Q&A: Calling out systemic racism’s impact in medicine

Oct 25, 2021
Jennifer Lubell
Contributing News Writer

Whether it’s posting a viral tweet on a landmark change in AMA policy or creating a podcast about public health issues in people of color, Faith Crittenden, MD, MPH, wants to advance the conversation on health policy and systemic racism.

AMA Equity Plan 2021-2023

Read about the AMA’s strategic plan to embed racial justice and advance health equity.

Read the Strategy
Professionals in the public health field love to discuss policy. What you don’t hear enough about is the impact of policy on people of color, said AMA member Dr. Crittenden, a pediatric resident at Yale School of Medicine. Her podcast, “Coloring Health Policy,” aims to bring it front and center, addressing discrimination in COVID-19 care, the legacy of lynching and more.

Faith Crittenden, MD, MPH
In an interview with AMA, Dr. Crittenden discussed her role in crafting AMA policy to recognize racism as a public health threat and the urgent need to increase diversity in medicine.

AMA: Why did you decide to pursue medicine, pediatrics in particular?

Dr. Crittenden: I truly like helping people, being able to impact people’s lives. Medicine offers the opportunity to bring together science and humanity and see people differently than you would in other fields.

I chose pediatrics because I believe every child deserves a childhood. Working to give children the best childhood you can is one of the best things you can do as a physician, parent or a member of a community. I love seeing the transformation of a child moving through stages of life as an infant, toddler, at school age, to adolescent and then young adulthood. At each stage, they’re learning new things and figuring out the world in different ways that shape their own view of it. Being able to be their physician while they go through these changes is what I love.

Related Coverage
How race, and racism, enter the exam room in 2021

**AMA:** As a medical student, did you notice or experience any microaggressions or lack of diversity?

**Dr. Crittenden:** Transitioning from a patient to a physician in medical school, I learned how the health care system runs where I live. I did experience microaggressions. Sometimes they were macroaggressions. It’s a systemwide problem. I do believe that attitudes in medicine cause us to look at people and race differently. That’s why I wanted to fix things, looking at policy to do that.

**AMA:** In addition to your medical degree, you have a master’s degree in health policy from Yale. Why should racism be viewed as a public health threat?

**Dr. Crittenden:** As a Black woman, I think about racism all the time. I think about it when I wake up in the morning. Will the way I shape my hair today lead to a microaggression? The way I look at the news may be very different from someone else.

In almost every aspect of my life, I’m considering my race and how it’s going to be interpreted by another individual. If we are not addressing that aspect in all individuals regardless of their race, I don’t think we’re truly meeting their health care needs. This is impacting their choices on education, their income, the food they eat, the places they go. Things that we look at as health markers.

**COVID really highlighted this**, the disparities in access to testing, medical treatments, how people are perceiving the vaccine. A lot of this has to do with how we look at racism.

**AMA:** This is also about how patients approach you as a physician …

**Dr. Crittenden:** Absolutely. Some patients have never seen a Black doctor. This goes back to our need to increase diversity in medicine. Most people associate whiteness with someone who’s a lot smarter, versus someone who’s a person of color. We know from studies that people of color, whether they’re physicians or health care workers, are better able to help the communities they’re from.

And we risk losing patients who could benefit from a person of color as their health care provider. It also impacts white patients who need to see diversity in medicine. Their perception, sometimes based on historical misinformation that a person of color can’t achieve this level of education in science and medicine, is how they perceive the world around them and interact with others.

**Related Coverage**

[City-level data reveals health inequities are far from inevitable](#)

**AMA:** Medical students advocated for the AMA’s 2020 policy that recognized racism as a public health threat. Tell our readers about your involvement.

**Dr. Crittenden:** I was the liaison for [Student National Medical Association](#). We all worked together to try to get this policy adopted.
AMA: The AMA two years earlier adopted policy that led to the formation of the AMA Center for Health Equity. How did the 2020 policy add to the conversation?

Dr. Crittenden: It’s important to distinguish calling out systemic racism, specifically. The 2018 policy was substantial in the way it brought attention to the issue of racial justice and advancing health equity for the AMA. The “racism is a public health threat” policy strengthened the 2018 policy by saying we need to address systemic racism to truly advance the health equity and racial justice we voted for in 2018.

AMA: The AMA’s 2020 policy outlined five points to combat racism. Have you seen any of these policies become practice in the field?

Dr. Crittenden: The fact that the Centers for Disease Control and Prevention cares about racism to the point that it’s saying, “We need to talk about this”—using our policy as a reference—is huge. Are we at the point where medical schools are talking more about racism instead of race? Not yet. The AMA Center for Health Equity’s work to readdress the Flexner Report is huge. The fact that we were able to talk about this at the last House of Delegates meeting shows the importance of readdressing it, even though it was written more than a hundred years ago. We’re still seeing the health outcomes of diversifying our workforce, how people are seeing medicine, and whether people of color will enter medicine because of the outcomes of Flexner.

We are just starting to see the impact of having that policy in place and what the Center for Health Equity can do going forward.

AMA: Why have you chosen to get involved with the AMA in this advocacy role?

Dr. Crittenden: Change sometimes means sitting at the table that’s been uncomfortable, that’s been unfriendly in the past, and figure out ways to get the conversation started. That’s what the authors of this recent policy did.

We said: We’re going to sit at this table, we’re going to talk about things that are uncomfortable and we’re doing this so we can lay a foundation to help the AMA grow.

We want to see a more positive AMA that is representative of the nation we serve. When I tell people the importance of joining the AMA and they see the work we’ve already done, they see it’s possible to take on social issues that physicians should be taking on in general. Especially when it comes to race in medicine.