Blacks in Medicine

Statuette of Imhotep in the Louvre, Paris. (Image courtesy of Hu Totya CC 3.0) (By anonymous, CC BY-SA 3.0, https://commons.wikimedia.org/w/index.php?curid=657268)

Imhotep, son of mythical creator god Ptah, was born in Egypt about 3000 BCE. During his life, he was renowned as a philosopher, sage, scribe, poet, astronomer, chief lector priest, magician, and architect. He designed and constructed the first man-made stone structure, the Step Pyramid at Saqqara, part of the necropolis of the ancient Egyptian city of Memphis.

He was most famed for his skill as a physician and is generally considered the original author of the content of the *Edwin Smith Papyrus*, the oldest known surgical treatise on trauma (ca. 1600 BCE), which contains almost 100 anatomical terms and describes 48 injuries and their treatment. (Many historians believe that the text of the Smith papyrus was copied from a much older document originally written by Imhotep.) The first phrases of the Smith papyrus demonstrate that thousands of years before William Harvey, the ancient Egyptians directly associated the pulse with the heart, understanding its importance as the central organ of the body. In the papyrus, injuries are assessed with palpation, described and diagnosed rationally, with treatment, prognosis, and explanatory notes.

Imhotep was the first known physician to extract medicine from plants and is remembered for viewing disease and injury as naturally occurring, not as punishments inflicted by the gods, spirits, or curses. He was known as a medical demigod 100 years after his death and was elevated as a full deity by the Egyptians in c. 525 BCE, paving the way thousands of years before the arrival of the Greek/Roman god Asclepius and the Greek father of medicine, Hippocrates.

Richard Allen Williams

Blacks in Medicine

Clinical, Demographic, and Socioeconomic Correlations

Springer

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The symbol for the new book is the African Sankofa bird, a mythical animal depicted in the Akan (Adinkra) writing system as flying forward with its head turned backward. The egg in its mouth represents the "gems" or knowledge of the past upon which wisdom is based; it also signifies the generation to come that would benefit from that wisdom. This symbol may be associated with the Akan proverb, "se wo were fi na wasankofa a yenki," which means "it is not wrong to go back for what you have forgotten."

Book Theme

"Baraka Sasa," an old Swahili expression meaning "blessings now."

By ten things is the world created,
By wisdom and by understanding,
And by reason and by strength,
By rebuke and by might,
By righteousness and by judgment,
By loving kindness and by compassion.

–Talmud Higaga 12A

The sudden and unexpected passing of Bernard J. Tyson on November 10, 2019, at the age of 60 was a tragic loss not only for his family, friends, and colleagues but for the world of healthcare. As chairman and CEO of Kaiser Permanente, the giant HMO, he had taken corporate responsibility in healthcare delivery to a new level during his tenure at Kaiser's helm beginning in 2013. During this time, he presided over an increase in Kaiser's fortunes from 9.1 million members and an annual revenue of $53 billion in 2013 to 12.3 million members and revenue of $79.7 billion in 2018. In addition, he remained steadfastly within the Affordable Care Act (ObamaCare) as a member of the exchanges in California at a time when other major insurers bailed out in 2017. I had the opportunity to speak with him about how to deal with healthcare deficiencies and disparities suffered by blacks and other minorities when I invited him to give the keynote speech at the

National Medical Association Colloquium in Los Angeles in March 2016. That is when I learned of his plan to build a new medical school in Pasadena, California, that would focus on recruiting disadvantaged underrepresented minority students and providing tuition-free medical education for them. True to his word, Kaiser is set to open its medical school in Pasadena in 2020, and tuition will be waived for the first five classes. (One might say that this is truly "putting your money where your mouth is.")

Six days before he died, Tyson published an article in Time magazine (November 4, 2019) titled "Where You Live Should Not Determine Your Healthcare." In it, he described his belief that "Health is about so much more than the care we provide at a hospital or medical office." He also stated that "An individual's ZIP code can be a more accurate driver of health than their genetic code," an opinion also articulated in Chap. 9 of this book. What he was stressing was his belief in the importance of the socioeconomics of health and its impact on communities. In the Time article, he cited evidence that select neighborhoods experience higher rates of certain diseases and went on to show how healthcare organizations such as Kaiser can participate in solving the multitude of problems facing impacted communities. In line with this philosophy, he further stated that "It is time for us to engage in the fight for health beyond our walls." and presented Kaiser's approach to this by launching a social health network which he called "Thrive Local" in which their technology partner Unite Us is integrated into Kaiser's electronic health record system, which allows healthcare workers to refer clients who are in need of special services directly to community organizations and social service agencies that can help them. And stepping up to the plate of financial need again, Kaiser made an impact investment of $200 million last year to address homelessness and housing affordability.

It should be obvious, therefore, that Bernard J. Tyson was a man who deserves to have a book dealing with healthcare issues facing vulnerable populations dedicated to him. He has not only talked the talk—he also walked the walk. I consider him a true hero in the struggle against healthcare disparities. A giant has fallen, but hopefully his example and the lessons he taught us will be perpetuated and will help us to realize the motto that Tyson authored in 2004 as a senior vice president and that Kaiser Permanente still uses today—"thrive."

Richard Allen Williams, MD

Foreword

The farther backward you can look, the farther forward you can see.

This statement, attributed to Sir Winston Churchill, epitomizes the importance of recognizing the past as a prologue to the future, which is a tenet that Dr. Richard Allen Williams has observed in writing *Blacks in Medicine*. This book, his ninth volume contributed to the medical literature, is a sweeping and comprehensive exposition that covers the broad field of clinical medicine, that delves into the demographic aspects of healthcare delivery, and that intermixes a societal component consisting of the socioeconomics of health, all superimposed on a historical background dating back 5000 years to Imhotep, the Egyptian/Nubian who was the first doctor known to the world, and ranging forward over the centuries and millennia to the present time. I would conjecture that such a complex interplay of multiple factors incorporating numerous dimensions into a single book is a rarity in medical writing, and it is indicative of the fact that Dr. Williams, the sole author, has a gift for this type of endeavor. However, knowing him as I do, I would not expect anything less based on his almost encyclopedic knowledge of all of the discrete ingredients that he has placed into the mix, as well as the clinical, educational, and institutional experience that he has gained over the past 50 years.

Those ingredients form the substance of the book's main purpose, which is to focus attention on the long-running crisis in healthcare delivery faced every day by 40 million African Americans, who are constantly besieged by medical problems that threaten their survival as a race. It leads off with a description and an analysis of some of the principal threats that are delivered up to the black population as examples of healthcare disparities, thus carrying on the theme of inequities in health status and healthcare delivery that was initially articulated in Dr. Williams's iconic book *Textbook of Black-Related Diseases* (1975) (now in the Smithsonian Institution), continued with the *Report of the Secretary's Task Force on Black & Minority Health* (1985) (also known as the Heckler Report), and punctuated with the Institute of Medicine (IOM) Report in the groundbreaking book *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (2002), which set the tone for how we view healthcare disparities. The historical component is invoked early on, and repeated references to slavery as the root cause of the deficient and inequitable healthcare system are made, as emphatically and expertly detailed by Byrd and Clayton in their blockbuster work, *An American Health*

Dilemma: A Medical History of African Americans and the Problem of Race: Beginnings to 1900 (2000). The perspective of the African American medical practitioner is also in focus as an integral part of the black experience in medicine. This is a topic that I have written about in my book, *Seeing Patients: Unconscious Bias in Health Care* (2011), in which the unique view of medicine as seen through the eyes of a black doctor is presented; it contains some explanation of how healthcare disparities occur and what can be done to prevent them.

Historical details about African American doctors and our trials and tribulations in attempting to establish a healthcare capability of our own are very richly described in *Blacks in Medicine*, and the legacy of those physicians who sacrificed so much in order to do this is documented with a recognition of some of the outstanding blacks in the medical history of the United States. Although this has been attempted in several books and papers in the past, such as in the late Dr. Claude Organ's magnificent two-volume book, *A Century of Black Surgeons* (1987), the descriptions have been fragmentary. Although Dr. Williams recognizes that he cannot include everyone who deserves such recognition, he has done a commendable job in highlighting many who have worked in the trenches, caring for indigent black patients and leading the struggle for justice in healthcare delivery and education without adequate return or sufficient reward for so long. The struggle to establish black medical schools and hospitals for the education and treatment of African Americans is explored as a part of the historical exposition.

Nothing in the current context of healthcare delivery is more impactful than the issue of healthcare reform and all of the political implications associated with it. Accordingly, this book continues the examination of that subject that Dr. Williams wrote extensively about in his highly regarded book, *Healthcare Disparities at the Crossroads with Healthcare Reform* (Springer, 2011). It is fitting that the discussion of this subject is open-ended, because the nation is still attempting to determine the most appropriate healthcare system to adopt. Thus, the book has a great deal of current relevance regarding the political scene, especially as this issue affects African Americans.

After entering into a discourse on the current health status of blacks, including their longevity, some surprising statistics and trends are revealed that are emblematic of the unique nature of disease affecting the black population. This is particularly significant since this information can inform our healthcare system about whether the medical treatment of African Americans is headed in the right direction, and it also suggests what changes may be needed to alter the course. This could be critical in the long term.

Finally, the book winds up with a chapter on the socioeconomic determinants of health, which Dr. Williams declares is a more important issue than access to care. This has to do primarily with the factors that impact us in our neighborhoods and communities of risk, such as the environment, housing, poverty, clean water, food resources, income, and access to medical resources. This is the most forward-looking part of the book, and it encompasses the overarching issue that he strongly feels holds the greatest promise for eliminating disparities and for making a real impact on the healthcare crisis that we have endured as a race for the past 400 years

since American slavery began in 1619. Dr. Williams's analysis is deeply insightful and contains wisdom that is crucial to the interests and survival of African American patients.

The legendary late poet and writer, Maya Angelou, wrote a poignant poem that speaks to the horrible conditions that have been imposed upon blacks for centuries and also to the resiliency, determination, and strength that black people have demonstrated in surviving those oppressive conditions. Below is an excerpt.

Out of the huts of history's shame
I rise
Up from a past that's rooted in pain
I rise
I'm a black ocean, leaping and wide,
Welling and swelling I bear in the tide.

Leaving behind nights of terror and fear
I rise
Into a daybreak that's wondrously clear
I rise
Bringing the gifts that my ancestors gave,
I am the dream and the hope of the slave.
I rise
I rise
I rise.

And like the air, whose indomitable spirit was extolled in this poem, African American people will continue to rise despite repeatedly being knocked down and run over time and time again. This splendid book, *Blacks in Medicine*, will provide some of the information that we need to survive and prevail in an increasingly hostile environment. It is recommended reading for everyone, not only for African American families involved with healthcare but especially for medical caregivers engaged in the contemporary healthcare industry.

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Preface

The subject of health problems in blacks is not well known and has not been adequately researched. This deficiency in our knowledge base has had serious medical consequences, such as incorrect treatment of certain diseases and lack of information regarding the fact that blacks may have different illness characteristics than whites. I first called attention to this situation in the *Textbook of Black-Related Diseases*, which I authored in 1975. Although that publication was successful in shedding light on the fact that blacks possess special medical circumstances and may have different healthcare needs, it did not explore the complete context of these problems over the course of history. Unless it is known how certain medical problems originate and evolve over time, it's impossible to fully comprehend the impact that this problem may have on a group of people. Solutions to those problems also depend in part on that relationship.

What is also implied here is that the historical context in which medical problems occur can influence their clinical expression. For example, poor medical treatment of blacks in the South for conditions such as tuberculosis led to the development of chronicity and resistance as well as endemic spread of this disease. This was documented among black mill workers in the twentieth-century South. It was not until public health measures were instituted that this deadly situation was improved. Another example is the transmission of infectious diseases such as measles from one society where it prevailed to another where no immunity existed. This occurred in several instances in history, including the transmission of measles to the Hawaiian Islands in the seventeenth century that virtually wiped out the indigenous native Hawaiian population and to Africa in the fifteenth century. Unless medical conditions are viewed in the temporal, demographic, and socioeconomic milieu in which they occur, the complete picture of how and why they affect certain groups of people such as blacks in a fashion that is different from the usual way will not be completely understood. Although it has been well established that blacks and whites may experience disease differently, the impact of factors such as time, environment, and poverty must be analyzed along with the clinical presentation of illness; otherwise, attempts to treat the condition successfully may fail, and prevention of similar cases among others in that same group may not be possible.

This small book is being written to answer some questions as to why there has been a pattern of poor and deficient health status among blacks throughout their history. It is not sufficient to blame everything on slavery; that theory is too

simplistic to explain all of the peculiarities of diseases of blacks. Racism, which has been a pervasive and nefarious social attitude in the United States and throughout the world throughout recorded history, has been documented repeatedly, but it is not the entire reason for the phenomenon either. Recently, we have learned to appreciate the impact of what are called the socioeconomic (or social) determinants of health, and these factors are examined in the book as to how they influence and shape the expression of illness in blacks as well as the delivery of healthcare. This is a new and very essential paradigm in our approach to the question of how to improve healthcare delivery for blacks.

Another dimension that this book contains is an analysis of the medical education system in the United States and how its deficiencies affect black health. This pertains to the inadequate education of blacks throughout our history and the insufficient production of African American medical professionals that has handicapped our desire to be able to treat and to heal ourselves. We have found ourselves in a most peculiar and very precarious situation, in which black citizens have been poorly treated by the predominantly white medical system, while at the same time, we have been denied the means of taking care of ourselves. Black civil rights activist Fannie Lou Hamer declared that "we're sick and tired of being sick and tired"; underlying that poignant expression was a frustration with a healthcare system that does not deliver on its promise to provide excellent treatment for all, regardless of race and ethnicity.

Certainly, it is important to highlight the efforts and contributions of black doctors and other healthcare professionals in order to paint a better picture of how blacks have been a part of the medical equation. These individuals, who should be regarded as nothing less than heroes in our society, have been accorded little recognition in our standard medical history texts and in fact have been excluded from mainstream medicine for most of our history. They should be lauded and elevated to their proper places in the pantheon of medical heroes, and their clinical exploits should be broadly appreciated by students and practitioners of medicine. One of the purposes of this book is to attempt to do just that.

There have been several books that have documented the role of blacks in medical history, and although that has been an important function, that is not the main purpose of this one. The principal wish is to link clinical experiences that blacks have had with the surrounding and perhaps causative factors that relate to their poor health status compared to that of whites. In addition, there is an attempt to use the information supplied to suggest preventive measures that might keep history from repeating itself to the continued detriment of our black citizens. In other words, it is an effort to use the examples of history as lessons that may be employed to provide a transition to a new era in which these historical elements become tools that help to improve black health status and to eliminate healthcare disparities, which is dealt with in the last part of the book in conjunction with an analysis of the Affordable Care Act. Thus, the circle of literary exposition going from ancient origins of the healthcare problems of blacks to the present-day efforts to achieve equity in healthcare delivery will have been completed, carrying out my intentions proclaimed in two of my previous books, *Eliminating Healthcare Disparities in America: Beyond*

the IOM Report (Humana, 2007) and *Healthcare Disparities at the Crossroads with Healthcare Reform* (Springer, 2011). It should be understood that this is not an attempt to provide all of the answers to the question of why blacks suffer from deficient health status; rather, it intends to provoke thought about the origins of those problems and how they may be linked to factors that connote a certain sickness in our society.

This is the last of nine books that I have authored on the general subject of healthcare disparities and the need for greater understanding of the health problems of minority populations and of blacks in particular. I hope that I have provided some information to give incentive to younger generations of health equity activists, whom I challenge with the question: *What will you do with it?*

Encino, CA, USA Richard Allen Williams, MD, FACC, FAHA, FACP

Acknowledgments

Anyone who has ever attempted to write a book knows that it involves more than one person, even if there is only a single author. This book is an example of that dictum. I would like to express my deep gratitude to my colleagues, friends, students, and mentees who voluntarily provided significant input and contributed in various ways to its completion. The main helpers were Darlene Parker-Kelly; Winston Price, MD; Genita Evangelista Johnson; Tselane Gardner; Yasmine Griffiths; Dimeji Williams; Dr. Sylvia Drew Ivie; Erin Johnson; Cassandra McCullough; Jeryl Bryant; Tierra Dillenburg; Yvette Lee; Rachel Williams; and Katrese Phelps-McCullum. There were others who helped but are too numerous to name.

I also want to recognize the outstanding guidance and assistance given to me by my developmental editor, Katherine Kreilkamp, who urged me on for 3 difficult years to complete the book.

Richard Allen Williams, MD

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About the Author

Dr. Richard Allen Williams was impacted by healthcare disparities from birth when he was delivered by a midwife at home in the ghetto of Wilmington, Delaware, just as his seven older siblings had been, because his parents could not afford hospital care. When he was a toddler, he almost died from severe pneumonia that he contracted from living in substandard housing under wintry conditions. However, he was able literally to weather the storm and not only to survive but also to thrive. Attending all-black schools in segregated Wilmington from kindergarten through 12th grade, he graduated at the top of his class and won a full scholarship to Harvard in 1953 as the first black student from Delaware to matriculate there. His Harvard class of 1957, which celebrated its 60th anniversary in 2017, was the first to have integrated dormitories and dining facilities. However, the private fraternities, called eating clubs, were closed to him. He graduated with honors and went on to graduate from medical school at the State University of New York Downstate Medical Center, which bestowed an Honorary Doctor of Humane Letters degree upon him last year at Carnegie Hall. He subsequently became the first African American intern at the University of California, San Francisco Medical Center and later became the first black postgraduate fellow (Cardiology) at Brigham and Women's Hospital and Harvard Medical School.

While at the Brigham, he established a groundbreaking program called the Central Recruitment Council in collaboration with Harvard Medical School Dean Dr. Robert H. Ebert, which was successful in recruiting black students and postgraduate trainees (interns, residents, and fellows) for the first time in Harvard's storied

history. He was given a Lifetime Achievement Award for this pivotal accomplishment, which changed the face of diversity at Harvard. He later joined the Harvard Medical School Faculty as an instructor and junior associate in Medicine, following which he accepted an appointment at the new Dr. Martin Luther King, Jr. Community Hospital in Watts, California, as the inaugural assistant medical director in 1972. It was there that he succeeded in securing a $2.7 million grant from NIH to establish the King-Drew Sickle Cell Center, one of the first in the nation, of which he became the director. He moved to UCLA in 1974 and eventually headed the Cardiology Department at the UCLA-West Los Angeles VA Hospital. He was promoted to full professor at UCLA in 1984.

In 1975, McGraw-Hill published his first book, the pioneering *Textbook of Black-Related Diseases*, which was a presentation on how blacks experience illness. It emphasized the importance of recognizing race, ethnicity, and culture in the diagnosis, evaluation, and treatment of patients and the need to collect health data according to the patient's racial and ethnic designation, which the federal government and other healthcare entities now do. His first book was recently accepted for inclusion in the National Museum of African American History and Culture of the Smithsonian Institution, the first medical book written by a black physician to be so honored. He also edited several other books, including *Humane Medicine*, Vols. I and II (1999, 2001); *The Athlete and Heart Disease*: *Diagnosis, Evaluation & Management* (1999); *Eliminating Healthcare Disparities in America: Beyond the IOM Report* (2007); *The Heart of The Matter* (2008); and *Healthcare Disparities at the Crossroads with Healthcare Reform* (2011).

He was the Founder of the Association of Black Cardiologists (ABC) in 1974 and of the Minority Health Institute (1985). In 2016, he was elected President of the National Medical Association. He has received many honors, awards, and honorary degrees and was inducted into Fellowships of the American College of Cardiology (FACC), the American Heart Association (FAHA), and the American College of Physicians (FACP). In 2014, he was the first black physician to receive the LifeSaver Award from the American Heart Association. In 2019, he received both the inaugural Distinguished Award for Diversity and Inclusion from the American College of

Cardiology and the inaugural Excellence in Medicine Humanitarian Award from the American Medical Association Foundation in recognition of his 50 years of accomplishments and dedication to eliminating health-care disparities. More recently, he received the iconic John P. McGovern Compleat Physician Award from the Houston Academy of Medicine, following a tradition established by Osler, Cooley, and DeBakey.