

# SUBJECT TO RESOLUTION COMMITTEE REVIEW

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 022  
(N-21)

Introduced by: Louisiana

Subject: Prohibition of Racist Characterization Based on Personal Attributes

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 Whereas, Recent events at the American Medical Association have resulted in that entity  
2 publicly promulgating statements that are racially exclusive and racially characterizing, as  
3 contained in the *AMA Organizational Strategic Plan to Embed Racial Justice and Advance*  
4 *Health Equity*<sup>j</sup> (hereinafter *the Equity Strategic Plan*); and  
5

6 Whereas, *The Equity Strategic Plan* endorses a racially exclusive definition of racism: Racism,  
7 as defined by Camara Jones, MD, MPH, PhD, is a “system of structuring opportunity,” which  
8 assigns value based on race, disadvantaging people of color while offering advantage to  
9 whites.... (P. 15); and  
10

11 Whereas, *The Equity Strategic Plan* includes the following racially characterizing statements:  
12 We must develop a critical consciousness that seeks truth and acknowledges the historical  
13 realities that powerful organizations and structures, rooted in white patriarchy and affluent  
14 supremacy such as the AMA, have both intentionally and unintentionally made invisible (p. 5).  
15 White supremacy, constantly adapting to legal and cultural challenges, persists in part by the  
16 way many whites ignore their whiteness to the point of invisibility, their role in a racial hierarchy,  
17 and the privilege it gives them (p. 13). Locating white supremacy in individuals, rather than in  
18 structures, is how the shared commitment to white ignorance preserves one’s sense of self  
19 while allowing oppressive structures to persist (p. 14); and  
20

21 Whereas, Attempts by the Louisiana Delegation to the AMA to have the AMA House of  
22 Delegates adopt policy, at its June 2021 Special Meeting, that prohibits racist characterization of  
23 person or groups of persons based on personal attributes were unsuccessful; therefore be it  
24

25 RESOLVED, That it be the policy of our American Medical Association that no person or group  
26 of persons shall be considered or characterized as racist based on personal attributes of race,  
27 color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin,  
28 age, disability, or genetic information. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/13/21

## AUTHORS STATEMENT OF PRIORITY

On June 1, 2021, Russ Kridel, MD, Chair, AMA Board of Trustees, issued a message to the members of the American Medical Association House of Delegates regarding certain recent events pertaining to the *AMA's Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity, 2021–2023*. As noted by Dr. Kridel, "Our House has always dealt with challenging topics with the same professionalism that we try to exhibit daily as practicing physicians". However, many at recent meetings of the AMA House, particularly those held virtually, we have witnessed a loss of professionalism during comments regarding the Strategic Plan. Some members of our House are being personally attacked and threatened by others for their thoughts and ideas. Name calling, unsettling calls to family members, and other unprofessional communications have occurred. As the strategic plan will once again be discussed at the November 2021 meeting, the debate and hopefully the adoption of these policies and principles are paramount in order to have a professional and courteous conversation regarding the production and contents of the equity report. We believe the Speakers saw this firsthand during the June meeting.

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<sup>1</sup> American Medical Association, *Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity*, (Chicago: American Medical Association, 2021), <https://www.ama-assn.org/system/files/2021-05/ama-equity-strategic-plan.pdf>.

## RELEVANT AMA POLICY

### **Racism as a Public Health Threat H-65.952**

1. Our AMA acknowledges 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.
2. Our AMA recognizes 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.
3. Our AMA will identify a set of current, best practices for healthcare institutions, physician practices, and academic medical centers to recognize, address, and mitigate the effects of racism on patients, providers, international medical graduates, and populations.
4. Our AMA encourages the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of: (a) the causes, influences, and effects of systemic, cultural, institutional, and interpersonal racism; and (b) how to prevent and ameliorate the health effects of racism.
5. Our AMA: (a) supports the development of policy to combat racism and its effects; and (b) encourages 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.
6. Our AMA will work to prevent and combat the influences of racism and bias in innovative health technologies.

Citation: Res. 5, I-20

### **Discrimination Against Patients by Medical Students H-295.865**

Our AMA opposes the refusal by medical students to participate in the care of patients on the basis of the patient's race, ethnicity, age, religion, ability, marital status, sexual orientation, sex, or gender identity.

Citation: (Res. 1, A-13)