COMMISSIONER BENJAMIN L. HOOKS' SPEECH
BEFORE THE NATIONAL MEDICAL ASSN.'S
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20th Century Post Black Reconstruction

Dr. Coleman. Esteemed members of the National Assn. Medical
Assn. Honored Guests, and friends.

Everywhere I go to speak these days I first look up the literature
of the organization I am scheduled to address. If no mention in any of
their publications, speeches, etc., is made of a campaign it has success-
fully staged to acquire life or other memberships for the NAACP, I begin
to fidget and think up excuses that would put me in other parts of the
country some distance from the offending organization.

I was happy, President Coleman, to note that your organization is
on the side of the angels. Indeed, I see about 3,000 potential life members
in the audience with us tonight.

I am singularly impressed by the many seminars and workshops
your association is presenting at this convention.

I always knew doctors were hardworking, but the sheer number of
events scheduled for this convention surely must tax the energy of even
the most robust to take in just a portion of them.

You have gone a long way since that hot, muggy day in Atlanta, Ga.,
1895, when two young Black physicians, Drs. Robert F. Boyd, who became
your first president, and Miles V. Lynk founded the organization. It is
interesting to note that the formation was effected during the famed Cotton
States International Exposition when Booker T. Washington, president of Tuskegee Institute, made his famous address on integration in respect to being like the first in all things of national concern and separate like the fingers of the hand in all things social. Washington also warned whites they could not expect to leave the ditch if they kept their feet on Blacks in the ditch.

It was a trying time. Blacks and this nation were only about 40 years distant from the bloody civil war; fewer years from the catastrophic junking of the Reconstruction Act effected by the infamous Hayes-Tilden Compromise.

Black laws were being cranked out with monotonous regularity in the various Southern states' legislatures -- all laws, of which were designed to firmly yank unprotected Blacks back into their previous condition of servitude and shackles. The same year your organization was founded, the highest court in this land, through its separate but equal doctrine (which, incidentally, was really separate and unequal in its prescriptions) was lowering a nightmarish dark age upon the land. And this age remained until the 1954 Brown Versus the Board of Topeka, Kansas Education decree, ushered in the warm rays of sunshine of social change and an era where America began to attempt to live up to its historic beliefs.
Your organization presently represents all of the nation's Black physicians, has established numerous scholarships and support grants, and today as never before, is engaged in a number of social and professional concerns to make life better not only for Black citizens in this United States, but for all of its citizens.

The history of medicine and its practice dates back many thousands of years. Early primitive man dating back to the Neolithic man near the dawn of civilization, practiced a simple yet complicated medicine when he first cut and polished his first stone. This medicine lasted to about 4,000 B.C. when the archaic cultures of Sumer, Egypt, other parts of Africa and India and later China made their appearances. Sources of study are carved stone, folklore, myths and legends, "magic thought" etc. The ancient use of charms and talismen are still used in some societies today.

Minor diseases were treated with herbs, massage, poultices and dieting. Major diseases and disabilities -- small pox, compound fractures, psychoses -- were resolved by killing the patient to prevent his becoming a burden.

Trepansing, the art of making a hole in the skull of the patient to provide a means for escape of a disease, was an ancient practice, still in use in some societies.

European doctors in the middle ages were called "sawbones" for they literally sawed off limbs to save patients. They had to resort to robbery of graves in order to study cadavers. In many parts of the world diagnoses of patients depended on the shaman, the witch doctor, sorcerer
or the medicine man -- diagnosis and cure being the same thing, since he usually based his diagnoses on there being only one disease.

Magic fetishes, bleeding, witchcraft were all used in some stages of our medical history. Indeed, some of these methods are used in some areas of the world today. And it is a fact that many modern-day doctors whose forebears used to laugh at African witchdoctors and their prescriptions of herbs, have gone back to the roots for many life saving medications.

In America prior to the arrival of Europeans, the Indian natives, as did the natives of Africa, practiced animistic religion and shamanistic medicine. Magic and religion were used in the art of healing.

The first universities in the New World were founded in Mexico and Peru in 1551, and the first chair of medicine at the University of Mexico in 1580. The first medical book, Opera Medicinalis, by Francisco Bravo, was published in 1570, and the first degree of doctor in medicine in the Americas was granted in Peru in 1551. In the middle and later centuries, Africans were also practicing sophisticated medicine in Timbucto.

Medicine, like other professions in colonial America, was learned through apprenticeship to a practicing physician, since few students were able to study in England, Scotland or Holland. The physician was a surgeon from the start.

A general but not uniform characteristic of medical schools in the English-speaking world is their ability to exercise final authority in the admission of students. This privilege allows the faculty to utilize many
factors other than previous academic achievement in the selection-
process. Under such circumstances, a committee of medical faculty
is given the responsibility of measuring each candidate in terms of
proved scholastic achievement and also of making the more difficult
assessment of intellectual potentiality. They do this through personal
interviews, letters of recommendation from the candidate's previous
teachers and, in some instances, objective testing devices.

The committee is attempting to evaluate, then, the motivation,
industry, aptitude, degree of emotional stability, character and personality
and evidence of good health of the potential doctoral student.

This system is in wide use by medical colleges throughout the U.S.
And although it is fully recognized that occasional errors of judgment are
inevitable, the overall result is thought to be so good, Bakke not withstanding,
that it more than compensates for the errors. Almost all prospective
medical students in the U.S. take the medical college admissions tests
sponsored by the Association of Medical Colleges. This test is designed
to measure, in comparision with those of other students, the individual's
ability to read, understand and write at the professional school level; his
quantitative ability; his understanding of modern society, and his knowledge
of basic scientific concepts.

These results are made available to medical schools admissions
committees and thus are utilized as one of the many factors in making
the decision whether or not an applicant should be admitted to the study
of medicine.
In mid-1950s the cost of attending medical school was about $9,300, median, for the four years of study. Presently the average is about $5,500 a year. Students pay a whopping yearly tuition of $12,000 at Georgetown University (the nation's highest); Meharry Medical College charges only $4,500, the lowest. Howard University assesses $5,650 annually for room board, and tuition.

Boston University charges its students $8,250 annually while Harvard University students pay $8,475 per year (all figures are those of the Association of American Colleges).

There are approximately 357,000 practicing physicians in this country, of which only 6,100 are Black. For although we are nearly 12 per cent of the overall U.S. population, we represent only 2.2 per cent of the medical doctors in practice today!

For the year 1975-76, 13,561 physicians graduated from U.S. medical schools; of this number only 743 were Black. And of this number about 20 per cent graduated from predominantly Black universities, Howard which was founded in 1867 and Meharry in 1875.

The cost of medicine and medical services to our people is astronomical and growing. A number of factors enter the picture in this connection, including spiraling inflation reaching toward the double digit, skyrocketing mal-practice insurance rates, widespread unemployment etc.
But nowhere is the picture more graphically dismal than in the ratio of Black doctors to the Black community. The ratio of white doctors to their communities is one to 538, but Black doctors to their communities is a disastrous one to 4,100!

Scarcity of skilled medical practitioners then, must be added to burgeoning cost of medical services which threaten to overwhelm our beleagured brothers and sisters locked in conditions of poverty and want in our huge central cities.

We must begin to address this most urgent of social problems in effort to effect some needed relief. We at the NAACP have set this item at the near top of our agenda of must-do things and we urge you to join us in this endeavor.

I need not cite the dreary statistical facts of our plight: Black teens are more apt to become pregnant and thus drop out of school than whites; our youths are more prone to become addicted to narcotics; medical checkups, diet information, the whole panoply of preventive medicine is foreign to our communities.

The socio-pathology of our communities, additionally, churn out other dreary statistical certainties: more than 50 per cent of the prison population is Black youth; the Black male is prone to live a shorter life and his death is more likely to result in an act of violence than his white counterpart. Diseases of all sort, but many that spring from poor or deficient fatty and starchy diets, unsanitary living conditions and excessive consumption of liquor and narcotics, run rampant in these communities.
Unemployment soars up to sixty per cent for our Black teens; Black males are more than twice more jobless than white males; the differential between the annual income of comparable Black and white families, adds monumental injury to massive insult. The annual average income for whites is more than $12,000 for a similar Black family it is slightly more than $7,000.

What programs do I plan to initiate or give precedent to in my early stewardship of the NAACP?

I am calling on the president of the United States to initiate the $50 billion "Marshall Plan" for our cities that the late Whitney Young of the National Urban League called for.

Our central cities, where the largest percentage of the Black and poor live in this country today, must be revitalized. Made habitable. If we can spend billions on rebuilding the horribly war ravaged cities of Europe, surely we can spend a few billions rescuing and refurbishing cities of our own.

I am launching a drive to pressure congress and the administration to present and pass a full-employment bill, similar to the much maligned Humphrey-Hawkins Bill. For there can be no real salvation of our cities or this country's soul until we say to the Black male breadwinner of this country "You are somebody; you are a person of worth. We value you and will help you to become a productive citizen in our wonderfully rich and powerful country. And we will do this by giving you a decent job at decent
wages so that you can stay with your family, raise your children in
decency and with respect; feed and clothe them adequately, provide
them with sufficient schooling and health care."

I am launching a drive to press the government to build decent
low and middle-income housing, to furnish rent subsidies to the poor,
the afflicted, the old.

We are going to drive on our educational system; analyze it from
bottom to top (we have done preliminary work on that already) and to
engage the parents and communities in those areas where our 1,700 NAACP
branches are located. For we already know that there is a definite
reason why the Black Johnnies and Janes can't read and much of the cause
is not of their doing.

We want you to join us in these great crusades.

We are going to attack energy and ecological policies that
do not seem to take into consideration the Black and the poor. We will
support these policies, on the other hand, which do.

We are going to fight to the death insurgent drives in this country
against affirmative action in employment and in school admissions policies.

The white man has ascended to his present position on the backs of
the Blacks, and other minorities. His position rests on the assumption
that Blacks must be on the lower rung. Now that he has held this position
at our expense so long, he believes he should not be challenged, that this
position is his, like the divine right of kings.
We must not permit the backlash of white racism to turn the clock back in these urgent fields of social and community concerns.

I am requesting that you join with me and the NAACP to make this a better country for all of us. And you can do this by giving us of your energy, or dollars, or both.