

WASHINGTON STATE MEDICAL ASSOCIATION  
HOUSE OF DELEGATES

Resolution: B-9  
(A-20)

Subject: Racism is a Public Health Crisis

Introduced by: Rajneet Lamba, MD, Delegate  
Daniel Low, MD, Delegate  
Amish Dave, MD, MPH, Delegate  
Cara Beth Lee, MD, Delegate  
King County Medical Society

Referred to: Reference Committee B

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1 WHEREAS, the American Medical Association (AMA) recognizes that racism in its systemic,  
2 structural, institutional, and interpersonal forms is an urgent threat to public health, the  
3 advancement of health equity, and a barrier to excellence in the delivery of medical care;<sup>1</sup> and  
4

5 WHEREAS, the AMA opposes all forms of racism; and  
6

7 WHEREAS, the AMA will actively work to dismantle racist and discriminatory policies and  
8 practices across all of health care; and  
9

10 WHEREAS, the WSMA is in favor of equality of opportunity in medical society activities,  
11 medical education and training, employment, and all other aspects of medical professional  
12 endeavors regardless of race, color, religion, creed, ethnic affiliation, national origin, sexual  
13 orientation, gender identity, or sex;<sup>2</sup> and  
14

15 WHEREAS, King County has declared racism a public health emergency, acknowledged its  
16 history of racism, and stated its support of dismantling oppressive systems grounded in white  
17 supremacy;<sup>3</sup> and  
18

19 WHEREAS, the AMA and its associated state, county, and specialty medical societies are  
20 complicit with a history of maintaining and perpetuating structural racism through exclusionary  
21 membership practices, limiting access to training and employment in the field of medicine, and  
22 promoting racism through acts of commission and omission;<sup>4 5</sup> and  
23

24 WHEREAS, racial health disparities adversely impacting Black people in our country are well  
25 documented in pregnancy related deaths<sup>6</sup>, diabetes, hypertension, stroke, heart failure, peripheral  
26 arterial disease,<sup>7</sup> police violence and deaths,<sup>8</sup> and cancer;<sup>9 10</sup> and

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<sup>1</sup> <https://www.ama-assn.org/press-center/ama-statements/ama-board-trustees-pledges-action-against-racism-police-brutality>

<sup>2</sup> [https://wsma.org/WSMA/About/Policies/Whats\\_Our\\_Policy/Physician\\_Rights\\_And\\_Responsibilities/Civil\\_Rights\\_And\\_Responsibilities.aspx](https://wsma.org/WSMA/About/Policies/Whats_Our_Policy/Physician_Rights_And_Responsibilities/Civil_Rights_And_Responsibilities.aspx)

<sup>3</sup> <https://www.kingcounty.gov/depts/health/board-of-health/~media/depts/health/board-of-health/documents/resolutions/BOH-resolution-20-08.ashx>

<sup>4</sup> <https://www.ama-assn.org/about/ama-history/history-african-americans-and-organized-medicine>

<sup>5</sup> <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/ama-history/african-american-physicians-organized-medicine-timeline.pdf>

<sup>6</sup> <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

<sup>7</sup> <https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000534>

<sup>8</sup> <https://www.pnas.org/content/116/34/16793>

<sup>9</sup> <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21555>

<sup>10</sup> <https://www.cancer.gov/about-nci/organization/crhd/about-health-disparities/examples#racial>

1 WHEREAS, a 2015 King County report on the determinants of equity reviewed the county’s  
2 social determinants of health, identified 67 community-level indicators and found that nearly all  
3 of the measures identified reinforce the previous research findings that race, place and income  
4 impact quality of life for residents in King County.<sup>11</sup> A similar report from Public Health - Seattle  
5 King County and 11 King County hospitals noted that people of color and low-income residents  
6 are at disproportionate risk of being uninsured and having poor health and social outcomes;<sup>12</sup>  
7 and

8  
9 WHEREAS, Washington State Department of Health (WADOH) data shows that communities  
10 of color are disproportionately impacted by COVID-19 in significant ways. For cases, Native  
11 Hawaiian or Other Pacific Islander people (NHOPI) and Hispanic people have age-adjusted rates  
12 nine times higher relative to White peoples. Hospitalizations are seven times higher for  
13 Hispanics and ten times higher for Native Hawaiian or Other Pacific Islanders relative to Whites.  
14 Blacks and American Indian or Alaska Native (AIAN) case and hospitalization rates are three  
15 times higher than those of Whites. Among COVID-19 deaths, we see a similar trend although  
16 not as extreme, with rates over three times higher among Hispanic and NHOPI compared to  
17 Whites, twice as high among AIAN, and over 50% higher among Black and Asian people;<sup>13</sup> and  
18

19 WHEREAS, there has been no biological cause identified for the racial health disparities listed  
20 above, including COVID-19 deaths. These racial health disparities should be viewed as results  
21 of racism and its impacts on the social determinants of health;<sup>14 15 16</sup> and

22  
23 WHEREAS, the social, economic, political, legal, educational, and health care systems that  
24 maintain structural racism make it clear that all policy is health policy;<sup>17</sup> and  
25

26 WHEREAS, health equity, defined as optimal health for all, is a goal toward which our AMA  
27 will work toward by advocating for health care access, research and data collection, promoting  
28 equity in care, increasing health workforce diversity, influencing determinants of health, and  
29 voicing and modeling commitment to health equity;<sup>18</sup> and  
30

31 WHEREAS, the Washington State Medical Association (WSMA) has stated in its 2020 Strategic  
32 Plan that “recent events highlighting structural racism and health inequities have necessitated  
33 that we change our priorities and focus for the remainder of 2020 and beyond;”<sup>19</sup> THEREFORE  
34 BE IT

35  
36 RESOLVED, that the WSMA affirms that racism in its systemic, structural, institutional, and  
37 interpersonal forms is an urgent threat to public health, the advancement of health equity, and a  
38 barrier to excellence in the delivery of medical care (New HOD Policy); and BE IT FURTHER

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<sup>11</sup> [https://www.kingcounty.gov/~media/elected/executive/equity-social-justice/2015/The\\_Determinants\\_of\\_Equity\\_Report.ashx](https://www.kingcounty.gov/~media/elected/executive/equity-social-justice/2015/The_Determinants_of_Equity_Report.ashx)

<sup>12</sup> <https://www.kingcounty.gov/depts/health/data/community-health-indicators/~media/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx>

<sup>13</sup> <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/RaceReport20200702.pdf>

<sup>14</sup>

[https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/?utm\\_medium=social&utm\\_source=twitter&utm\\_campaign=blog&utm\\_content=Boyd](https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/?utm_medium=social&utm_source=twitter&utm_campaign=blog&utm_content=Boyd)

<sup>15</sup> <https://pubmed.ncbi.nlm.nih.gov/7560851/>

<sup>16</sup> <https://pubmed.ncbi.nlm.nih.gov/7560851/>

<sup>17</sup> <https://www.nejm.org/doi/full/10.1056/NEJMp2021072>

<sup>18</sup> <https://www.ama-assn.org/delivering-care/patient-support-advocacy/ama-puts-its-organizational-muster-behind-health-equity>

<sup>19</sup> [https://wsma.org/WSMA/About/Who\\_We\\_Are/Who\\_We\\_Are.aspx](https://wsma.org/WSMA/About/Who_We_Are/Who_We_Are.aspx)



### WSMA Policy

The WSMA is in favor of equality of opportunity in medical society activities, medical education and training, employment, and all other aspects of medical professional endeavors regardless of race, color, religion, creed, ethnic affiliation, national origin, sexual orientation, gender identity, or sex. (Reaffirmed A-17) (Modified by Res 8-8, A-18)

### **Health Equity**

The WSMA believes that a healthy Washington will require leadership and partnership of businesses, advocacy groups, community non-profits, environmental justice organizations, chambers of commerce, religious organizations, labor organizations, educational organizations, professional associations and others. (Res B-4, A-13)

The WSMA: 1) Supports the goal of addressing social determinants of health; 2) Supports the efforts of community initiated and driven action projects, private, non-profit and academic sectors independently and in collaboration with government to achieve health equity and eliminate racial/ethnic inequities in Washington; and, 3) Supports reaching out to diverse communities to assist them in addressing health inequities (Res B-4, A-13)

### **Civil Rights and Responsibilities**

The WSMA is in favor of equality of opportunity in medical society activities, medical education and training, employment, and all other aspects of medical professional endeavors regardless of race, color, religion, creed, ethnic affiliation, national origin, sexual orientation, gender identity, or sex. (Reaffirmed A-17) (Modified by Res 8-8, A-18)

The WSMA is unalterably opposed to the denial of membership privileges and responsibilities in county medical societies and state medical associations to any duly licensed physician because of race, color, religion, creed, ethnic affiliation, national origin, sexual orientation, gender identity, or sex. (Reaffirmed A-17) (Modified by Res B-8, A-18)

The WSMA calls upon the medical profession and all individual members of the WSMA to exert every effort to end any instances in which equal rights, privileges, or responsibilities are denied because of discrimination, including discrimination based on sexual orientation or gender identity. (JC 9.03-87) (Reaffirmed A-17) (Modified by Res B-8, A-18)

### **Promotion of Health Equity Through Graduate Medical Education in Critical Race Theory for Washington Physicians**

The WSMA acknowledges that physicians and health care professionals wield power, privilege, and responsibility for dismantling structural racism in medicine and have an obligation and opportunity to contribute to health equity through legislative action and advocacy. (Res C-18, A-19)

The WSMA acknowledges that the disparate health outcomes of black Americans in the United States can be seen as an extension of a historical context where non-white, and specifically black, lives have been devalued. (Res C-18, A-19)

The WSMA support a professional education program for its members on critical race theory in medicine with special attention to four key areas: 1. learning, understanding, and accepting America's racist roots; 2. understanding how racism shapes the disparities narrative; 3. defining and naming racism; and 4. recognition of racism, and not just race. (Res C-18, A-19)