Bringing a Conscience to the Art & Science of Medicine

16775
#33

National Medical Association
1995-2000 Report

Board of Zoning Adjustment
District of Columbia
CASE NO.16775
EXHIBIT NO.33A1

BRINGING A CONSCIENCE TO THE ART AND SCIENCE OF MEDICINE

NATIONAL MEDICAL ASSOCIATION

1995-2000 SPECIAL REPORT

BZA
Case No. 16775
Exhibit No. _____

MISSION STATEMENT

The NMA promotes the collective interests of physicians and patients of African descent. We carry out this mission by serving as the collective voice of physicians of African descent and a leading force for parity in medicine, elimination of health disparities and promotion of optimal health.

HISTORICAL MANIFESTO

"Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of the American environment, the National Medical Association has for its object the banding together for mutual cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy and dentistry."

Presented in 1908 in a speech given by C.V. Roman, M.D., NMA founding member and the first editor of the *Journal of the National Medical Association.*

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LEADERSHIP MESSAGE

Dear Members and Friends:

When the National Medical Association was founded at the turn of the 19th century, African American physicians were faced with tremendous obstacles to become educated, to become credentialed, to practice, and to provide optimum care for their patients. Throughout the 20th century, NMA remained the leader in the quest to ensure equality in medicine and access to medical care. As NMA makes its entry into the 21st century, the NMA mission is just as imperative and just as relevant as it was 105 years ago.

This report looks at our recent history — 1995 to 2000 — while keeping our past in focus. It is amazing to witness our progress as we step from the 19th through the 20th, and into the 21st century. The 1995–2000 time span has been pivotal because we have reassessed our members' needs, enhanced our infrastructure and resources, and developed new programs and services to increase the value of membership in NMA.

NMA's enormous progress in the past five years has been no accident. It has been the result of deliberate and strategic efforts of volunteer leaders who care deeply about the legacy and prospects of the National Medical Association. It is also the result of highly capable staff leadership and a dedicated staff team who regard the work of NMA as an extension of their life's endeavors. However, the members and their patients, to whom this report is dedicated, inspired all of these efforts.

Presidents

Yvonnecris Smith Veal, M.D., 95th President (1995–96)
Randall C. Morgan, Jr., M.D., 96th President (1996–97)
Nathaniel H. Murdock, M.D., 97th President (1997–98)
Gary C. Dennis, M.D., 98th President (1998–99)
Walter W. Shervington, M.D., 99th President (1999–00)
Javette C. Orgain, M.D., 100th President (2000)
Rodney G. Hood, M.D., 101st President, (2000–present)

Chairs of the Board

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Rodney G. Hood, M.D., 1997–1998, 1998–1999
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Guthrie L. Turner, Jr., M.D., MPH, MBA, 1990–present

Executive Director

Lorraine Cole, Ph.D., 1995–present

INTRODUCTION

The walk has been long. It has been an intense and sometimes perilous journey. But, the cadence always has been steady and resolute. Founded in 1895, the National Medical Association has cast a footprint in three centuries that has left an indelible mark on the art, science and conscience of American medicine.

A one hundred-year-old organization, just like a revered elder, has accumulated wisdom from its many encounters and experiences. Using that knowledge stock, the past five-year time period, spanning 1995 to 2000, has been one of both introspection and envisioning. We have examined the perceptions and expectations that members and prospective members have about NMA. We have assessed our infrastructure, resources and core strengths with the aim of continuous quality improvement. We have greatly enhanced our traditional communication methods and invested in new communication technologies to interact more regularly and rapidly with members. We have fostered innovative partnerships and strategic collaborations knowing that the outcomes would be greater that the sum of its parts.

We have expanded the opportunities for members to keep abreast of medical advances. We have honed our public relations and advocacy efforts to be proactive in addressing the needs of members and the patients they serve. NMA is well prepared to step into the new century stronger, more committed and more enduring than it has ever been.

About NMA

Established in 1895, the National Medical Association (NMA) is the nation's oldest and largest professional, scientific and educational organization that promotes the collective interests of physicians and their patients of African descent. NMA is committed to: 1) preventing the diseases, disabilities, and adverse health conditions that disproportionately or differentially impact persons of African descent and underserved populations; 2) supporting efforts that improve the quality and availability of health care to underserved populations; 3) increasing the representation, preservation and contributions of persons of African descent in medicine. Toward these ends, the National Medical Association provides educational programs and opportunities for scholarly exchange, conducts outreach efforts to promote improved health, and establishes national health policy agenda in support of physicians of African descent and their patients.

Organizational Structure

The NMA has an extensive national, regional, and local infrastructure for the promotion of its programmatic and research initiatives. NMA has more than 100 state and local affiliated societies across the country, providing an optimum structure for the implementation of programs that have national impact.

NMA is headquartered in Washington, D.C. There are 35 state and 61 local medical societies that are affiliates of the National Medical Association. State and local societies are distributed within six geographic regions, as shown on page 7.

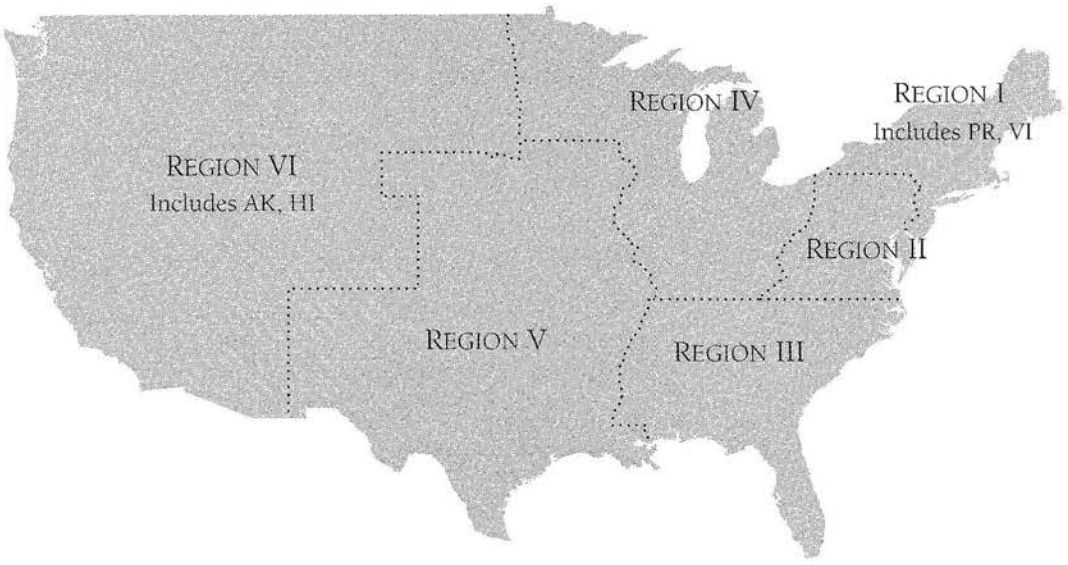
Vision Statement

NMA is poised to enter its second hundred years as an ever-present force in medical science, medical education, and medical practice and finance, and as an efficient, well-run organization that is strong in numbers, fiscally healthy and stable, and technologically prepared to meet the opportunities and challenges this new century will bring.

NMA Programmatic Agenda

- Professional Education — To keep NMA members abreast of rapidly occurring advances across the various medical specialties and the changes affecting medical practice.
- Scientific and Scholarly Exchange — To advance scientific and clinical knowledge to identify and facilitate new directions in medicine.
- Public Health — To prevent health problems and promote healthy lifestyles, particularly among African American and underserved populations.
- Health Policy — To advocate to eliminate health disparities and improve the quality and availability of health care to African American and underserved populations.
- Medical Education — To facilitate an increase in the representation of African Americans and other under represented groups in medicine.
- Recognition — To honor those who have made outstanding achievement pertaining to health, medicine and the National Medical Association.

NMA Regions



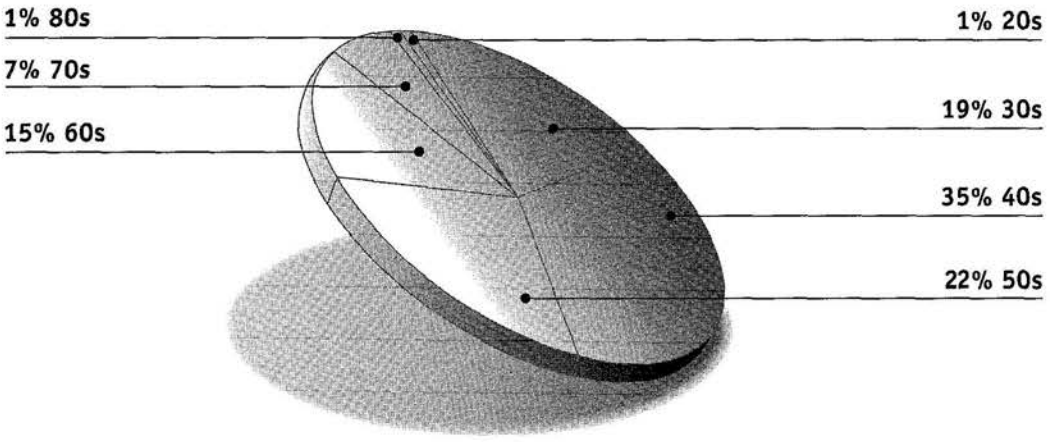
- REGION I: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Puerto Rico, Rhode Island, Vermont, U.S. Virgin Islands.
- REGION II: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
- REGION III: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
- REGION IV: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin.
- REGION V: Arkansas, Iowa, Kansas, Louisiana, Missouri, Nebraska, New Mexico, Oklahoma, Texas
- REGION VI: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming.

Through this structure, NMA has established a national network of affiliated community based medical organizations. This national network extends a powerful reach within African American communities across the nation, with a ratio of one (1) NMA Society for every 259,000 African Americans in the United States (based on 1997 U.S. census data).

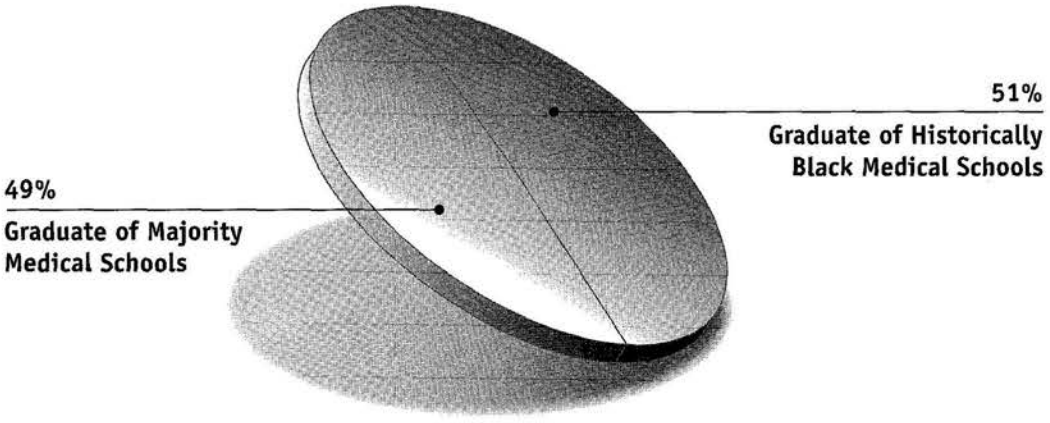
Membership Profile

NMA regular membership is open to all physicians licensed to practice medicine in any state or territory of the United States and the District of Columbia. The dues structure is designed to encourage the participation of physicians at any level of their career, including medical students, as well as other medical professionals. Dues have not increased since 1994.

Age Range



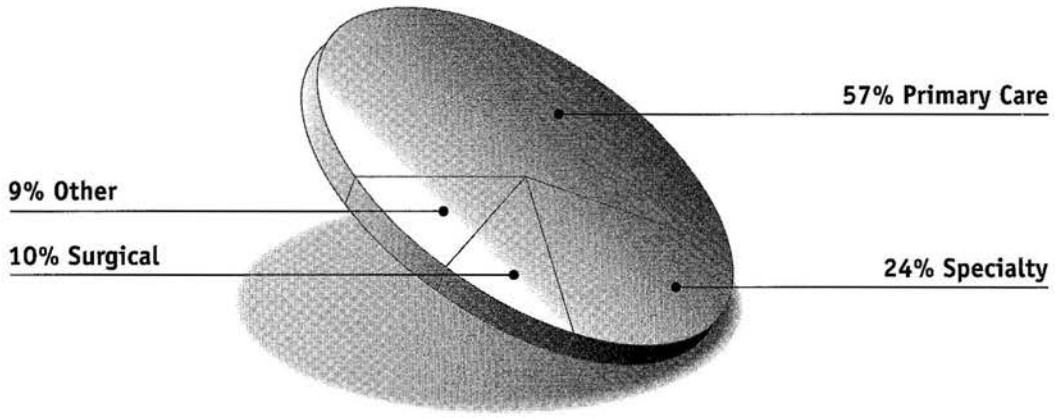
Alma Mater



Specialty

The NMA represents every medical specialty. However, as illustrated in the figure below, the majority (57 percent) represent primary care specialities.

Medical Specialty



Primary Care

Community Medicine and Public Health

Family Practice

Internal Medicine

Obstetrics & Gynecology

Pediatrics

Specialty Physicians

Allergy and Immunology

Anesthesiology

Dermatology

Emergency Medicine

Ophthalmology

Orthopaedics

Otolaryngology

Pathology

Physical Medicine and Rehabilitation

Psychiatry and the Behavioral Sciences

Radiology

Urology

Surgical Physicians

Neurology/Neurosurgery

Plastic and Reconstructive Surgery

Surgery

Other Physicians

Aerospace, Military and Occupational Medicine

Basic Science

Medical Administrators

Scientific Specialty Sections

NMA members have the opportunity to participate within 24 scientific specialty sections based on their particular practice specialty areas or area of interest. The scientific specialty sections are as follows: 1) Aerospace, Military and Occupational Medicine, 2) Allergy and Immunology, 3) Anesthesiology, 4) Basic Science, 5) Community Medicine and Public Health, 6) Dermatology, 7) Emergency Medicine, 8) Family Practice, 9) Internal Medicine, 10) Medical Administrators, 11) Neurology/Neurosurgery, 12) Obstetrics and Gynecology, 13) Ophthalmology, 14) Orthopaedics, 15) Otolaryngology, 16) Pathology, 17) Pediatrics, 18) Physical Medicine and Rehabilitation, 19) Plastic and Reconstructive Surgery, 20) Psychiatry and the Behavioral Sciences, 21) Radiology, 22) Surgery, 23) Urology and 24) Women's Health. There is also a Postgraduate Physician Program for young physicians.

The Conscience of Medicine

The National Medical Association has always served to bring a conscience into the art and science of medicine. Within the last five years, NMA has developed new mechanisms and venues for framing the issues, formulating positions, and disseminating its messages, while continuing those programs that have been effective over the longer term.

Edward C. Mazique, M.D. Symposia

Since 1988, the National Medical Association has conducted an annual health policy forum in conjunction with the annual convention. This symposium was named for a distinguished NMA President who was instrumental in elevating political advocacy as a focal point of NMA activity, Edward C. Mazique, M.D. NMA has used this forum to educate its members about timely national health policy issues and to generate recommendations for the Association and the national health policy agenda. From 1988 through 1999, the Mazique Symposium has been sponsored or cosponsored by the Department of Health and Human Services, Office of Minority Health (OMH), which took the outcome of these symposia into advisement in the formulation of OMH program activities. In 2000, for the first time, NMA partnered with a private sponsor, Pfizer, U.S. Pharmaceutical Group, in support of this annual symposium. Topics have included panel discussions on policy implications pertaining to medical practice, medical research and specific health problems.

NMA has used this forum to educate its members about timely national health policy issues and to generate recommendations for the Association and the national health policy agenda.

1995-2000 Mazique Symposium Themes

1995 — Health Status of African Americans in the United States

1996 — The New Federalism: Developing a Health Care Agenda for the 21st Century

1997 — Part I: Managed Care: Forming the Action Team; Part II: Models that Work

1998 — Part I: Science and Service and the Practice of Medicine: A Mecca for African American Physicians and Patients?; Part II: Bench to Bedside: Tracking an Emergent Disease in the African American Community

1999 — Impact of Federal and State Regulatory, Statutory and Financing Changes on the Delivery of Health Services and the Independent Practices of Minority Physicians

2000 — Closing the Gap: Addressing the Disparities in Mental Health Services for African Americans

Consensus Panels

In 1997, NMA instituted the use of the consensus panel process to formulate health policy. NMA brought together select groups of top-level thought leaders and experts and formed a series of consensus panels to analyze health policy implications in several disease areas relative to American Americans and develop consensus papers or "black papers" that included policy recommendations. Several of the individual consensus panels were conducted with the support of governmental and corporate sponsorship, however all of the consensus panels were under the sole direction of the National Medical Association and

were not industry or government driven. During the consensus panels convened since 1997, targeted issues were analyzed within the following areas: Adult Immunization, Biomedical Research, Childhood Immunization, Correctional Mental Health, Mammography, Medical Practice, Medical School Curriculum, Medical Workforce, and Tobacco Control.

COLLOQUIUM

In 1999, the National Medical Association convened its first National Colloquium on African American Health, an initiative spearheaded by the 98th NMA President Gary C. Dennis, M.D. This was a landmark leadership conference to set the agenda for the organization and the nation in improving the alarming health outcomes for African Americans. It was designed to establish a nationwide cadre of health advocacy leaders to influence the national health agenda, particularly as it impacts upon Africans Americans, other minorities, the poor, and the medically underserved. It served to explore issues impacting African American patients and physicians and provide advocacy and media training relative to those issues to influence health policy. The key leaders who were the principal participants consisted of the Presidents of the state NMA affiliated societies, the Chairs of each of the NMA regions, and NMA Officers, all of whom are physicians.

NATIONAL COLLOQUIUM ON AFRICAN AMERICAN HEALTH

The Colloquium served to explore issues impacting African American patients and physicians and provide advocacy and media training relative to those issues to influence health policy.

The Colloquium was structured to conduct focused exploration of critical policy, scientific, and social issues that impact on health status and service delivery to African Americans. Most importantly, it was a forum through which NMA physicians could develop skills as spokespersons relative to the topics and issues addressed during the Colloquium. The ultimate result of the Colloquium was the creation of a cadre of proactive, media-savvy, grassroots leaders who have a consistent message on critical health issues. This program, to be conducted on a regular basis, will position NMA to have an aggressive advocacy infrastructure and make a major impact on the national health agenda.

The National Colloquium on African American Health was designed to meet four critical objectives for the Association:

- First, to explore critical health policy issues which impact health status and service delivery to African Americans.
- Secondly, to develop proactive, medical savvy spokespersons who can deliver consistent messages on important health issues affecting African Americans
- Thirdly, to develop a cadre of grassroots advocacy leaders poised to influence state and national health agendas, particularly as they impact upon African American communities and
- Finally, to further build the collective strength within the National Medical Association infrastructure between the national and state levels.

Capitol Hill Day

In September 1999, the headlines read, "Black Doctors March on Capitol Hill." NMA conducted its first Capitol Hill Day in which NMA State Society Presidents, NMA Regional Chairs, and NMA National Officers met with their Democratic and Republican Members of Congress in the House and Senate. They communicated consistent messages regarding the impact of managed care on access to care, the need for more effective national infrastructure to address minority biomedical research, as well as health related issues unique to their respective states. NMA Capitol Hill Day was also effective in increasing recognition that the National Medical Association is a major resource on the health of the underserved and underrepresented. This day was so inspiring that several State Presidents went back and conducted State Capitol Day within their own states.

State of the Union Watch

In 1999 and 2000, the National Medical Association partnered with *Emerge* Magazine to host State of the Union Address Watch "parties." The 98th NMA President, Gary C. Dennis, M.D. and *Emerge* Magazine Editor-in-Chief George Curry served as co-hosts for both of these SOTU parties. The aim was to provide a forum to analyze the President's address relative to issues pertinent to NMA's mission and the needs of NMA members and their patients. NMA members met at the top of the beautiful, high-tech headquarters of Black Entertainment Television (BET) and watched President Bill Clinton deliver his annual State of the Union Address on two larger-than-life television screens. Immediately following the address in 1999, some NMA members participated in a conference call with the White House, others participated in an on-line chat via the BET web site, and others engaged in a lively assessment of the President's address.

Vote! It's Just what the Doctor Ordered



In preparation for the 2000 Presidential Election, the National Medical Association launched the *Vote! It's Just What the Doctor Ordered* campaign, a voter registration initiative to encourage NMA members to include voter registration as part of their practice by registering patients to vote in their offices, clinics, or other work settings. The goal of the project has been to increase the number of African Americans who are eligible to vote in the November 2000 general election.

Vote! It's Just what the Doctor Ordered was initially launched by NMA's Health Policy Committee during the 1996 election cycle. New for 2000 has been the capacity for physicians to register their patients via the NMA web site, www.NMA.net. NMA members are able to use the site to download the voter registration guide and register patients online.

Racism in Medicine Symposium

During the NMA Convention in 1999, NMA utilized NMA-TV, closed-circuit television programming to broadcast a health policy symposium on racism in medicine. The programming consisted of expert panel discussions covering four distinct issues:

- Medical Practice: With dramatic shifts of the American health care system toward managed care, we have entered a new period in medical practice that has negatively impacted African American patients and physicians.
- Medical School Curriculum: Racial and ethnic minority groups are the fastest growing populations in the country. Physicians must be prepared to be culturally competent, as well as clinically competent, to serve a diverse patient population.
- Biomedical Research: The barriers to the recruitment of African Americans for clinical research are multifaceted and include inherent flaws in research study designs and researcher bias, as well as low numbers of African Americans who conduct clinical research studies.
- Medical Workforce: African American physicians typically choose to practice in underserved communities, serving more minority patients, more poor patients, and sicker patients than other physicians. However, only three out of every 100 physicians in America are African Americans.

The program was re-broadcast in the convention headquarters' in-hotel television multiple times throughout the convention on a rotating schedule to maximize viewing participation. In addition to the televised broadcasts, the videotapes were made available for distribution to NMA physician members during the annual convention, key NMA Leaders at the National Colloquium on African American Health, the historically African American medical schools, key leaders within the Student National Medical Association and others upon request. Copies of the videotape were also sent to select members of Congress and federal agencies.

106th Congress Legislative Priorities

In 1998, the Health Policy and Medical Legislation Division was established within the NMA National Office, escalating advocacy activity at the congressional level. NMA actively promoted several legislative initiatives and was instrumental in shaping the dialogue on these issues through testimony, report language and coalition building.

During the 106th Congress, NMA advocated for legislation to elevate the Office of Research on Minority Health within the National Institutes of Health to Center status. NMA fervently articulated its rationale for seeking to raise the status of this office. Granting the Center status would give the unit the authority to develop a comprehensive plan for minority health research at NIH. It would give the Director of the Center the authority to award peer-review grants for minority health research. Such status would allow the Center to establish research endowment programs in minority universities to focus a portion of their research on the study of diseases that disproportionately impact minority and other medically underserved communities. Furthermore, as a Center, a scientific advisory council could be established to help direct the focus of research and programming. In November of 2000, the "Minority Health and Health Disparities Research and Education Act" (S. 1880), was passed by the House and Senate. It became Public Law 106-525 when President William Jefferson Clinton signed it on November 22nd. In the 107th Congress, NMA will work to ensure the Center is adequately funded.

NMA actively promoted several national legislative initiatives and was instrumental in shaping the Congressional dialogue on these issues through testimony, report language and coalition building.

In 1999, several national studies confirmed what NMA already knew: that racial and ethnic minority Americans are less likely to receive even routine medical care, and that they tend to experience a lower quality of health service delivery. As an outgrowth of NMA's efforts to increase the country's awareness of — and to address — racism in medicine, the National Medical Association urged Congress to call for and support an Institute of Medicine (IOM) study on "Racial Bias in Medicine." NMA was successful in this initiative. The Departments of Labor, Health and Human Services, Education and Related Agencies Fiscal Year 2000 Appropriation Bill allocated $750,000 in funding to the DHHS Office of Minority Health for the IOM study. The 17-month study will begin in December, 2000 and will examine the extent of racial and ethnic differences in the delivery of health care

services that cannot be linked to known factors such as: access to care or the role of bias, and discrimination and stereotyping at the provider, patient, institutional and health system levels. The study will also offer recommendations regarding interventions that can be employed to close the health disparity gap.

The National Medical Association has always supported legislation that addresses the barriers faced by many minority physicians to participating in health care provider networks, thereby hindering the access of medically underserved patients to quality health care services. In the 106th Congress, "The Medically Underserved Access to Care Act" (H.R. 1860), was introduced by NMA member, Representative Donna Christian-Christensen, M.D. (D-VI). This bill sought to address issues that minority physicians and patients have expressed regarding the managed care system. H.R. 1860 essentially requires that managed care providers contract with providers in medically underserved communities that are ethnically representative of the population of the communities they serve; and stipulates that providers who contract with managed care companies must demonstrate cultural sensitivity to patients they serve.

H.R. 1860, "The Medically Underserved Access to Care Act" was introduced by NMA member, Representative Donna Christian-Christensen, M.D. (D-VI). The bill sought to address issues that minority physicians and patients have expressed regarding the managed care system.

It also establishes a program of outreach grants to underserved communities to ensure that patients seeking access to the managed care system will be able to seek culturally sensitive providers. This measure further creates a grant program that assists minority physicians and other health care providers in converting their practices and internal administrative procedures to best access the managed care system for both private and Medicaid insurance plans. NMA sought to have this legislation incorporated in bipartisan Patients' Bill of Rights (PBR) legislation. However, the contentious climate surrounding PBR during the 106th Congress made it difficult to accomplish and it did not occur. NMA will continue to support this legislation, as it is re-introduced in the 107th Congress.

Other key legislation supported by NMA includes H.R. 1304, the "Quality Health-Care Coalition Act of 2000." This important legislation, which provides physicians and other health professionals with limited relief from Antitrust restrictions, would level the playing field in negotiations with health plans and insurers regarding the terms within which health care services would be provided. Introduced by former Congressman Tom Campbell (R-CA) and Congressman John

Conyers (D-MI) in 1999, this measure passed the House on Friday, June 30th with bipartisan support.

NMA worked very hard to support this measure and was successful in including language which indicates that the provisions of the bill are subject to the application of Title IV of the Civil Rights Act of 1964. This language serves as a "reminder" that minority physicians cannot be excluded from negotiating with health insurers, and was included to address concerns about the manner in which health insurers and HMOs hinder the full participation of many African American and other minority physicians in health networks. Due to a lack of strong support for H.R. 1304 in the Senate, the legislation was not put on the Senate calendar. After an unsuccessful bid to represent the State of California in the United States Senate, Congressman Campbell has retired from the House and the future of this legislation is uncertain. However, NMA will seek to support its reintroduction in the 107th Congress.

Additional advocacy issues of importance to NMA include: Patients' Bill of Rights, Prescription Drug Coverage for Seniors, Clinical Trials Protection, Medical Errors, and adequate funding of federal initiatives to address the health status of minority Americans and the medically underserved.

Elimination of Health Disparities

Racial & Ethnic Health Disparities Coalition

NMA historically has championed the cause of health care needs for African American and other medically underserved populations. Minority Americans continue to experience disproportionate rates of disease, morbidity and mortality. The health status of people of color in the United States is complex. Reduced access to quality, affordable and culturally competent health care services, delayed diagnosis of disease, as well as socioeconomic status are critical factors that impact the health of minority communities across the nation. By 2050, it is estimated that people of color will represent one out of every three Americans: African Americans will comprise an estimated 13.6 percent, Hispanics 24.5 percent, Asian American and Native Hawaiian or other Asian Pacific Islander 8.3 percent, and American Indians nearly one percent (U.S. Census Bureau, 1999).

NMA was instrumental in the formulation of the Racial & Ethnic Health Disparities Coalition to support and promote legislative and budget initiatives that will increase the nation's effectiveness in closing the health disparity gap.

In 2000, NMA was instrumental in the formulation of a Racial & Ethnic Health Disparities Coalition to support and promote legislative and budget initiatives that will increase the nation's effectiveness in closing the health disparity gap. The coalition put forth funding recommendations for the FY2001 Labor, Health and Human Services, Education and Related Agencies (L-HHS) and Interior appropriations. The underlying premise of this effort has been that talk about a national commitment to close the health disparities gap has not been accompanied by adequate funding of key programs, in particular, that will help to reach that goal.

NMA strongly believed that collaboration with other organizations representing the concerns of different communities of color needed to be included in this

effort to ensure that we are all working together and "singing" from the same page. While the Coalition made funding recommendations for nearly 30 programs, our top priorities were as follows:

1. $78 million for the Office of Minority Health, DHHS
2. $162.3 million for the REACH Initiative, CDC
3. $136.7 million for the Office of Research on Minority Health, NIH
4. $539.4 million for the Minority AIDS Initiative

MEMBERS OF THE RACIAL & ETHNIC HEALTH DISPARITIES COALITION

National Medical Association
Summit Health Coalition
Asian and Pacific Islander American Health Forum
National Minority AIDS Council
American Psychological Association
Latino Council on Alcohol and Tobacco
National Hispanic Medical Association
Summit Health Institute for Research and Education, Inc.
Hispanic-Serving Health Professions Schools, Inc.
National Black Nurses Association
Society of Indian Psychologists
Asian American Psychological Association
National Hispanic Psychological Association
Society for the Psychological Study of Ethnic Minority Issues
Association of Black Psychologists
Consortium of Social Science Associations
American Nurses Association
National Association of Hispanic Nurses
National Association of Social Workers
National Black Women's Health Project

Nicotine Addiction

Cigarette smoking is the leading cause of preventable death in the United States. When it is considered that over 45,000 African Americans die each year from smoking-related diseases, it becomes absolutely clear that the National Medical Association must remain vigilant against the untoward effects of nicotine addiction. Tobacco control is a multifaceted problem for African Americans. Tobacco advertisements represent 60 percent of advertising space for most African-American newspapers. It has become fashionable for some African American youth to smoke products like "loosies" (cigarettes sold as singles), "bidis" (a flavored cigarette from India), "blunts" (marijuana stuffed cigars) or regular cigars. Though 70 percent of all African Americans report the desire to quit, whites have higher quitting rates. A global epidemic, about four million adults worldwide will die of tobacco-related causes each year.



In 1995, the National Medical Association implemented the *Stop Active Smoking and Take Charge* project. Among the first successes of NMA's tobacco control initiative was a press conference with four renowned African American medical leaders joining 95th NMA President Yvonnecris Smith Veal, M.D. in a call for action. In the months leading to the Tobacco Master Settlement against the tobacco industry, the National Medical Association was vocal on how the sanctions against the tobacco industry should be levied and how the funds to the states should be distributed and used.

In 1999, through the *Tobacco R.O.A.D* (Resource Options and Assistance for Doctors) project, NMA's tobacco control efforts were greatly expanded on the issues of target marketing to African Americans, youth access to tobacco products, access to treatment for nicotine addition and international tobacco issues. The National Medical Association educated it members regarding the prospects and opportunities for the use of those funds to support state heath initiatives. NMA also convened an expert consensus panel and promulgated a consensus paper to address these topics. Tobacco control issues were subsequently included as part of the health policy curriculum in the 1999 NMA National Colloquium on African American Health. NMA also produced a documentary on the impact of targeted marketing, youth access, cessation, and international tobacco control on African Americans and other

people of the African Diaspora, for widespread dissemination, as well as broadcast on NMA-TV during the 2000 NMA convention.

Environmental Health

Tobacco and radon, respectively, are the first and second leading causes of lung cancer in the United States. African Americans suffer from diseases of the lung, particularly lung cancer, at a disproportionate rate. In 1996 and 1997, NMA partnered with the U.S. Environmental Protection Agency to promote environmental health awareness among African Americans. The major objectives of this program was to educate the African American community regarding the dangers of radon and secondhand smoke, encourage testing of homes, schools and other structures for radon; and provide consumers with referral resources to make the necessary structural repairs to reduce radon level.

Through public education and physician training activities, the National Medical Association has had a substantial reach into the African American community to increase radon and secondhand smoke awareness. Hundreds of test kits have been distributed, thousands of pieces of literature have been disseminated, and tens of thousand of individuals have been exposed to information through various media activities.

Childhood Immunization

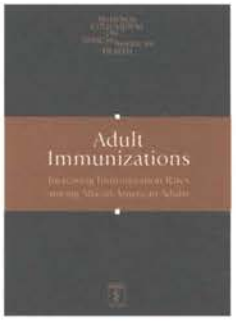
Immunization is more than a shot in the arm...it's a shot at life," is a slogan that encompasses the National Medical Association's belief that everyone has a role to play in raising infant immunization rates among African American and other minority children. NMA developed the ***National Immunization Outreach Effort*** as part of a cooperative agreement with the Centers for Disease Control and Prevention to ensure that 19 to 35-month old urban and minority children are adequately immunized against vaccine-preventable diseases. NMA has utilized its own network of member physicians and NMA state and local societies to implement the project within specific target geographic areas. Cookie Johnson, wife of basketball legend Earvin "Magic" Johnson, is the national spokesperson for this project and has developed public services announcements for NMA that have been broadcast nationally.

Adult Immunization

The NMA has a solid history of addressing adult immunization issues among African Americans, which has been identified as one of the six health priority areas identified by President Bill Clinton. In 1995, NMA endorsed the National Coalition for Adult Immunization's (NCAI) Standards for Adult Immunization Practices. Since that time, NMA has played an active role with NCAI and has served in several advisory and leadership capacities. Additionally, NMA was awarded an educational grant in 1997 from the Centers for Disease Control and Prevention that targeted NMA physicians to increase immunization rates among their patients and within their communities.

NMA has also collaborated with the Health Care Financing Administration (HCFA) to endorse their 1996 and 1998 flu campaigns. In 1999, NMA was awarded a grant from the HCFA to conduct 11 adult immunization symposia across the U.S. The symposia are designed to educate NMA physicians and other health care providers on the importance and disparity that exits in adult immunizations.

As part of NMA's National Colloquium on African American Health, a consensus panel was convened on *"Adult Immunizations, Increasing Immunization Rates among African American Adults."* The adult immunization consensus paper resulting from the panel is viewed as "the authoritative guide" to adult immunizations among African Americans.



The consensus paper from the NMA National Colloquium on African American Health/Adult Immunization Panel is viewed as "the authoritative guide" to adult immunizations among African Americans.

Traffic Safety

Motor vehicle crashes are the leading cause of death for African Americans from infancy through the age of 14. Black children ages 5 through 12 face a risk of dying in a motor vehicle crash that is almost three times as great as white children. For African American males, it is the second leading cause of death between the ages of 15 and 24, surpassed only by homicides. According to a national survey by the National Highway Traffic Safety Administration, seat belt use among African Americans is more than 10 percent lower than the national average. Per mile traveled, African American male teenagers are nearly twice as likely to die in a motor vehicle crash as male teens who are white.

These grim statistics led the National Highway Traffic Safety Administration

(NHTSA) and the National Medical Association to become natural partners. In 1999, NMA and NHTSA entered a cooperative agreement to design, develop and distribute specific traffic safety messages and materials targeted to African American populations. This work has been facilitated by NHTSA's support of a Health Policy Fellow at the NMA National Office to focus on program efforts for seat belt safety, child safety seats, impaired driving and pedestrian safety. NMA members have been engaged in the issue of traffic safety and existing NHTSA programs, such as *Buckle Up America* and *National Child Passenger Safety Week*. During the 2000 NMA annual convention, NMA scheduled a *Teen Summit on Traffic Safety* for teenagers enrolled in Camp NMA-zing, the official convention youth program.

NMA and the National Highway Traffic Safety Administration entered a cooperative agreement in 1999 to design, develop and distribute specific traffic safety messages targeted to African American populations.

NMA supports efforts in states to enact primary seat belt laws, joining other African American organizations in this stance, including the National Black Caucus of State Legislators, the National Organization of Black Law Enforcement Executives, Blacks In Government, Sigma Gamma Rho Sorority, and Alpha Kappa Alpha Sorority. However, NMA has made it clear that the Association strongly opposes any form of selective enforcement that uses race or ethnicity as a criterion for stopping a motorist.

NMA Health Education Video Library

One of the components of NMA's campaign to eliminate health disparities among African Americans is health education. Since 1996, the NMA has been developing a series of videotapes on important health topics designed for home viewing or viewing in physician's waiting rooms. NMA has developed a "formula" for these videotape productions that works, pairing NMA physician experts with national celebrities — Patti LaBelle sharing healthy cooking tips, Malik Yoba describing the mind and body connection, and Florence Griffith Joyner's inspiring legacy to health and fitness, are focal points of the NMA and *Ebony* Magazine *Guide to Healthy Living* videotape and Guidebook. In 2000, the distribution of this video program alone reached 150,000 individuals. Other topics in the NMA Health Education Videotape Library series include hypertension, breast cancer, urban asthma and depression. These programs are helping thousands of African Americans to increase their knowledge about preventive health and treatment.

National Health Screenings

Since 1997, the National Medical Association, in partnership with Bayer Corporation, Pharmaceutical Division, has presented *Take It To HEART,* Health Education and Risk Tests. The goal of the project is to increase awareness in the African American community about the importance of regular health check-ups, with emphasis on the danger and prevalence of hypertension, high cholesterol, and diabetes among African Americans. Health screenings take place in community venues, such as community shopping malls, recreation centers and churches. The screening events feature a state-of-the-art exhibit and health-testing center and provide for the ability to administer several health measures and clinical laboratory tests, including blood pressure checks, cholesterol screening, diabetes screenings, computerized coronary risk assessments, free consultations with local NMA physicians, and health education literature.

Take It To HEART has undoubtedly saved lives, screening 7,205 individuals in 23 cities that have large African American communities. An astounding 35 percent have been diagnosed with clinical conditions that warranted follow-up care.

- 1997 *Take It To HEART* locations: Washington DC, Detroit, MI, Atlanta, GA, Greensboro, NC, Los Angeles, CA, Houston, TX.
- 1998 *Take It To HEART* locations: Washington, DC, Brooklyn, NY, Charleston, SC, New Orleans, LA, Detroit, MI, Oakland, CA, Los Angeles, CA.
- 1999–2000 *Take It To HEART* locations: Montgomery, AL, Columbia, SC, Las Vegas, NV, Gary, IN, Pine Bluff, AR, Nashville, TN, Miami, FL, Philadelphia, PA, Raleigh/Durham, NC, and Pittsburgh, PA.

Take It To HEART has been so successful that NMA has declared the week of its annual convention as African American Health Week. Health screenings for the public for hypertension, cholesterol, diabetes, glaucoma, depression, and others have become an integral component of the NMA annual convention. Furthermore, in the spirit of the adage, "Physician heal thyself," the Association conducts various health screenings for NMA physician members who attend the annual convention.



PHYSICIAN LOCATOR SERVICE

African Americans have problems finding physicians who match their needs and preferences. Simply put, African American consumers typically prefer African American physicians. The NMA National Office receives approximately 300-500 calls each month from consumers seeking such referrals. Paradoxically, African American physicians are finding that they are losing their traditional patient base of minority and disadvantaged patients due to enrollment practices within the system of managed care — threatening their hard-earned livelihoods. In 1998, to address both of these problems, NMA launched a nationwide Physician Locator Service for consumers seeking African American physicians. Consumers can call a toll-free number (888-NMA-PHYSicians) to identify an NMA member physician in their desired zip code area.

888-NMA-PHYSician Locator Service

Career-Long Medical Education

NMA Annual Convention and Scientific Assembly



The National Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The "crown jewel" of the NMA continuing medical education program is the NMA Annual Convention and Scientific Assembly, reputed as the nation's foremost forum on African American health. This scientific activity is designed to provide educational experiences through special sessions, postgraduate courses and individual specialty programs for 24 separate specialties. In-depth review of updated diagnostic methods and therapeutics are discussed in an effort to prepare the participating physician for current medical practice in his/her field of specialty. Combined specialty sessions provide opportunities for exchange of ideas and debate.

With only a few cancellations during the early 1900s and the World War II years in the early 1940s, NMA members have been meeting annually since 1898. Subsequent to the 1995 Centennial convention in Atlanta where NMA was originally founded, conventions have been conducted in Chicago (1996), Honolulu (1997), New Orleans (1998), Las Vegas (1999) and Washington, District of Columbia (2000). NMA members consistently rate the convention program high, either excellent or outstanding. In addition to keeping physicians abreast of medical advances and serving as a source of continuing medical education credits, over the past five years the NMA convention has grown to be the largest source of revenue to support the Association's programs and operations.

Biomedical Education and Research

Since a primary aim of biomedical research is to provide scientific evidence leading to a change in health policy or standard of care, it is imperative to determine whether the intervention or therapy being studied affects members of minority groups and their subpopulations differently. Therefore, appropriate representation of subjects of different race/ethnicity in clinical trials is essential to provide the opportunity for detecting major qualitative differences among racial/ethnic subgroups.

The Tuskegee Syphilis Study, sponsored by the U.S. Public Health Service from 1932 to 1972, and other social and political factors underlie the historical mistrust of medical science among African Americans, resulting in low participation of African Americans in clinical trials. Thus, just as important as the need to increase the diversity among research subjects, is the need for an increase in the representation of African American clinical investigators who can foster trust, cultural competence and greater inherent validity in the research process.



In 2000, NMA realized an all-important programmatic vision — the establishment of a Division of Biomedical Education and Research within the NMA National Office. Through this Division, NMA will be developing the infrastructure, capacity, and strategic plan to improve the validity of clinical trials and biomedical research with respect to the problems of African Americans. One of the key objectives of NMA's research agenda is to increase the number of practicing NMA physicians who are actively engaged in clinical research. Toward that end, NMA's new research division conducted Clinical Investigator Training Workshops throughout the country, receiving rave reviews from participants.

NMA also has been involved in discussions with several organizations regarding mutual interests and possible collaborative efforts in our goal to have greater minority participation in clinical research. These talks have included, but are not limited to: the Food and Drug Administration, the National Institutes of Health, the Association of Clinical Research Professionals, the Association of American Medical Colleges, and the Pharmaceutical Research Manufacturers Association. Notably, the Division has initiated steps to create a database of experienced African American clinical investigators currently active in the United States.

This will allow the Association to identify mentors for novice investigators and create networks for industry- and government-sponsored clinical trials in the African American community.

NMA-TV



At the 1997 NMA Convention and Scientific Assembly in Honolulu, the National Medical Association launched "NMA-TV," an 18-hour per day, four-day televised production that is broadcast on the closed-circuit television station of the convention headquarters hotels. The scheduled programming is scientific and professional in content for which viewers earn continuing medical education credit in their hotel rooms between the regular on-site convention sessions. Through this format, the programming has been available to more than 3,000 convention participants. Written and verbal evaluations have been overwhelmingly positive with many individuals seeking to purchase copies of the video for subsequent viewing after the convention. This format was received so enthusiastically, members have requested copies of the broadcasts for their personal viewing.

Curriculum for Cultural Competence

Recent research studies published in the *New England Journal of Medicine* and the *Journal of the American Medical Association* have confirmed what the National Medical Association has been purporting for decades. Cultural factors can impact upon the physician and patient encounter and can negatively effect the type of treatment offered, patient compliance, and health outcomes. To address the need to increase cultural competence among physicians, NMA has initiated the development of a self-study curriculum series for physicians on African American health problems. This series will be authored by NMA members and will be an indispensable resource for all physicians who serve African American patients.

PARTNERSHIPS IN HEALTH

PUBLIC SECTOR PARTNERS

During the past five years, NMA has strengthened relationships among members of the Executive and Legislative Branches of the federal government, as well as policy makers at the state level. Such collaborations have been of mutual benefit in providing advocacy and programmatic support for national policy and regulatory priorities and educating the legislative process at the federal and state levels.

THE WHITE HOUSE

Within the past five years, the National Medical Association has found the White House responsive to its agenda and, conversely, the White House has found the need to call for support from the National Medical Association. For example, in 1996, the National Medical Association urged the White House to issue a long overdue apology on behalf of the nation for the Tuskegee Syphilis Study in which 300 African American men with syphilis were left untreated in order to study the effects of the disease. When this long-awaited apology was issued, 96th NMA President Randall C. Morgan, Jr., M.D. was invited to the White House to witness this historic event, alongside of the surviving study victims and their families.

In 1997, 97th NMA President Nathaniel H. Murdock, M.D. was invited to the Oval Office of the White House to witness President Clinton's announcement of his nomination of NMA member David Satcher, M.D., Ph.D. for United States Surgeon General and Assistant Secretary of Health. NMA was vehement in its

support of President Clinton's choice throughout the heated confirmation process. Ninety-eighth NMA President Gary C. Dennis, M.D. even participated in a press conference at the U.S. Capital on the evening prior to Dr. Satcher's confirmation, countering partisan attempts to defeat him; and was in the Oval Office when Dr. Satcher was sworn in for this dual post on February 13, 1998. In 2000, 101st NMA President Rodney G. Hood, M.D. was invited to the Oval Office to witness the signing of the Minority Health and Health Disparities Research and Education Act by Preident Clinton.

Congressional Black Caucus

NMA maintains a close relationship with members of the Congressional Black Caucus, participating in the CBC Health Brain Trust formerly under the leadership of the Honorable Louis Stokes. NMA took great pride when an NMA Board member, Donna Christian-Christensen, M.D. was elected to the U.S. Congress in 1996, representing the U.S. Virgin Islands, becoming the first female physician in Congress. Upon the retirement of Congressman Stokes in 1998, Congresswoman Christian-Christensen assumed the Chair of the CBC Health Brain Trust and continued to draw upon the considerable resources of NMA.

National Black Caucus of State Legislators

In 1999, NMA expanded its legislative relationships by establishing an alliance with the National Black Caucus of State Legislators (NBCSL). NMA National Officers and State Society Presidents met with NBCSL members for the first time to begin a dialogue on health concerns at the state level. Such an alliance will further enhance NMA's advocacy infrastructure within the states and provide a ready resource on health within state legislatures.

Department of Health and Human Services

From FY 1995/96 through FY 1999/00, the National Medical Association was awarded project grants from federal agencies totaling $5,242,772. Program support

Office of Minority Health

1995-2000 Cooperative Agreement

FY 1995-96	
Youth Initiative	$ 47,500
Women's Health Conference	18,000
Mazique Symposium	30,000
West Tallahatchie Mississippi	100,000
UNCF Summer Institute	60,000
Keepsake Guide	25,000
Series of Training	36,496
FY 1996-97	
Mazique Symposium	30,000
Keepsake Guide	7,000
West Tallahatchie Mississippi	95,000
FY 1997-98	
Mazique Symposium	55,000
Managed Care	250,000
Clinical Trials	250,000
West Tallahatchie Mississippi	60,000
FY 1998-99	
Mazique Symposium	55,000
Clinical Trials	200,000
FY 1999-00	
Mazique Symposium	55,000
Racism in Medicine	40,000
HIV/AIDS Leadership Development	150,000
Clinical Trials	200,000
Adult Immunization	190,000
HIV/AIDS Conference	15,000
Total	**$1,968,996**

has been primarily from agencies within the U.S. Department of Health and Human Services, including the Centers for Disease Control and Prevention, Office of Minority Health, Health Resources and Services Administration, Office of Disease Prevention and Health, National Institutes of Health, and Agency for Research on Health Care Quality.

In 1995, NMA entered a five-year cooperative agreement with the Department of Health and Human Services, Office of Minority Health, through which NMA supported the government's Healthy People 2000 agenda to reduce health disparities. Under that cooperative agreement, NMA conducted projects totaling $1,968,996 in grant support over the first five-year period of the agreement from 1995 through 2000. The Surgeon General's Healthy People 2010 agenda, goes well beyond the previous Healthy People 2000 agenda, calling for the elimination of health disparities rather than just a reduction. NMA will be continuing its cooperative agreement with the Department of Health and Human Services, Office of Minority Health to support this more aggressive 21st century agenda under a second five-year cooperative agreement beginning in fiscal year 2000/01.

The National Medical Association also forged unprecedented collaborations with three other Departments within the Executive Branch of the federal government, the Department of Agriculture, Department of Transportation and the Department of Defense. NMA joined the Department of Agriculture and four other medical societies in calling for healthy food choices in schools. NMA joined the Department of Transportation in creating a campaign to reduce traffic deaths and disabilities by increasing seat belt and car seat use. NMA supported the Department of Defense in staffing breast cancer tumor boards with NMA member medical oncologists at military facilities nationwide.

Private Sector Partners

Beginning in 1996, NMA has sought to further develop corporate partnerships beyond scientific program activities, which had traditionally been the extent of such relationships. Ninety-sixth NMA President Randall C. Morgan, M.D. spearheaded the economic development thrust. As a result, NMA has established collaborations with private entities that have allowed NMA to build internal capacity and innovative new programs.

The NMA Corporate Circle

The NMA Corporate Circle includes designated corporate partners that have supported the National Medical Association's efforts, at the highest levels, to build infrastructure and capacity to fulfill NMA's programmatic aims. In 1999, NMA inducted five corporate sponsors as charter members of NMA's Corporate Circle: Bank of America; Bayer Corporation, Pharmaceutical Division; Eli Lilly and Company; Pfizer Incorporated, U.S. Pharmaceuticals Group; and Procter & Gamble. In 2000, NMA recognized three Corporate Circle Partners for their support of new programmatic initiatives: Pfizer Incorporated, U.S. Pharmaceuticals Group; and Procter & Gamble; and Schering/Key Pharmaceuticals.

NMA Corporate Circle Partners

Bank of America

1999 Charter Corporate Circle Partner

Since 1996, Bank of America (formerly NationsBank) has partnered with NMA each year to elevate the production of the NMA annual award ceremony to a level more befitting of the caliber of individuals being honored. In 1998 and 1999, the Bank of America partnership expanded to take NMA's message on the road in a series of town hall-style meeting with local NMA societies, known as *NMA Live!*, graciously hosted by Bank of America.

Bayer Corporation, Pharmaceutical Division

1999 Charter Corporate Circle Partner

Since 1996, Bayer Corporation, Pharmaceutical Division and the National Medical Association have partnered over the past three years to present *Take It To HEART* — Health Education and Risk Tests. The program conducts health screenings events in African American communities nationwide, administering blood pressure checks, cholesterol screening, diabetes screenings, computerized coronary risk assessments, free consultations with local NMA physicians, and health education literature.

Eli Lilly and Company

1999 Charter Corporate Circle Partner

In 1998, Eli Lilly and Company joined in partnership with the National Medical Association to support to establish a Division of Health Policy and Medical Legislation in the NMA National Office. The creation of this infrastructure for health policy has increased NMA's effectiveness in the White House, in Congress, and within the various agencies in the Executive Branch of the federal government.

Pfizer Inc., U.S. Pharmaceuticals Group

1999 Charter and 2000 Corporate Circle Partner

The cornerstone of the partnership between the National Medical Association and Pfizer Incorporated is the development and distribution of the NMA and Ebony Magazine *Guide to Healthy Living* Videotape and Guidebook, a project that began in 1996. Taking this partnership even further, in 1998, Pfizer joined

NMA's partnership efforts initiated with Procter & Gamble to create and launch the NMA Physician Locator Service. Adding to NMA's video library in 1999, Pfizer supported the development of the award winning videotape, the *Guide to a Healthy Mind: Circle of Hope*, with NMA and the Magic Johnson Foundation. Also in 1999, Pfizer supported NMA's first Colloquium on African American Health in which NMA state society presidents and NMA officers underwent leadership training in health policy and advocacy. In 2000, Pfizer supported a documentary produced by the National Medical Association, a memorial tribute to NMA's 99th President.

Procter & Gamble

1999 Charter and 2000 Corporate Circle Partner

In 1998, Procter and Gamble was the first to respond to NMA's effort to implement a nationwide Physician Locator Service to assist consumers who are seeking to identify local African American physicians. In 2000, Procter & Gamble loaned NMA its Senior Medical Director, Dr. James Powell, to establish and head a Division of Biomedical Education and Research within the NMA National Office.

Schering/Key Pharmaceuticals

2000 Corporate Circle Partner

In 2000, Schering/Key Pharmaceuticals stepped in to champion NMA's scholarship endowment fundraising campaign by arranging and underwriting the entire production for NMA's largest scholarship benefit event to date. In addition, Schering/Key pledged to make a contribution of up to $50,000 to augment the revenue generated from ticket sales.

In addition to the Corporate Circle Partners, the National Medical Association gratefully acknowledges the more than 200 corporations, organizations and agencies that have supported the National Medical Association's scientific program and exhibition at the annual convention from 1995 through 2000.

COMMUNICATIONS AND CONNECTIONS

JNMA AND *NMA NEWS*

The *Journal of the National Medical Association (JNMA)* has been published continuously since 1909. It is the oldest, scholarly peer-reviewed publication devoted to African American health and currently has a monthly circulation of more than 30,000. As the 90th anniversary of this esteemed publication approached, a new cover and lay out design was introduced for a more contemporary look and for ease of reading. In 1999, coinciding with its 90th anniversary issue, A. Paul Kelly, M.D. became the new Editor-in-Chief of *JNMA,* becoming only the sixth individual to serve in this distinguished position since the journal's inception. In 2000, NMA took a bold step of self-publishing *JNMA,* ending the long-term relationship with an external publishing company. This strategic move, made possible by improved internal infrastructure to support publications activities, will allow NMA to reap greater financial benefit from its publications program.

Within the last five years, *NMA News,* the official newsmagazine of the National Medical Association, has undergone significant changes in terms of layout and content. Under the direction of Medical Director Linda O'Bannon, M.D., the publication is completely self-published, and sections and features have been added or expanded to focus on the issues relevant to African American physicians. The inclusion of the department, *NMA in Focus,* provides the opportunity to highlight Association members and activities at the national, state and local levels. Additionally, physicians are provided with synopses of medical literature that feature health issues affecting children, the elderly, women and men, as well as

legislative and policy news. Reader response to these innovations has been overwhelmingly positive. In fact, 'negative' responses to a readership survey conducted earlier in the year about the newsmagazine lamented its frequency, which is quarterly. Readers would like to see *NMA News* published monthly.

NMA Web Site

In 1998, NMA unveiled its new presence on the World Wide Web, www.NMA.net. This site was designed to be dynamic, interactive, information rich and a cyber-meeting place for NMA Scientific Sections, NMA Officers and members. Visitors can learn about NMA history, programs, services and benefits; become a member online; "meet" the Officers, Trustees and Regional Chairs; register for the convention and submit scientific abstracts; access NMA policy statements, press releases and *JNMA* abstracts; contact their Members of Congress; locate professional colleagues; and much more. In 2000, NMA totally upgraded its web site with leading-edge design and technical features, remaining abreast of this rapidly changing technology.

Virtual Town Hall Meetings

NMA has sought new and innovative ways of communicating with its members. One of the popular features on the NMA web site is the monthly virtual town hall meeting with the NMA President and a leading expert on timely topics. NMA members can participate in these online discussions from the convenience of their computers. Transcripts of previous online discussions remain archived on the NMA web site for future reference.

Recent Online Discussion Topics

July 2000	Pending Legislation Provides Health Care System Reform
June 2000	Obesity in School-aged Children and the Role of Nutrition
May 2000	The Role of the Physician in Traffic Safety
February 2000	Colorectal Cancer: A Growing Concern in the African American Community; Asthma in the Inner City
January 2000	Stemming the Tide of AIDS in the African American Community
November 1999	Is Your Practice in Violation of New Fraud and Abuse Laws?
October 1999	Overcoming the Toll of Breast Cancer in African American Women
September 1999	The Clock is Ticking! Are You Ready for Y2K?
July 1999	Clinical Trials: Past, Present & Future
June 1999	Tobacco Road
May 1999	A Matter of Race and Death
February 1999	Immunizing the Urban and Minority Child

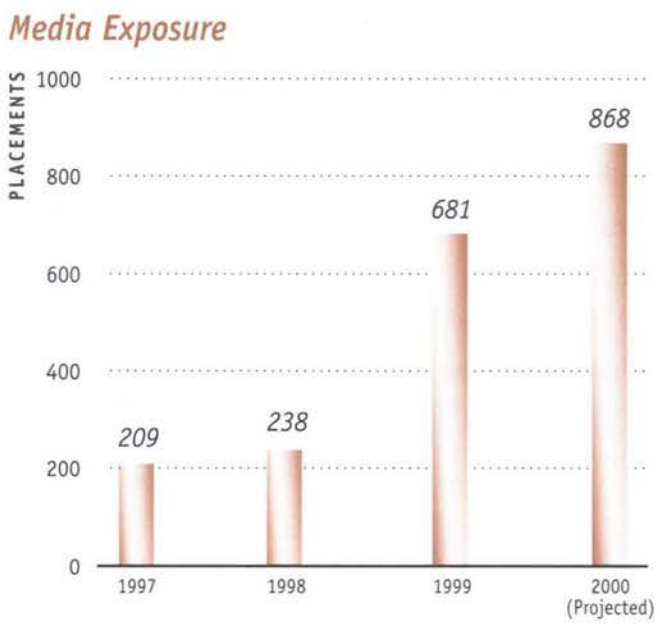
Public Relations

It is great for NMA to be fiscally healthy with leading edge programs and services. But, it is equally important that physicians, decision makers and health care consumers know the value of NMA's efforts. That is why NMA has stepped up public relations program efforts in recent years to get NMA's messages out.

In 1999, the number of articles about the National Medical Association in newspapers, magazines, and other print media was 385 percent greater than in 1998. TV and radio coverage about NMA in 1999 averaged about 8 broadcasts per month across all forms of media. Based on the first six months of 2000, it is projected that media coverage for the entire year will average 72 placements per month across all media. *(See below.)*

One of the biggest NMA news features in 2000 occurred in the first month.

FIGURE 1



Led by 99th NMA President Walter W. Shervington, M.D., NMA conducted a national press conference on the exclusion of African American physicians from managed care plans. As a result of this press event, print, TV and radio coverage on this important issue soared nationwide, including a feature story on the nationally syndicated "Jim Lehrer News Hour." This exposure led to dialogue for the first time between NMA and the American Association of Health Plans.

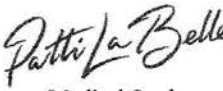
Future Leaders

NMA Scholarship Endowment Fund

With the assault on affirmative action within the past five years, the National Medical Association has been fervent in its "anti-anti-affirmative action" stance. Toward that end, NMA is committed to being able to provide medical student scholarships in perpetuity. Through strategic partnerships with corporate sponsors such as Black Entertainment Television, Tahati Productions, and Schering/Key Pharmaceuticals, since 1997, NMA has been able to realize enough proceeds from benefit events to establish a Scholarship Endowment Fund. As the principal in this fund continues to increase, the interest generated will allow an ever-growing and perpetual resource for medical student scholarships.

Patti LaBelle Medical Student Scholarship Fund

In 1995, singer Patti LaBelle made a cameo appearance at the NMA President's Ball and became so impressed by the sight of so many African American physicians that she decided to lend her talents to increasing their numbers by partnering with the National Medical Association. The following year, she began giving an annual concert for the NMA to benefit the newly established Patti LaBelle Medical Student Scholarship Fund. The fund is administered by the National Medical Association and provides scholarships in the amount of $5,000 to deserving students selected by NMA.



Medical Student Scholarship Fund

Physician and Medical Student Mentorship

African American students aspiring to become physicians greatly benefit from the wisdom and guidance of seasoned physicians who help them to successfully navigate the system of medical education and training. Toward that end, the National Medical Association established the National Minority Mentor Recruitment Network. In partnership with the National Health Service Corps of the U.S. Public Health Service, the Network was created with the goal of providing culturally sensitive role models for African American medical students and increasing the representation of African American primary care physicians.

NMA compiled a national database of minority physician volunteers who have committed to serve as mentors to minority medical students. These mentors serve as resources and supportive role models for career development, preceptorships, clerkships and residency program selection. Students are matched with physicians based on personal interest practice settings, medical specialty and geographic preference. The Network reached 126 medical schools, including the four medical schools in historically African American institutions. Because of the importance of this program to addressing the NMA workforce diversity objectives, NMA has actively sought additional financial support to sustain this effort.

Anti-Affirmative Action

In 1996, the State of California adopted Proposition 209, legislation that outlawed affirmative action programs in state supported institutions. In 1998, the State of Washington enacted similar anti-affirmative action legislation with the adoption of Proposition 200. This legislation has the potential for devastating impact on the enrollment of underrepresented groups in medical schools in state supported institutions. NMA was among many organizations of conscience that opposed this legislation. When those efforts failed, NMA fought back. Two NMA annual conventions had been slated for those two states, i.e., San Diego, California for 1997 and Seattle, Washington for 2001. The NMA Board of Trustees and House of Delegates voted unanimously to boycott those states and NMA relocated those conventions to other cities. Given that the economic impact of NMA conventions on the host city has reached as high as $7.5 million, by withdrawing the convention, NMA levied a serious economic sanction on those states.

Homage to the Past and Present

Celebrating the NMA Legacy



NMA's "date of birth" was September 18, 1895. In commemoration of its 1995 centennial year, the NMA convention was held in Atlanta, Georgia where NMA was founded. One of the highlights of the centennial convention was a symbolic march by NMA members to the First Congregational Church in Atlanta where the founding physicians of the National Medical Association met 100 years earlier to establish the organization.

The National Medical Association continued its year-long centennial celebration throughout the remainder of 1995 and 1996. NMA also memorialized its founding by commissioning two works of art.

Sculptor Ed Dwight created "The Doctor," a magnificent eight-feet tall, bronze sculpture depicting a turn of the century physician who might have lived during the time NMA was founded. The work was unveiled and dedicated during the spring 1996 commencement at Morehouse School of Medicine, where the work has been displayed on loan. The poem, "Ode to the Bronze Doctors," written by NMA Executive Director Lorraine Cole, Ph.D. and Vincent Stovall in honor of all Black physicians throughout history, was debuted at the unveiling and dedication ceremony.

The second commissioned work, created by acclaimed artist Joseph Holston, is a multicolored abstract oil painting that depicts the concepts of competence, knowledge and service — characteristics that embody the essence upon which the National Medical Association was founded. The work of art was unveiled

at the President's Ball during the 1996 NMA convention in Chicago. This original work hangs prominently in the NMA National Office and has graced the cover of the *Journal of the National Medical Association* since 1998. Joseph Holston subsequently created a limited edition serigraph series of the piece, with partial proceeds from the sales benefiting the National Medical Association.

Medical Luminaries



The National Medical Association is the only national organization that has paid public tribute on a regular basis to African Americans who have made outstanding achievements in health and medicine. The awards ceremonies of the National Medical Association have always been dignified affairs that mark individual milestones in the ongoing history of medicine. But, in 1996, NMA elevated the production of the NMA annual award ceremony to a level more befitting of the caliber of individuals being honored. An entirely new, broadcast quality standard was established, utilizing professionally designed stage sets; employing professional sound, lighting and multimedia effects; and developing a scripted, choreographed professional program on the level of "corporate theater." Each subsequent year, NMA has raised the bar on the production quality of this program, making it a standing-room-only event.

Historically, the National Medical Association has regularly bestowed four national awards: Practitioner of the Year, Meritorious Achievement Award, Local Society of the Year Award, and Scroll of Merit.

Practitioner of the Year Award

The Practitioner of the Year Award signifies peer recognition for demonstrated service and characteristics that exemplify the highest standards of professionalism and sense of community. Since 1995, the following physicians were so honored:

2000 — Arthur H. Coleman, M.D.

1999 — James Kent Bennett, M.D., F.A.C.S.

1998 — Terry Mason, M.D., F.A.C.S.

1997 — Hayes H. Davis, M.D.

1996 — *No award given*

1995 — Roy L. Schneider, M.D.

Meritorious Achievement Award

The Meritorious Achievement Award is given for noted national and international achievement and prominence. Presented since 1997, the following recipients have been honored:

2000 — Luther D. Robinson, M..D.

1999 — Henry Moses, Ph,.D.

1998 — Griffin Platt Rodgers, M.D.

1997 — John A. Kenney, Jr., M.D.

Local Society of the Year Award

The Local Society of the Year Award is presented to NMA-affiliated local societies that demonstrate exemplary leadership in membership recruitment, community service and continuing medical education. Over the past five years, the following societies were awarded:

2000 • large society	—	Detroit Medical Society, Detroit, Michigan
2000 • small society	—	Middle Georgia Medical Society, Macon, Georgia
1999 • large society	—	Monumental City Medical Society, Baltimore, Maryland
1999 • small society	—	Bluff City Medical Society, Memphis, Tennessee
1998 • large society	—	Charles R. Drew Medical Society, Los Angeles, California
1998 • small society	—	C.A.Whittier Medical Society, San Antonio, Texas
1997 • Local society	—	Monumental City Medical Society, Baltimore, Maryland
1996	—	*no award*
1995 • large society	—	Sinkler-Miller Medical Society, Berkeley, California
1995 • small society	—	Monument City Medical Society, Baltimore, Maryland

Scroll of Merit

The Scroll of Merit is the National Medical Association's highest honor, designated by the President and Chairman of the Board of Trustees, to individuals or organizations whose efforts and contributions have been preeminent in medicine, health advocacy, or service to the National Medical Association. Recipients since 1996 were:

2000 — Chester M. Pierce, M.D., Professor of Education and Psychiatry Emeritus, School of Public Health, Harvard University.

2000 — Helene Gayle, M.D., Director for the National Center for HIV, STD and TB Prevention & Jacob Gayle, Ph.D., Senior Technical Advisor, Joint United Nations Program on HIV and AIDS, World Bank.

2000 — Phillip M. Smith, Sr., M.D, Past President, National Medical Association

2000 — Gerald Thomson, M.D., Lambert and Sonneborn Professor of Medicine and Senior Associate Dean, Columbia University.

1999 — Herbert Wallace Nickens, M.D. (posthumously), Vice President for Minority and Community Programs, Association of American Colleges

1999 — Marilyn Gaston, M.D., Associate Administrator for Primary Care and Assistant Surgeon General, United Stated Public Health Service

1999 — Ramona Mae Tascoe, M.D., Oakland, California

1999 — Black Entertainment Television (BET) Publications

1998 — Earvin "Magic" and Cookie Johnson, Magic Johnson Foundation

1998 — Paula Renee Mahone, M.D. and Karen L. Drake, M.D., Iowa Methodist Medical Center

1998 — Clive O. Callender, M.D., Chief of Surgery, Howard University Hospital

1998 — Kweisi Mfume, President and CEO, National Association for the Advancement of Colored People (NAACP)

1997 — David Satcher, M.D., Ph.D., Director, Centers for Disease Control and Prevention

1997 — Jordan J. Cohen, M.D., President, Association of American Medical Colleges

1997 — Charles H. Epps, Jr.,M.D., Special Assistant to the President for Health Affairs, Howard University

1997 — William H. Cosby, Jr., EdD, Humanitarian

1996 — Vivian W. Pinn, M.D., Associate Director, National Institutes of Health

1996 — Honorable Cardiss Collins, U.S. House of Representatives

1996 — Calvin C. Sampson, M.D., Editor-in-Chief, Journal of the National Medical Association

1996 — Rae Lewis Thornton, AIDS Activist

1995 — Bernard A. Harris, M.D., FACP, Astronaut

1995 — James D. Walker, Sr., Archivist

1995 — J.W. Carmichael, Ph.D., Director, Premedical Program, Xavier University of Louisiana

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Class of Gold

In 1999, the National Medical Association began paying homage to a revered group of individuals within the membership, aptly dubbed the "Class of Gold." These are NMA physicians with 50 years of service in the medical profession. The first Class of Gold consisted of all members who have been in practice from 1949 or earlier, and 58 individuals were so honored. In 2000, 44 NMA members from the Class of 1950 were recognized.

NMA Mourned the Loss of its 99th President



The National Medical Association lost its 99th President, Walter W. Shervington, M.D., to cancer on Saturday, April 15, 2000, the first time that a sitting NMA President died in Office. Dr. Shervington, a psychiatrist and hospital administrator in New Orleans, Louisiana, was a member of NMA for over 30 years. During his tenure with the Association, Dr. Shervington served in numerous leadership roles, including Chairman of the Section on Psychiatry and the Behavioral Sciences; Delegate, Secretary, Vice Speaker and Speaker of the House of Delegates; Chairman of the Board, Vice President, and President-Elect. In August 1999, he became the Association's 99th President. The NMA Past Presidents participated in a special ceremony to induct Dr. Shervington into the Past Presidents Council posthumously. A memorial tribute was held in his honor during the NMA 2000 Annual Convention in Washington, DC. In accordance with the National Medical Association By-Laws pertaining to succession of the Presidency, Vice President Javette C. Orgain, M.D. was installed as the 100th President of the National Medical Association on April 15, 2000.

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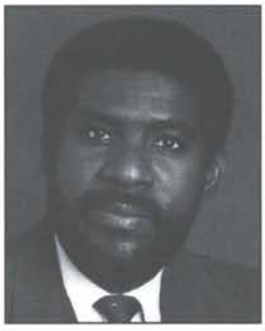
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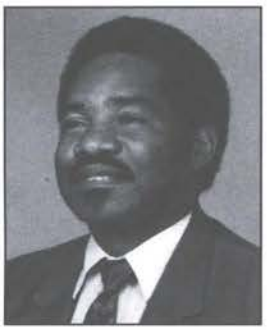
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1895–1897

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Nashville, Tennessee
1898–1900

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Bowling Green, Kentucky
1901–1902

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Nashville, Tennessee
1903

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Dallas, Texas
1904

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Lexington, Kentucky
1905

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1906

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1907

W. H. Wright, M.D.
Baltimore, Maryland
1908

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1909

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Newport, Rhode Island
1910

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Washington, D.C.
1911

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Charles, West Virginia
1912

John A. Kenney, Sr., M.D.
Tuskegee Institute, Alabama
1913

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Birmingham, Alabama
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Wilson, North Carolina
1915

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1916

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1917

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1918

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1919

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1920

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1922

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1923

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1924

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1925

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1926

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1927

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Macon, Georgia

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1895–Present

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El Cajon, California

Leonard E. Lawrence, M.D.* 1993
San Antonio, Texas

Tracy M. Walton, Jr., M.D.* 1994
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Yvonnecris Smith Veal, M.D.* 1995
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Gary, Indiana

Nathaniel H. Murdock, M.D.* 1997
St. Louis, Missouri

Gary C. Dennis, M.D.* 1998
Washington, D.C.

Walter W. Shervington, M.D. 1999
New Orleans, Louisiana

Javette C. Orgain, M.D.* 2000
Chicago, Illinois

Rodney G. Hood, M.D.* 2000
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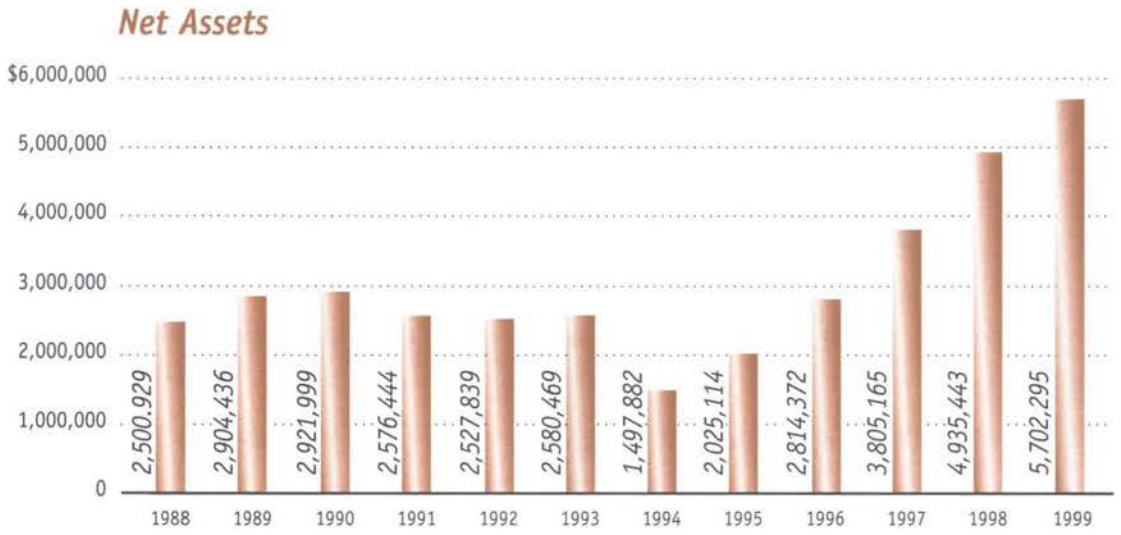
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FINANCIAL REPORT

During the period between 1995 and 2000, the National Medical Association has had the most tremendous financial growth in its 105-year history. In fact, a review of NMA's net assets for the past twelve years reveals a stark contrast between the years that preceded 1994 and the years that followed 1994. Prior to the 1995 centennial year, NMA's financial picture remained relatively flat. For six consecutive years, from1988 through 1993, NMA's net assets fluctuated only slightly between $2.5 million and $2.9 million.

NMA rebounded from a substantial setback in 1994. An austerity period was instituted during which expenses were cut or frozen. New financial policies were instituted that allowed greater financial accountability, oversight and controls in all cost centers. There has been careful monitoring of NMA's major revenue sources and strategic efforts to increase revenue from those sources. NMA initiated a concerted focus on economic development of new resources through corporate partnerships. As a result of these combined efforts, NMA's flat financial trend changed dramatically. NMA's audited financial statements show a steep and steady incline in net assets of approximately $1 million each year since NMA's 1995 centennial year. This impressive rise of more than 180 percent during this period reached an all time high of nearly $6 million in 1999 (Figure 1, page 62). In 2000, for the fifth consecutive year, it is anticipated that NMA will end the year with all bills paid, with no need to acquire a loan to remain operational, and with a new record high in net assets (Figure 1).

FIGURE 1



Four sources contribute to 81 percent of NMA's programmatic and operating revenue. Over the five-year period of 1995 through 1999, the average percentage of overall revenue from these four sources have been: Convention, 27 percent; Membership Dues, 19 percent; Scientific Sections, 18 percent; and Sponsored Programs, 17 percent (Figure 2).

FIGURE 2

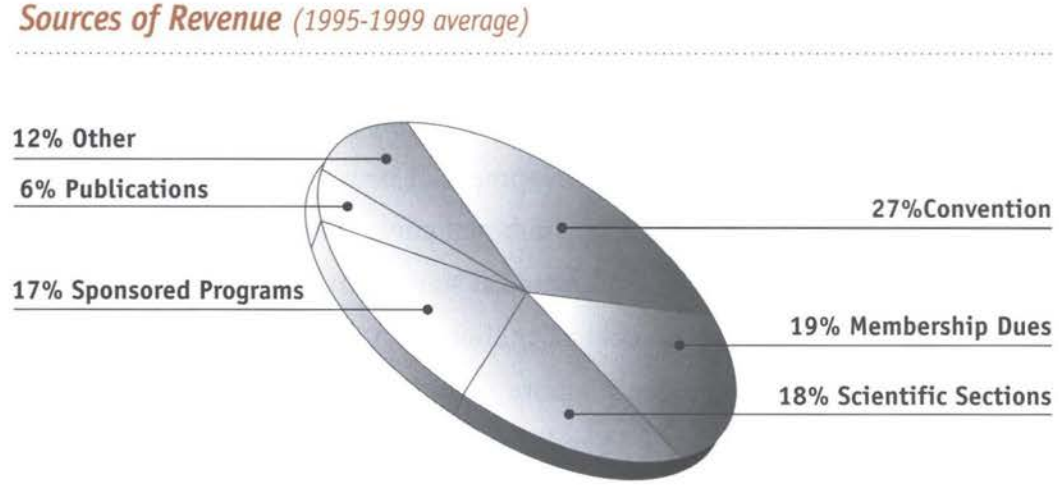
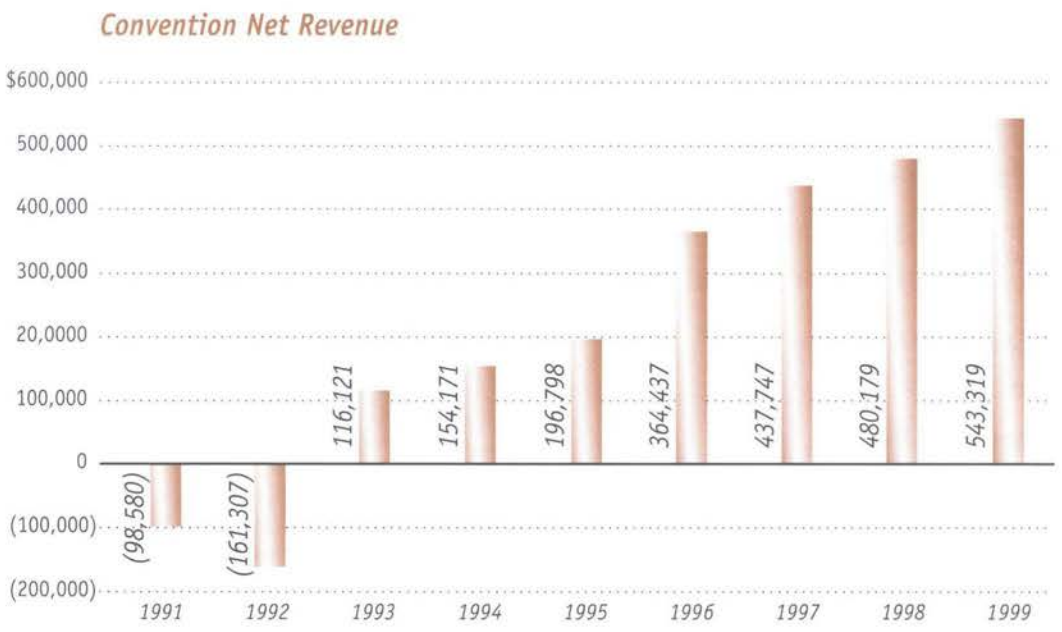


FIGURE 3



Over the last five years, NMA's most substantial source of revenue has been generated from the annual convention. Prior to 1993, the convention resulted in a financial loss for the Association. Between 1993 and the 1995 centennial, NMA began to achieve a modest income from approximately $100,000 to $200,000 in net revenue. In the past four years, with greater accountability of both revenue and expenses, we have realized a sustainable growth in net convention revenue from approximately $365,000 to $535,000 (Figure 3).