In early 1967, attention was focused on malnutrition by visits of physicians sponsored by the Field Foundation and by visits of Clark's Senate subcommittee to the Mississippi Delta. In April, "Hunger, U.S.A.," a report by the Citizens' Board of Inquiry into Hunger and Malnutrition in the United States, received wide attention; the Board estimated that hunger and malnutrition affected 10 million Americans "and in all likelihood a substantially higher number." The Poor People's Campaign in Washington has helped spotlight the issue by attracting expanded press notice, such as the CBS television special "Hunger in America" on 21 May. Hearings on hunger and malnutrition are currently being held in both the Senate and the House.

Another development symbolizing an increased federal focus on the problem of hunger is the recently completed report of HEW Secretary Cohen entitled "Incidence and Location of Serious Hunger and Malnutrition and Health Problems Incident Thereto." This report is, in a way, a legacy of the late Robert F. Kennedy, who sponsored an amendment to the Partnership for Health Amendments of 1967, calling for a comprehensive survey on hunger and malnutrition by HEW.

Like other studies of the subject, the HEW report emphasizes that too little is known about hunger and malnutrition, but argues that lack of full knowledge should not delay action: "There is much that we know," the report says, "if less precisely than we would like."

The general conclusion of the HEW report is that "the poor who do receive assistance are not receiving sufficient financial support to provide adequate diets. Many of the poor, ineligible for public assistance, are equally unable to provide themselves with adequate diets. Our food programs do not reach all the people who need them. What epidemiological studies have been made," the report continues, "show conclusively that poor people are suffering the consequences of the inadequacy of their diets: the children are smaller, they suffer from anemia and the effects of substandard protein and vitamin dietary intake. There is reason to believe that the continuing levels of inadequacy in dietary intake are associated with physical and mental damage."

The HEW report devotes a separate section to health of the Indian population. It cites Bureau of Indian Affairs statistics indicating that the average annual income for a typical Indian reservation family (five to six members) is between $1500 and $1700. The report states that "it is virtually impossible for families with incomes at this level to have nutritionally adequate diets without substantial supplementation of what their limited financial resources