

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 4  
(I-20)

Introduced by: Benjamin Meyer, Halea Meese

Subject: Support for Safe and Equitable Access to Voting

Referred to: Reference Committee

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1 Whereas, Universal vote-by-mail, also known as voting absentee, allows eligible citizens and  
2 residents to vote by mail<sup>1</sup>; and  
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4 Whereas, Sixteen states require eligible voters to declare a reason in order to request a ballot  
5 by mail, and at least five (Indiana, Louisiana, Mississippi, Tennessee, and Texas) do not accept  
6 risk or fear of COVID-19 infection as a valid reason<sup>2-4</sup>; and  
7

8 Whereas, COVID-19 is a novel, easily-transmissible viral respiratory disease that since January  
9 2020 has been contracted by 6.7 million Americans and has been linked with the deaths of over  
10 198,000<sup>5-6</sup>; and  
11

12 Whereas, Risk factors for severe COVID-19 disease are common in the US, such as smoking,  
13 with a prevalence of 14% of adults in 2018<sup>7</sup>; obesity, with a prevalence of 42% of adults in  
14 2017-2018<sup>8</sup>; and diabetes with a prevalence of 10% of adults in 2018<sup>9</sup>; and  
15

16 Whereas, Public health experts continue to warn governments and the public to prepare for  
17 future pandemics which may arise similarly to the COVID-19 pandemic<sup>10-12</sup>; and  
18

19 Whereas, A study of the 2020 Wisconsin primaries found “a statistically and economically  
20 significant association between in-person voting and the spread of COVID-19 two to three  
21 weeks after the election”<sup>13</sup>; and  
22

23 Whereas, The COVID-19 pandemic is likely to be playing a role in voter suppression, with  
24 reductions in new voter registrations by as much as 70% due to Department of Motor Vehicle  
25 closures, limited in-person interactions, and the cancellation of many large public gatherings<sup>14</sup>;  
26 and  
27

28 Whereas, Many previous poll workers declined to serve in the 2020 primary elections due to  
29 fear of contracting severe COVID-19, and ultimately there were far fewer polling locations and  
30 longer waiting times in the 2020 primaries<sup>15-17</sup>; and  
31

32 Whereas, Following widespread adoption of community mitigation measures to target SARS-  
33 CoV-2, influenza rates among sentinel countries in the southern hemisphere have been  
34 dramatically lower than historical averages during their peak influenza season<sup>18</sup>, suggesting the  
35 continuance of such measures past the COVID-19 pandemic could contribute to a reduction in  
36 the incidence of influenza; and  
37

38 Whereas, 1 in 4 American adults, and 2 in 5 adults over the age of 65 live with a disability<sup>19</sup>; and

1 Whereas, In the 2016 general election, the US Government Accountability Office found that  
2 60% of the polling places evaluated were inaccessible to voters with disabilities, resulting in  
3 unsafe or insecure conditions for these voters<sup>20</sup>; and  
4

5 Whereas, Voters with disabilities are more likely to vote by mail, and implementing no-excuse  
6 absentee balloting and permanent absentee voting increases voter turnout among citizens with  
7 disabilities<sup>21</sup>; and  
8

9 Whereas, A 2013 survey found 2.7% of Americans self-report as immunosuppressed, a figure  
10 that likely has increased in the years since given greater life expectancy among  
11 immunosuppressed adults due to advancements in medical management and new indications  
12 for immunosuppressive treatments<sup>22</sup>; and  
13

14 Whereas, Universal vote-by-mail does not favor either major party's voter turnout or vote  
15 share<sup>23</sup>; and  
16

17 Whereas, Vote-by-mail is already a commonly-used option amongst voters, with approximately  
18 23.1% of all votes cast in the 2018 general election having been by mail<sup>24</sup>; and  
19

20 Whereas, Members of the military have voted-by-mail in some form since the Civil War, and  
21 citizens living abroad also submit their ballots by mail<sup>25-27</sup>; and  
22

23 Whereas, Universal vote-by-mail does not depress voter turnout, but rather moderately  
24 increases overall average turnout rates, in line with previous estimates<sup>23</sup>; and  
25

26 Whereas, Numerous national and local government officials have expressed opposition to  
27 expanding eligibility to vote-by-mail despite the ongoing risk of COVID-19 infection<sup>24,28-32</sup>; and  
28

29 Whereas, There is no demonstrated increased risk of election fraud via vote-by-mail, with one  
30 study finding only 0.0025% of votes being flagged as possible cases of election fraud in the  
31 2016 and 2018 general elections<sup>33</sup>; and  
32

33 Whereas, Our AMA recognized the severity of the COVID-19 pandemic, and chose to cancel  
34 the in-person proceedings of the 2020 Interim Meeting while preserving the voting process  
35 through transition to an innovative virtual format<sup>34</sup>; and  
36

37 Whereas, While the 2020 General Election ends on November 03, COVID-19 exposure will  
38 continue to be an urgent risk for voters and poll workers in subsequent elections like federal  
39 runoff elections conducted in Georgia and Louisiana and local elections conducted in Spring  
40 2021<sup>35-38</sup>; therefore be it  
41

42 RESOLVED, That our AMA support measures to reduce crowding at polling locations and  
43 facilitate equitable access to voting as a means to safeguard public health and mitigate  
44 unnecessary risk to immunocompromised groups, including:

45 (a) extending polling hours;

46 (b) increasing the number of polling locations;

47 (c) extending early voting periods;

48 (d) mail-in ballot postage that is free or prepaid by the government;

49 (e) adequate resourcing of the United States Postal Service and election operational  
50 procedures;

51 (f) improve access to drop off locations for mail-in or early ballots; and

52 (g) stipulating that ballots postmarked by Election Day must be counted; and be it further

1 RESOLVED, That our AMA oppose requirements for voters to stipulate a reason in order to  
2 receive a ballot by mail and other constraints for eligible voters to vote-by-mail; and be it further  
3

4 RESOLVED, That this resolution be immediately forwarded to the 2020 House of Delegates  
5 Special Meeting.

Fiscal Note:

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#### **Relevant RFS Position Statements:**

##### **540.001R Election Day Voting Time**

That our AMA-RFS (1) encourage state medical societies to inform residents and students of local voter laws to include education on absentee balloting; and (2) encourage medical schools and residency training programs to define mechanisms specific to their institution to allow residents and students the opportunity to vote in local and national elections. (Substitute Resolution A-95) [See also: AMA Policy H-565.991] *Reaffirmed Report C, I-05; Reaffirmed Report E, A-16*

##### **410.027R AMA Response to Epidemics and Pandemics**

That our AMA (1) provide regular updates in a timely manner on any disease classified by the World Health Organization as urgent epidemics or pandemics potentially affecting the US population; (2) that our AMA work with the CDC and international health organizations to provide organizational assistance to curb epidemics, including calling on American physicians to provide needed resources such as human capital and patient care related supplies; and (3) that our AMA encourage relevant specialty societies to educate their members on specialty-specific issues relevant to new and emerging epidemics and pandemics. (Resolution 5, I-14) [See also: AMA Policy H-440.835] *Sub. Res. 925, I-14; Reaffirmed: Res. 418, A-17*

#### **Relevant AMA Policy:**

##### **H-440.892 Bolstering Public Health Preparedness**

Our AMA: (1) supports the concept that enhancement of surveillance, response, and leadership capabilities of state and local public health agencies be specifically targeted as among our nation's highest priorities; (2) supports, in principle, the funding of research into the determinants of quality performance by public health agencies, including but not limited to the roles of Boards of Health and how they can most effectively help meet community needs for public health leadership, public health programming, and response to public health emergencies; (3) encourages hospitals and other entities that collect patient encounter data to report syndromic (i.e., symptoms that appear together and characterize a disease or medical condition) data to public health departments in order to facilitate syndromic surveillance, assess risks of local populations for disease, and develop comprehensive plans with stakeholders to enact actions for mitigation, preparedness, response, and recovery; (4) supports flexible funding in public health for unexpected infectious disease to improve timely response to emerging outbreaks and build public health infrastructure at the local level with attention to medically underserved areas; and (5) encourages health departments to develop public health messaging to provide education on unexpected infectious disease.

*Sub. Res. 407, I-01; Reaffirmed: CSAPH Rep. 1, A-11; Appended: Res. 912, I-19.*

**H-65.971 Mental Illness and the Right to Vote**

Our AMA will advocate for the repeal of laws that deny persons with mental illness the right to vote based on membership in a class based on illness.

*Res. 202, A-10; Reaffirmed: BOT Rep. 04, A-20.*

**H-295.953 Medical Student, Resident and Fellow Legislative Awareness**

1. The AMA strongly encourages the state medical associations to work in conjunction with medical schools to implement programs to educate medical students concerning legislative issues facing physicians and medical students.

2. Our AMA will advocate that political science classes which facilitate understanding of the legislative process be offered as an elective option in the medical school curriculum.

3. Our AMA will establish health policy and advocacy elective rotations based in Washington, DC for medical students, residents, and fellows.

4. Our AMA will support and encourage institutional, state, and specialty organizations to offer health policy and advocacy opportunities for medical students, residents, and fellows.

*Res. 14, A-91; Reaffirmed: Sunset Report, I-01; Appended: Res. 317, A-10; Appended: Res. 307, A-15*

**G-615.103 Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine and Legislative Advocacy**

Our AMA will: (1) study the participation of academic and teaching physicians, residents, fellows, and medical students in organized medicine and legislative advocacy; (2) study the participation of community-based faculty members of medical schools and graduate medical education programs in organized medicine and legislative advocacy; and (3) identify successful, innovative and best practices to engage academic physicians (including community-based physicians), residents/fellows, and medical students in organized medicine and legislative advocacy.

*Res. 608, A-17*

**H-285.910 The Physician's Right to Engage in Independent Advocacy on Behalf of Patients, the Profession and the Community**

Our AMA endorses the following clause guaranteeing physician independence and recommends it for insertion into physician employment agreements and independent contractor agreements for physician services:

Physician's Right to Engage in Independent Advocacy on Behalf of Patients, the Profession, and the Community

In caring for patients and in all matters related to this Agreement, Physician shall have the unfettered right to exercise his/her independent professional judgment and be guided by his/her personal and professional beliefs as to what is in the best interests of patients, the profession, and the community.

Nothing in this Agreement shall prevent or limit Physician's right or ability to advocate on behalf of patients' interests or on behalf of good patient care, or to exercise his/her own medical judgment.

Physician shall not be deemed in breach of this Agreement, nor may Employer retaliate in any way, including but not limited to termination of this Agreement, commencement of any disciplinary action, or any other adverse action against Physician directly or indirectly, based on Physician's exercise of his/her rights under this paragraph.

*Res. 8, A-11*