

# AMA: Racism is a threat to public health

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Building on its June pledge to confront systemic racism and police brutality, the AMA has taken action to explicitly recognize racism as a public health threat and detailed a plan to mitigate its effects.

“The AMA recognizes that racism negatively impacts and exacerbates health inequities among historically marginalized communities. Without systemic and structural-level change, health inequities will continue to exist, and the overall health of the nation will suffer,” said AMA Board Member Willarda V. Edwards, MD, MBA.

“As physicians and leaders in medicine, we are committed to optimal health for all, and are working to ensure all people and communities reach their full health potential,” Dr. Edwards said. “Declaring racism as an urgent public health threat is a step in the right direction toward advancing equity in medicine and public health, while creating pathways for truth, healing, and reconciliation.”

To that end, the AMA House of Delegates (HOD) adopted new policy to:

- Acknowledge that, although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole.
- Recognize racism, in its systemic, cultural, interpersonal and other forms, as a serious threat to public health, to the advancement of health equity and a barrier to appropriate medical care.
- Support the development of policy to combat racism and its effects.
- Encourage governmental agencies and nongovernmental organizations to increase funding for research into the epidemiology of risks and damages related to racism and how to prevent or repair them.
- Encourage the development, implementation and evaluation of undergraduate, graduate and continuing medical education programs and curricula that engender greater understanding of the causes, influences, and effects of systemic, cultural, institutional and interpersonal

racism, as well as how to prevent and ameliorate the health effects of racism.

Delegates also directed the AMA to:

- Identify a set of current best practices for health care institutions, physician practices and academic medical centers to recognize, address and mitigate the effects of racism on patients, providers, international medical graduates, and populations.
- Work to prevent and combat the influences of racism and bias in innovative health technologies.

## Recognizing race as social construct

In an additional move to promote anti-racist practices, the AMA discussed the use of race as a proxy for ancestry, genetics and biology in medical research and health care delivery. Delegates adopted new policy to:

- Recognize that race is a social construct and is distinct from ethnicity, genetic ancestry or biology.
- Support ending the practice of using race as a proxy for biology or genetics in medical education, research and clinical practice.

The AMA also will encourage undergraduate medical education, graduate medical education and continuing medical education programs to recognize the harmful effects of presenting race as biology in medical education and that they work to mitigate these effects through curriculum change that:

- Demonstrates how the category of “race” can influence health outcomes.
- Supports race as a social construct and not a biological determinant.
- Presents race within a socioecological model of individual, community and society to explain how racism and systemic oppression result in racial health disparities.

Delegates also directed the AMA to “recommend that clinicians and researchers focus on genetics and biology, the experience of racism, and social determinants of health—and not race—when describing risk factors for disease.”

## Ending racial essentialism

In addition, the HOD took action to counteract the notion of racial essentialism, which is identified in a resolution presented at the Special Meeting as “the belief in a genetic or biological essence that defines all members of a racial category.”

Delegates adopted new policy to:

- Recognize that the false conflation of race with inherent biological or genetic traits leads to inadequate examination of true underlying disease risk factors, which exacerbates existing health inequities.
- Encourage characterizing race as a social construct, rather than an inherent biological trait.
- Recognize that when race is described as a risk factor, it is more likely to be a proxy for influences including structural racism than a proxy for genetics.

The HOD also directed the AMA to:

- Collaborate with the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, Accreditation Council for Graduate Medical Education, and other appropriate stakeholders— including minority physician organizations and content experts—to identify and address aspects of medical education and board examinations which may perpetuate teachings, assessments and practices that reinforce institutional and structural racism.
- Collaborate with appropriate stakeholders and content experts to develop recommendations on how to interpret or improve clinical algorithms that currently include race-based correction factors.
- Support research that promotes antiracist strategies to mitigate algorithmic bias in medicine.

“The AMA is dedicated to dismantling racist and discriminatory policies and practices across all of health care, and that includes the way we define race in medicine,” said AMA Board Member Michael Suk, MD, JD, MPH, MBA. “We believe it is not sufficient for medicine to be nonracist, which is why the AMA is committed to pushing for a shift in thinking from race as a biological risk factor to a deeper understanding of racism as a determinant of health.”

Previous action by delegates led to the creation of the AMA Center for Health Equity, led by AMA Chief Health Equity Officer Aletha Maybank, MD, MPH. Discover how the AMA is reshaping its path toward racial equity.



Health care in the United States is beset by wide disparities. Learn more about what the AMA is doing to promote health equity for all Americans.