AMA's Prioritizing Equity series brings together revered voices to discuss how a year of the pandemic has impacted minoritized and marginalized physicians, in this March 19, 2020 webinar.

In a conversation moderated by AMA Group Vice President and Chief Health Equity Officer Aletha Maybank, MD, MPH, experts illuminate the effect COVID-19 has had on communities that historically and contemporarily experienced inequities.

Panel

- **Mary Owen, MD**—Director of the Center of American Indian and Minority Health, University of Minnesota Medical School; President of the Association of American Indian Physicians
- **Leon McDougle, MD, MPH**—121st President, National Medical Association; Professor of Family Medicine, The Ohio State University College of Medicine; Chief Diversity Officer, The OSU Wexner Medical Center
- **Winston F. Wong, MD, MS, FAAFP**—Chairman, National Council of Asian Pacific Islander Physicians
- **Hector Vargas, JD**—Executive director of GLMA: Health Professionals Advancing LGBTQ Equality
- **Elena Rios, MD, MSPH**—President and CEO, National Hispanic Medical Association

Moderator

- **Aletha Maybank, MD, MPH**—Chief health equity officer, group vice president, Center for Health Equity, American Medical Association

Transcript

March 18, 2021

**Dr. Maybank:** Hello everyone. Welcome to Prioritizing Equity. My name is Dr. Aletha Maybank, and
I'm chief health equity officer at the American Medical Association. We are now in our second episode of season two and I've had the privilege of working with some wonderful equity leaders from across the country who represent organizations that have been advocating and fighting for justice for years. We first had many of the presidents of our marginalized physician groups on Prioritizing Equity, about a year ago. We brought them back, to kind of learn and listen to what has happened over the year, and where are our priorities this year, later, in COVID? We've had and witnessed civil unrest across the country, in the midst of a pandemic, with the public murder of George Floyd and many others. We're now over the crossing of 500,000 deaths, as it relates to COVID. We know that we are now in this space of figuring out, "We have a vaccine, and how do we distribute all these vaccines across the country and in an equitable way?" We have a new administration in the White House, and a Health Equity Task Force that is distinctly focused on finding ways and ensuring that we do have equitable health equity strategies.

Again, bringing them back, to help us talk about what is happening as it relates to the work that they're leading. Also, with their membership and their physicians. We have Dr. Mary Owen, who is director of the Center for American Indian and Minority Health at the University of Minnesota Medical School, and president of the Association of American Indian Physicians.

We have Dr. Leon McDougle, who is the 121st president of the National Medical Association and professor of family medicine at the Ohio State University College of Medicine and chief diversity officer of the OSU Wexner Medical Center. We have Dr. Winston Wong, who is chairman of the National Council of Asian Pacific Islander Physicians. We have JD Esquire Hector Vargas, who is executive director of GLMA, which is an organization for health professionals advancing LGBTQ equality. And we have Dr. Elena Rios, who is president and CEO of the National Hispanic Medical Association.

Welcome to you all, and thanks for joining me again this year and a year later. You all know that I pretty much open with a question. What we'll do is, I do want to know how you're doing. You can answer in whatever, and it can be in brief. Then also, just what has happened for you as it relates to your organization over the last year? How about, Dr. McDougle, we'll start with you?

Dr. McDougle: Good question, Dr. Maybank. It has been nonstop action and working with constituents and other organizations across the country. I know at this time, we're building the Black Coalition Against COVID, that's been chaired by Dr. Reed Tuckson and involves the consortium of four Black medical schools. The National Urban League, the National Black Nurses Association, the National Medical Association, the W. Montague Cobb Health Institute and Blackdoctor.org. We've been reaching out and joining with everyone on this panel today, to share the insights and have conversations with the community about vaccine safety and efficacy.

In fact, another town hall convened last evening, and really want to put the emphasis on the conversation. This is not a top-down type of edict. It involves listening to people, hearing their
concerns, because the conversation and the hesitancy has shifted. I think early on in the conversation, it was more, "Oh, warp speed. This was made too fast." Now the conversation is, "Is it safe for me individually?" That's what we're speaking to at this moment.

Dr. Maybank: Thank you. Dr. Rios?

Dr. Rios: Yeah, I think for the National Hispanic Medical Association, we started in April of 2020, with monthly COVID-19 webinars. We have continued those webinars, reaching out from individual doctor's experiences. From the ICU to, what was the treatment available? What was happening in April, with intensive care units and ventilators with our patients, to women's health to mental health. The last few episodes have been more about access issues especially for the undocumented, access issues for essential worker families.

Access issues, because of the clinics closing, doctors’ offices closing, so many people went without health care this last year. Even hospitals saying, "We're going to get rid of elective surgeries," because there were so many people in our communities around the country, needing more intensive care. I think the access issue has now gone into the discussion about vaccines and the vaccine distribution. We've realized there was a big access problem in our communities, because of digital divides, of the way the public health departments are trying to have appointment processes. Here in Washington, D.C., it was all scrapped and changed, because it was such a scrambling effort every day. They would say, "Okay, we have 1,400 appointments," and in 20 minutes they were gone and other problems like that, with the distribution of the vaccines.

I think overall, on a positive note, there's been a lot more interest in public health from our Latino physicians. A lot more standing up for being used as influencers with social media, with our organization. We have started our own campaign called Vaccinate for All. Rather than focus on an individual getting a shot, which is important, for us, it's really important to understand the family dynamics and that everybody needs to get a vaccine. We're focusing on the word, all instead of shot. That everybody should get a shot. Everybody should get a vaccine, but we want to have the message be, "Vaccinate for all." We're getting funded by CDC. Johnson & Johnson actually just came on board. Others are coming on board, to help us develop that sense of urgency, with education being given by messengers in our organization and also our partners. The Hispanic Dental Association, Hispanic nurses, the Hispanics and the Hispanic pharmacists, mental health workers and others, are all coming together next week. We're announcing the Vaccinate for All campaign. We are having the leaders of many of these organizations come together at a leadership institute, and our national conference. We're hopeful as an organization, that we can build up the educational leadership, to get more messaging, to get more people to get vaccinated.

Dr. Maybank: Thank you. I'll back to both of you and Dr. McDougle, to ask more specific questions. Dr. Owen?

Dr. Owen: I want to hit on a couple of topics that Dr. Rios and Dr. McDougle hit on. That's one is the
collaboration. I totally appreciate the collaboration that we have started to see between our communities. It seems like a natural. Yeah, I don’t think we had done it as well as we’re starting to do it now. Just last night, I reached out to Dr. McDougle, to ask him about an op-ed that was printed in one of our journals, that hits a lot of our community, that was so faulty, and how to respond to it. He got back to me immediately. That’s the kind of collaboration I think that if we work together, we’re taking care of all of our communities. Miigwech (thank you in Ojibwa), Dr. McDougle for that.

Regarding the communities and the vaccine in the Indian Country, we have been pleasantly surprised that there’s just a report done by the Seattle Indian Tribal Epidemiology Center, that showed that 75% of Native people are wanting to get the vaccine. Of those, at least 75% are doing it because of their community, in response to exactly what you’re going for, Dr. Rios. I think it can be done, and it shows the strengths I think, that are inherent in all of our communities. We have been doing a lot of work on just caring for our physicians, as was in the news. You saw how hard-hit Navajo Country was. We have a lot of our own doctors who go back to work for our community. We’ve been doing a lot of work with AIP, trying to do at least biweekly events and physician wellness for them, so that they can continue to have the strength to take care of other communities.

We have been surprised at, even during the pandemic, because of the underfunding, the severe underfunding of the Indian Health Service, how we have had events like closing of some facilities. It happened in an area of the country that’s being hardest hit. We have been dealing with trying to address government and saying, “One, we need full funding and two, don’t cut services in the middle of a pandemic.” Local things like that we’ve been busy with. Then as Dr. McDougle talked about, constant community events and events like this, where we’re trying to let people know that we do exist. That we are collaborating, and that these are the problems in our community. That we still need funding, all of those events. I appreciate being invited today, to be able to share some of that. Thank you.

**Dr. Maybank:** Thanks a lot. Hector?

**JD Vargas:** Hi everybody. Thank you for inviting me to this great conversation. Really, because for me talking about, which I will talk about a little bit later, the intersection of LGBTQ and racial and ethnic minorities, that is a passion for me and something that I've been doing all my life.

I look forward to talking about that, but GLMA health professionals are advancing LGBTQ equality. We've had a challenging year, as I think most professional associations have had. One of the things that we concentrated on last year, was trying to raise the stories of LGBTQ clinicians who are on the front lines of the pandemic. Most of whom were in states where they could be subject to determination, just because of who they were.

You had these stories about LGBTQ providers and clinicians, making these tremendous sacrifices for their communities. Risking their own lives, as all the members of the organizations represented here have done and yet still be subject to firing in the workplace, simply because of who they were. We
had a big change in that, with the Supreme Court decision last year, around workplace discrimination and federal laws. We need to see more of that. That's one of the reasons why, not to get too legislative here, but why we are supporting the Equality Act. I know most of the organizations on this webinar are also supporting the Equality Act, which would provide explicit and consistent protections for the LGBTQ community and workplace, and other areas of everyday lives.

I will talk a little bit more later about what we have been doing and trying to do, to raise awareness about the impact of COVID on LGBTQ communities, patient communities. I'm really happy to be here and be part of this conversation.

Dr. Maybank: Thank you. Dr. Wong.

Dr. Wong: Well, first of all, I'd like to thank the AMA for organizing this seminar and certainly your leadership, Dr. Maybank, in terms of putting together this series of Prioritizing Equity. I also want to mention how pleased I am to be with our sister organizations on this webinar, who have been so important through this emergency and pandemic that we've never seen before.

It's amazing what's happened in the last year. I have to tell you, when the first 25,000, 50,000 deaths occurred across the country, relative to COVID-19, there was no reportable deaths among Asian Americans and Native Hawaiians, Pacific Islanders. Reportable, meaning that obviously Asian Americans and Native Hawaiians, and Pacific Islanders were dying of COVID-19, but the states in general, were not disaggregating data with regards to mortality relative to these categories.

Literally, our organization had to trove through 50 states' data, to try to discern whether there was any attempt to capture data relative, specifically to Pacific Islanders and Native Hawaiians. Even within the Asian American group, kind of breaking that down. Through our efforts and through some agitation, and through some leadership that was provided at the county and state level, some states started to move in terms of reporting data for the Asian American, Native Hawaiian, Pacific Islander communities. What do you see later?

You see really alarming issues with regards to Pacific Islanders, in some communities being the number one ethnic racial group that was dying of COVID-19. In Northwest Arkansas, a catchment of about five counties. The largest number of deaths, which were reported among Marshallese, Pacific Islander, Micronesian communities that this country would not have known of or heard of, if the data hadn't been broken down.

In California, among the nursing profession, the single group with the most mortality are Filipino nurses. That's a story that would not have been told. We've been trying to continue to surface that data, as an aspect of what this story is about, impacting our communities. There's so much underneath that, with regards to why the mortality exists, why it wasn't reported and what we need to do to apply those lessons, relative to the vaccine effort.
Then you overlay the issues, with regards to the narrative that was coming out of the White House frankly. That describe the pandemic, relative to Asian origins and using disparaging terms to reference COVID-19. Disparaging terms that I even hesitate to repeat. We've been so busy in terms of taking on these issues at all fronts.

Dr. Maybank: Thanks, Dr. Wong. Just to continue just on what you said, because the administration, so it's changed. What we know is that, there's still a bit of an increase in the racist rhetoric and actions, and harm against Asian communities.

Can you speak to kind of the root causes of that at this point in time? How is it affecting your physicians, and how are you supporting your physicians in your organization?

Dr. Wong: That is a really good question in terms of how you framed it, Dr. Maybank, the root causes. It would be too easy to say that one singular individual, because they referenced COVID-19 as Kung Flu, is the basis of which we see the increase. Three, four-fold increase in the amount of assaults among Asian Americans, Native Hawaiians and Pacific Islanders. The root causes is the continuous narrative of our communities being considered foreigners, or being considered other people. People that are not part of the American fabric. This goes back 120 years ago, using that framework to describe diseases and infectious disease associated with our community. That narrative continues, and it continues even among our health care professionals who, we have documented, have been flagrantly insulted, assaulted inside health care settings, because of the nature of their ethnic background or their descent. This is an ongoing problem that all our communities face, because of the depiction and the implicit bias. The grouping of people of color as not being part of the fabric of how our country has put together. That our contributions are marginalized, because of the nature of our skin and the nature of our national origins. Those are the roots of it.

Dr. McDougle: Dr. Wong, when we set this up here, Dr. Maybank wanted us to have a conversation. You said, implicit bias. I'm going to push you on that, it's racism. We need to call it out as explicit bias. Implicit maybe in there, what you've just described is racism.

Dr. Owen: That's right.

Dr. McDougle: I just want to add that to the conversation that we're having.

Dr. Wong: Yeah, absolutely. Dr. McDougle, I agree with you 100%, because it's not just a question of people's ideas. It's about the structures that we've set up, that replicate the institutions in which discrimination is basically legalized and historically replicated.

Dr. Maybank: Absolutely. What this all elevates as you're talking, and I thought it was beautiful. I'm glad you jumped in that way, because Dr. Wong, you did kind of define structural racism. Thank you, Dr. McDougle for naming it, because both of them are very important. I think what you all are
elevating, is this context of narrative. Narrative influences actions, and there have been narratives that totally undermine equity. A lot of our work is like challenging those narratives or undoing those narratives or putting narratives forward that make sense for our communities, so that the actions actually line up with that. That's really important from the equity context. If there's any, and I'll let any of you jump in at this point in time, I would love to hear more about, what are those narratives that we need to actually support our communities, and some of the actions that align with it?

All of you kind of mentioned some of the work that you’re doing to do that, but I want to help the audience really get the importance of, the story and the narrative that we tell about people really influences the actions. Dr. Owen, are you able to reflect on that first and then others could go as well?

**Dr. Owen:** Yeah. It makes me think of the work that I do constantly with our medical students, and particularly the Native medical students and just empowering, and trying to get them to get out and empower. I teach about nine hours of Native health, and one of the keys, I spend half the time teaching students who know nothing about my history, my community's history, any of our history for that matter. I bet you, most of them have never ever thought about what a Filipino person experiences in this country. That is one, to teach the non-Native students that they're going to be experiencing some... they’re going to be meeting people who look nothing like them, and what might influence the way those patients are acting.

That our history has never been acknowledged. Then to empower the Native students to go out there and say, "Yes, nobody has talked to me about it." There are reasons that my community feels this way. We don't have to be ashamed of alcoholism, diabetes, all the other things that we're told that we have to be ashamed of." That's what it's about to me. That's the work that we're doing in our community, some of the work. Well, lots of work is being done.

**Dr. Maybank:** Thank you. Dr. McDougle, do you want to reflect on that? I think the premise of the collaborative and engaging with messengers that are Black, and physicians that are Black is all about the narrative and us owning that narrative, and having power over that narrative.

**Dr. McDougle:** Another good point. Here in my city, Columbus, Ohio, the city council declared racism as a public health crisis. The county board of health declared racism as a public health crisis, and legislation was introduced on the state level. I've recently heard that the State of Virginia has adopted that stance also, and actually passed their legislative process and was signed by the governor. What does that mean? It means that we need to take a closer look at the structural factors, from housing to education, to employment discrimination. To help offset and counteract this racism. Investment, Dr. Owen spoke to tribal education institutions, investment in tribal schools, investment in historically Black colleges and universities. Investment in Hispanic-serving institutions. Investment in institutions that help offset homophobia. Those types of initiatives will be required.

**Dr. Maybank:** Thank you. Dr. Rios or Hector?
Dr. Rios: Yeah, I have to agree with everything that's been said. I'll try to add a layer and that's the top layer, which is leadership. I think our public health departments across the country and I'll just start with HHS. Let me start with HHS.

The U.S. Department of Health and Human Services has been at the bottom of all the departments of the federal government in terms of maybe not health equity but hiring especially of the Latinos and Native Americans and African Americans. I think African Americans have a bit more numbers, because of the location, East Coast, South. Also, I know that there's a lot more leadership history within the African Americans, because of the HBCU major medical school structures and other health professional schools. Let me just say, for the Hispanic community, we have never had... if Xavier Becerra becomes the secretary of HHS, this will be a major turning point for us, to be able to have a leader of health in this country. We've had surgeon generals, but the surgeon general is not the decision maker, is more of the messenger, the voice of whatever the, let's say the major priority is. For this case COVID-19 and talking about COVID-19 in this administration is a priority.

I do think that the secretary level, the director levels have had very few Hispanic. I'm hoping that HHS can lead the way in this administration, to change that and have more focus on the importance of more equitable data collection, more equitable programming, more equitable grants across the board. I do think that leadership in our community is important, because we are so few, the doctors, medical students, residents and we need to hold our leaders accountable. We need to have more leaders that look like us within the medical institutions, the health systems, the insurance companies, across the board. I think that's something that we need to start focusing on. We've talked about it and we've had...we're going to reinstate our leadership fellowship. That's another thing that we are going to do, because we realize that there is a lot of hunger. There is a lot of interest among the younger doctors because of COVID, to understand the networking needed. Yes, you need to know your history, but you need to know the history of the policies made in this country, that have kept our communities down in terms of immigration reforms that are needed. Child health care that's needed, LGBT health care that's needed, women's health that's needed. Every sector of the health policy needs to be revamped, with more of a focus for the underrepresented, underserved, whatever you want to call us. All of our racial, ethnic minority communities need to be front and center, in this era of trying to decrease the COVID impact on this country, because we're taking the brunt of the impact.

Dr. Maybank: Thank you. Hector, do you have anything to add?

JD Vargas: Just that, great comments by everybody and I totally agree. One of the narratives that we are trying to combat in the LGBTQ community is that our community is just white gay men.

That's why it's super important for GLMA to do this work, to be part of these conversations. To the question of leadership, I just also want to point out, with Rachel Levine being nominated as the assistant secretary for health and HHS. You talk about a message that that sends in helping rebuild the trust that has been dissipated, because of the previous administration and their unprecedented
attacks on LGBTQ people, transgender people in particular and related to trans health. That nomination and confirmation, which we hope will happen as well, will go a long way toward ensuring that HHS and the entire federal government is addressing the health inequities that are faced by LGBTQ people.

Dr. Maybank: You started off with saying, and thank you for that. In your earlier comments, you mentioned about talking about the intersection of racism and homophobia. You didn't use those words, but those are the words that I'm putting out there. Can you just speak more to that? You just brought it up again in terms of the narrative that's there. We know life expectancy really, for those of color, at the intersection of being transgender is probably one of the lowest in this country.

JD Vargas: Yeah, I just want to point out some recent studies that have been done, that sort of illustrate the compounding impacts of different communities, on health of LGBTQ, people of color in particular.

Today actually is the anniversary, not just of the WHO declaring the pandemic, but the first time that GLMA and hundreds of LGBT organizations put out an open letter, in which we described the vulnerabilities of LGBTQ communities that may make them more susceptible to COVID.

Just this past year, just this year, almost a year later, we're beginning to see the first signs of evidence of that. The CDC in February, in MMWR, acknowledged sort of formally for the first time, that LGBTQ people have higher self-reported disease conditions that may make them more susceptible to COVID. That LGBTQ people of color, also self-report higher disease conditions in this way. Then a study came out earlier this month, by the Williams Institute out of UCLA. A nationally representative study of 12,000 individuals showing that LGBTQ people of color were twice as likely as white LGBTQ people or non-LGBTQ white people, of having tested positive for COVID. That study showed 14.5% of LGBTQ people of color had tested positive for COVID. Nearly 30% had known somebody personally, who had died of COVID compared to 20% of their white counterparts. You can see here in these studies and statistics, where the impact of racism and homophobia impacts the health of LGBTQ people of color communities. Despite this data, there is no consistent collection of SOGI data in state COVID testing statistics or by the CDC. That we hope will change with this new administration, but we still have a long way to go in terms of really getting to the root causes and the interventions that we can develop, that are affecting these communities.

Dr. Maybank: Thank you.

Dr. McDougle: Could I just add...

Dr. Maybank: Yes, I just wanted to just describe, SOGI data for those who don't know who's listening in, that was mentioned, is Sexual Orientation Gender Identity. I just wanted to say that. Go ahead, Dr. McDougle.
Dr. McDougle: With the National Medical Association Task Force on Vaccines and Therapeutics, we spoke to the Pfizer scientists, the Moderna scientists and were informed that persons with HIV, with a CD4 count of greater than 200 and an undetectable viral load, were included in the study. We've asked them actually to break out and analyze that data. I just wanted to share that with the audience also.

Dr. Maybank: Thank you. As we're getting towards the end of the conversation, what is it that you feel that your physicians and the members really need at this time? I know Dr. McDougle, you mentioned investments. That's the redistribution of resources, the big number one for achieving our advancing equity. What is it though that your own physicians are saying that they need, in order to do this work at this point in time? Dr. Wong, do you want to start?

Dr. Wong: Yeah. I'd love to touch upon that issue, because the stresses on the profession have been really unprecedented. We're relying so much on telemedicine as a vehicle for example and buttressing that effort hasn't been easy. We need a lot more team members to be helping the entire health care team, to be able to reach out to populations that basically have been at home this whole time. Really, even to touch upon some of the incidents that we've seen in the Asian community, much of which has been seen across the national media, relative to violence.

I have to emphasize that most of these attacks have been among seniors. I said early on, about six months ago, that these seniors are increasingly really just isolated. They don't go outside, because they're fearful of violent attacks. There was an attack that occurred barely half a block away from the clinic where I see patients. We don't know all the reasons for these attacks, because things are...maybe it's just a criminal that's on the street, or maybe it's really flagrant bigotry. I do know that our physicians, our health care teams need the kinds of tools and support to address the mental health needs, and the social isolation of communities that are being impacted, not just by COVID-19, but the overlays as Dr. McDougle said, of racism and the overlays of distress and anxiety, of being put in a situation where they fear for their safety. Whether it's in terms of COVID-19 itself, or because of the environment in which people live in.

I really thought about the violent attacks relative to not just my community, but the fact that the Latinx community has been facing this kind of a situation, of fear with regards to the immigration status for decades. In the Black community, relative to police violence that occurs in these communities. What we've been seeing relative to isolation and fear, and social isolation is being exacerbated by COVID-19. It's certainly not unique to the situation of COVID-19.

Dr. Rios: I have to add that, we've also seen the economic impact in our families and our physicians and nurses, and the health professions have to deal with. Becoming more than just a medical care, but really public health care referrals. I got trained in the county hospitals and county clinics. We knew how important referrals were to poor people, but now you have people and families that their jobs have been taken away. They're isolated, because of lack of information, limited English families. I
think that the economic impact has been horrendous in our communities, in all of our communities.

That's something else to consider. The food banks are actually being used. The school programs are being used to help families, not just the individual kid or homeless people. When we talk about homeless too, there's even more homeless among our communities. Then not to mention, the horrible media attention to the border and the border crisis. Well, it's not a crisis. These are people. These are people that are looking for a better life. My grandparents came from Mexico in the revolution, the Mexican Revolution. It's not anything new, it's just that we have not dealt with our community's problems. I think that we have a lot of problems that are across, that are very social-economic problems, besides the mental health issues.

We keep getting beaten down, and not allowed to enjoy our livelihoods to the best that we can. I think that's what we want to do, is have... doctors are a part of that category of people that help all their families, because we make a little bit more money than everybody else. It's not that we're getting rich, we're just helping more people. I think we all need to figure out how to help more people strategically and with sustainability. I think that's another issue for us, for NHMA. We've only been around 20 years, and we're looking for ways to build for the next 20 years.

**Dr. Maybank:** Thank you. Dr. Owen, how about your physicians?

**Dr. Owen:** I think our physicians are just looking for some more backup. We have places where we have a 46% vacancy rate, the Ojibwe area where I'm working at now for physicians. We just need more in our schools. I'm it for my school, as far as a person of color teaching students. We need more. COVID has highlighted that and probably even made it worse as far as conditions, because our Indian Health Service, as I've talked about is so severely underfunded. We can't pay people what they would expect in private practice. Now with COVID, our money is stretched even further apart. I do want to make a point though. I think I just was discussing a new initiative in my school yesterday, to try to get students out and do some experiential learning.

One of the points that was clear is that no matter how many lectures we give, no matter how many talks like this we have, so many people still don't understand what it means to live in COVID without resources. What does that actually look like when more people are now homeless than ever? The individual and the community aspect. Yes, as Dr. Rios has said, most of us are supporting more families. What does that look like for those families that are asking to supported, and to have to ask for things in general? It's getting so much worse in our country. We're becoming aware of it, but still, I don't think we're touching on the degree that people are suffering.

The fact that we can't lift a minimum wage, who lives on $7 an hour, who lives on $10 an hour? No one does. Yet that impacts every single community in here that's discussing, and our communities so much more than others. Thanks.
Dr. Maybank: Thank you. Dr. McDougle?

Dr. McDougle: From a policy and legislative standpoint, I'll just turn to the Affordable Care Act. There are about 12 states that have not adopted the ACA. Where are these states located? In states with high percentages of Black people. Mississippi is 37% Black. Georgia is close to 30% Black. Tennessee, Alabama, Florida, Texas, so there are millions of people who don't have basic health insurance access in the United States of America. We have an answer or a vehicle to help get those uninsured people insured, and entrepreneurs and others who are small businesses. They need access to network capability for insurance coverage. I think that would be a priority and focus, those 12 or so remaining states that have decided that they're not going to accept Obamacare.

Dr. Maybank: Thank you. Hector, we're almost end, sure, but I am going to come back to that, Dr. McDougle. Hector, just in terms of physicians and if there's anything else you wanted to say.

JD Vargas: Very quickly. I agree with everything of course, that my colleagues have shared. The one thing that we found in our work, around highlighting, and raising the stories of LGBTQ providers and clinicians, is that it may be surprising to hear. We still hear stories like a nurse from the South, who is worried about bringing COVID home to her spouse, same-sex partner who is at a vulnerable age for COVID. You can't talk about that with her employers, because she can't be out. She doesn't feel safe to be out in her workplace. I think that as Dr. Rios said, I think it who was said it, this is not new. This is not different from COVID. As I think Dr. Wong said, it is exacerbated by the circumstances of COVID. LGBTQ providers and clinicians want to be safe. They want to be physically safe. They want to be safe in their workplace environment. They want to be safe in their lived communities.

Dr. Maybank: Thank you. Now, all of you have mentioned this and the underpinning, and we kind of had our before conversation about this. We're at this moment and there have been other moments in us history, regards to reckoning as it relates to our history and what does that mean for us? We're now at a time where people are declaring racism as a public health threat, a public health issue. Folks are making declarations from all over the place. I want to know, what does that mean for you? What is kind of the opportunity and possibility within this new administration, you think is going to happen? That's going to allow us to get to that point of reckoning, in terms of white supremacy and racism in this country, because that's the root of all of this. Are we at the point where we can actually start beginning to do that? Dr. McDougle.

Dr. McDougle: That's a big question, Dr. Maybank.

Dr. Maybank: It is a big question at the end, but it is an important question. It's my strategic question.

Dr. McDougle: Okay. Let's quickly then, so HR Bill, number one. I think it's protecting the Voting Rights Act.
Dr. Rios: Voting rights.

Dr. McDougle: Then also, the George Floyd Justice in Policing Act. Number three, abolishing capital punishment. Those are public health related big issues, to allow for sustainability in this progress towards anti-racism.

Dr. Maybank: Thank you.

Dr. McDougle: I forgot. I forgot what... so Rep. Congresswoman Ayanna Pressley, the Anti-racism Act, whereby the CDC would conduct research and studies, and propose solutions to racism from a public health standpoint and also from a justice standpoint. I forgot about that, I should not have. Those would be my thoughts.

Dr. Maybank: Thank you. Who wants to go next?

Dr. Rios: I can add to that, the issues of that we’re going to see with this new American Rescue Plan to help the poor, through the children's tax changes. They’re only temporary, but this year there will be a focus on making those types of family supports to be permanent in this country. That'll go a long way to help our communities. The other issue is going to be the jobs that are created by the American Rescue Plan. Again, because of COVID, a focus on the importance of the public health infrastructure that needs to be beefed up. That means jobs for testing and tracing, and giving vaccines and getting involved in public health. That also means an experience for young people to learn about health and a side note, the National Service Corps and the Nurse Corps were tremendously helped by this bill. That means more of our doctors getting into the underserved communities with scholarships and loan repayment, and more role models to the young kids in those communities, which is what we... that's a side note on our organizations to support these efforts.

The other issue I think is going to be climate change, the issue of changing the way we have to live with so much asthma and respiratory problems, and toxins and the pesticides in our farm worker communities. This country doesn't pay attention enough to do the environment and environmental health. I do think that the policies with the new EPA, the first African American EPA administrator, Regan, who just got confirmed yesterday. I think it'll be important to see the focus on again, racial, ethnic communities that are living near all these toxic waste dumps and carbon plants. I have to say that's another issue for us, to be positive.

Dr. Maybank: Thank you.

Dr. Owen: I can go next.

Dr. Maybank: Sure.
Dr. Owen: Regarding the American Rescue Plan, I think another important piece about it is that we have had naysayers forever saying that when we invest in our communities like this, we're not going to get any payback from it. That it's going to put us further back, and that we are going to suffer from debt. I think that we're going to see just the opposite, that we're going to raise ourselves up by this plan. It is a major investment in public health, as Dr. McDougle and Dr. Rios have said, so that's so key. The other point is that, we're about, hopefully, fingers crossed, we will have Deb Haaland be a Native American as the first secretary of the interior, which will be also a public health effort, because she'll help protect and address some of this environmental racism hopefully, that we have seen in our communities.

Another point is that our youth, I am so impressed every single day by the power and the motivation of so many youth. I'm not just talking about youth of color. All youth that I have seen in general, have been motivated. Finally, I think some of these negative events that we've been seeing in the media lately, huge negative events, while horrible and harmful to all of us personally and to our communities in some ways, also are moving the needle.

I think when people see these events, and see the country's reaction and say that, "I can't believe that's still happening," and then we move beyond it. Hopefully, we will stay and that we won't bounce back two steps, but I think it is moving forward. Thank you.

Dr. Maybank: You're welcome.

Dr. Wong: Yeah, I'd like to pick up on that thread, Dr. Owen, because I think you've made a nice connection between our investment with the youth and our optimism, about how youth have a new era of activism upon them. I want to point out that the legislation that we're seeing, unprecedented legislation, that's key. It's also a reflection of what we really do at the local and community levels, because elected officials are basically doing the will of the people hopefully. What we need to do is to reset how our communities, how medicine really considers how we put policies in place. How we think about equity in everything we do, to question the status quo. All what we've accepted in the past, has just continued the legacy of racism and discrimination.

I think when we even look at recommendations that come down with regards to for example, lung cancer screening, as many of us have been reading, for low-dose CT scanning, we have to examine how do those policies really put up, how do we play out those policies, to ensure that equity is in play?

How do we work with parents and families, to ensure that their voices are heard? How do we make sure that youth are integrated into our thinking? Those are the pieces that give rise to the legislation, that gives us optimism, not the other way around. We as physicians, who stand in a position of privilege, of credibility, of stature, we need to leverage that opportunity, to uplift the voices of people that really know the way forward and have the lived experience for us to be informed about.
Dr. Maybank: Thank you. Hector, as we close out.

JD Vargas: Yeah, I think I would share that, over the past year, as we have seen the unfortunate murders of, in particular, African Americans at the hands of police, it’s really been an opportunity to see a culture shift within the LGBTQ community too. That is moving toward, I hope, and I would like to see that if you are a part of a pro-LGBTQ movement, that means you are also anti-racist, part of the anti-racist movement. You are a part of an anti-poverty movement. There have been other times in history, when we have seen such opportunity, but that hasn’t cemented fully. That is our charge I think, as an LGBTQ movement, that is a charge of GLMA as an organization. To make sure that this is the time that we do everything we can to make sure that those are one and the same, and cemented together. I think we have a great opportunity with the new administration, to start that, to move that work along, but it’s a long, hard road ahead.

Dr. Maybank: Absolutely. Well, I want to thank all of you for your time. I know everybody is just tremendously busy, for the brilliance, for really sharing the spectrum and the scope of what’s needed. I think from naming structural racism and reckoning with that, and in our history, is always the constant kind of eye on the prize in a sense, I think for this work, if that’s the way to frame it. I think the shifting of funding and investments to those places that we know, and not just the needs, but really the strengths. Shifting to the strengths of those who we know have the great ideas, can do the innovation and we need to do better investments in supporting those. The leadership across all levels, that is needed. The courageous leader leadership, the compassionate leadership, the really caring leadership, as David Satcher says more and more now. I think also then lastly, making sure that we are holding accountable to equity strategies and what that really means. That we’re asking those critical questions that challenge people’s mental models, as they develop policies to ensure that they’re asking questions like, "Who is this really benefiting? Who is being left out? What are the unintended consequences? How is potentially racism operating here, and what do we have to do differently?" Really challenging people on that. Thank you for really putting this forward for the audience, thanks to all the audience listening in.

For those who want to learn more about the Center for Health Equity, we have our equity page on our website, our equity resource center. Also, for those who don’t know, we have launched a Medical Justice in Advocacy Fellowship, to kind of really teach and educate, and train physicians on exactly all that was talked about today. As many know, there’s such a need and a desire for our physicians to really be engaged. I think especially the younger physicians, want to have a skill set that allows them better opportunity to advocate for social justice. In the context of understanding the political determinants of health and understanding the root causes of why health exists. That application is actually due on March 31st. Thank you everyone again for being present and be well.

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