



# Operationalizing Racial Justice

**Aletha Maybank, MD, MPH  
Chief Health Equity Officer, SVP  
American Medical Association**

# Anti-Racism Policies

Passed and Adopted Policies Fall of 2020:

- Name and act on **Racism as a Public Health Threat**
- Rid our healthcare system of **Racial Essentialism**; recognize race as a social, not a biological, construct
- Support the elimination of **Race as a Proxy for Ancestry, Genetics, & Biology in MedEd, Research, & Clinical Practice**

WE, THE BOARD OF TRUSTEES, STATE THAT:

The AMA recognizes that racism in its systemic, structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

The AMA opposes all forms of racism.

The AMA denounces police brutality and all forms of racially motivated violence.

The AMA will actively work to dismantle racist and discriminatory policies and practices across all of health care.



RELATED TOPICS:

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## Beyond Declarative Advocacy: Moving Organized Medicine And Policy Makers From Position Statements To Anti-Racist Praxis

Rohan Khazanchi, Faith Crittenden, Anna S. Heffron, Emily C. Cleveland Manchanda,  
Karthik Sivashanker, Aletha Maybank

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# THE LANCET

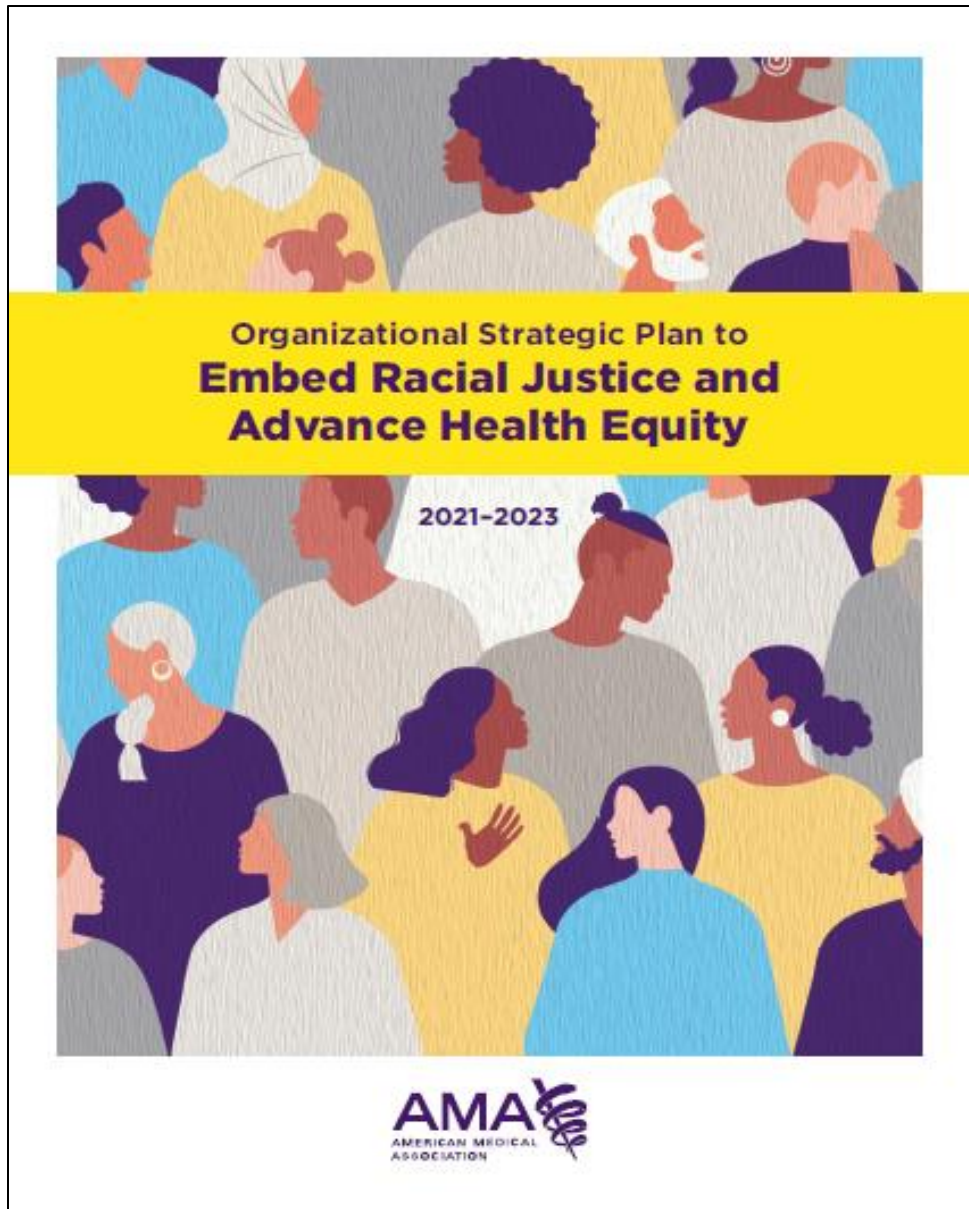
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## Moving towards anti-racist praxis in medicine

[Joia Crear-Perry](#) ✉ • [Aletha Maybank](#) • [Mia Keeyes](#) • [Nia Mitchell](#) • [Dawn Godbolt](#)

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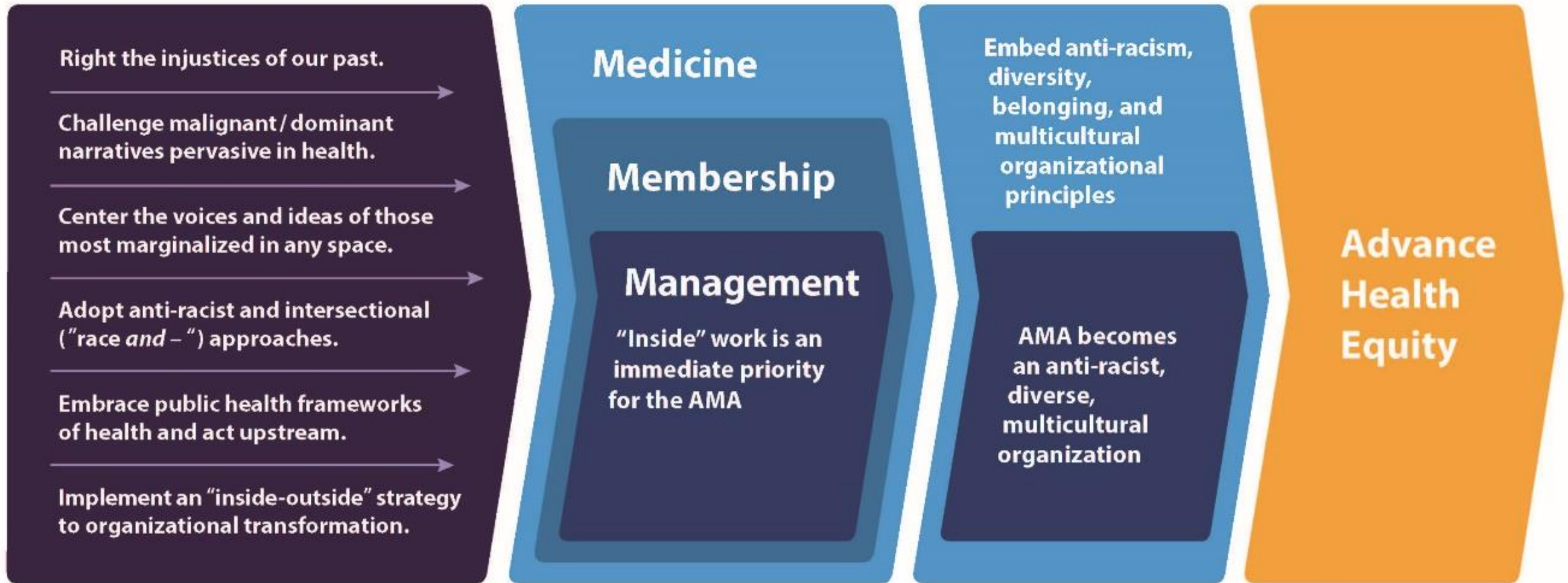


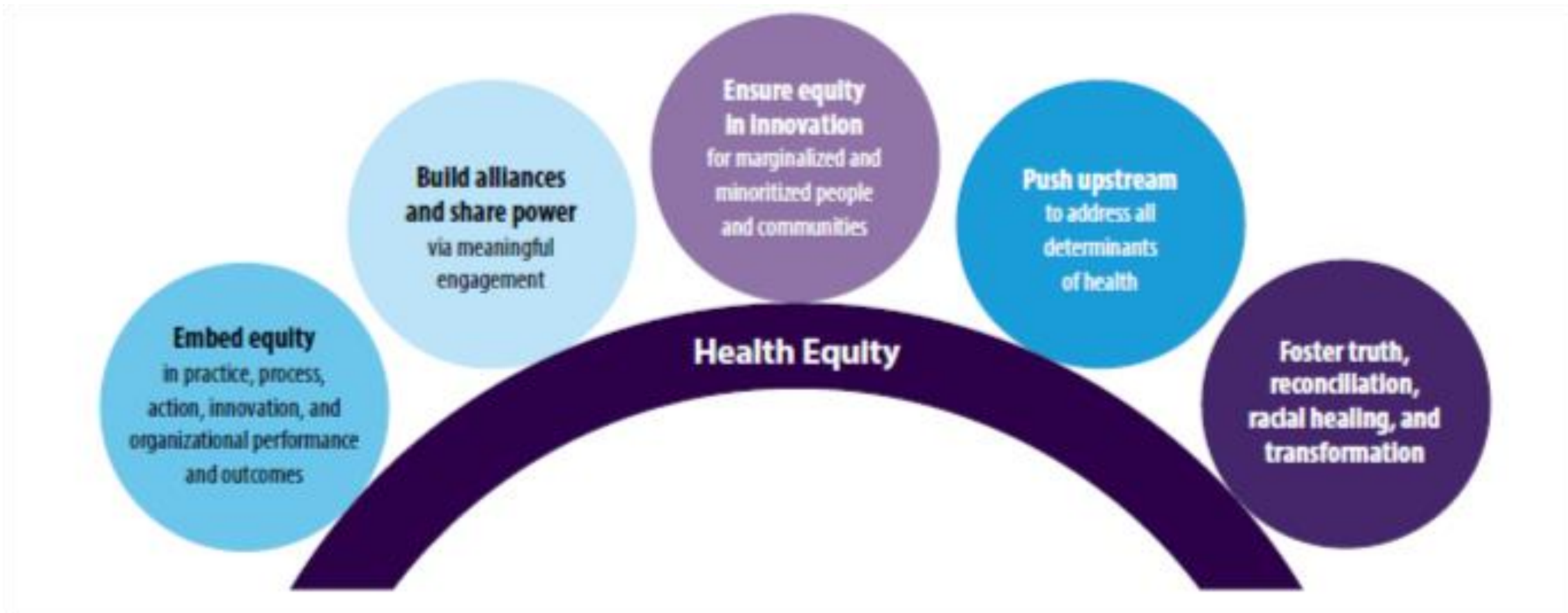


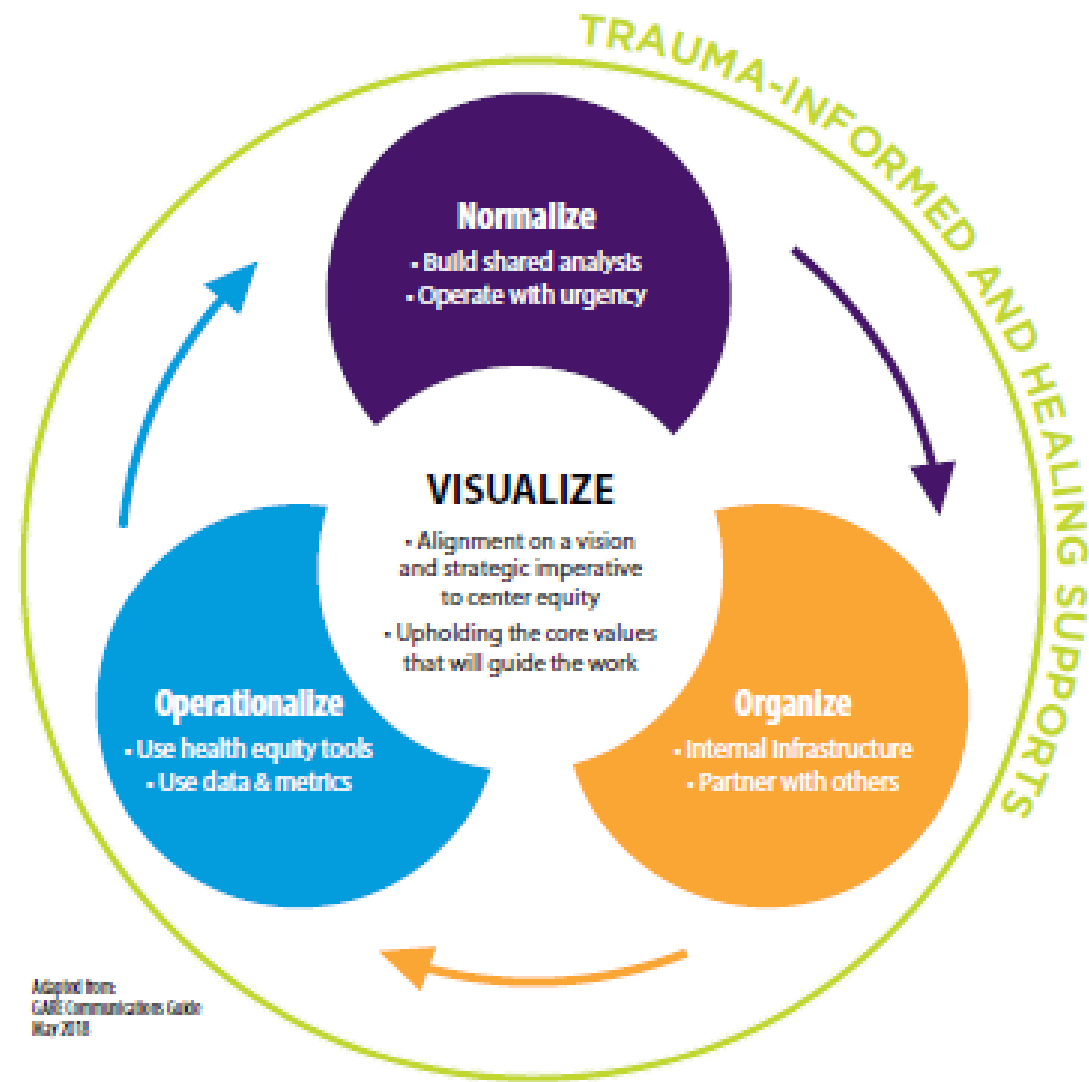
"We envision a nation in which all people live in thriving communities where resources work well; systems are equitable and create no harm nor exacerbate existing harms; where everyone has the power, conditions, resources and opportunities to achieve optimal health; and all physicians are equipped with the consciousness, tools and resources to confront inequities and dismantle white supremacy, racism, and other forms of exclusion and structured oppression, as well as embed racial justice and advance equity within and across all aspects of health systems"



# Theories of Change Needed to Center Equity







Adapted from:  
GABE Communications Guide  
May 2018

# No set of commitments to anti-racism can begin without an honest assessment of an institution's own history and present practices.

- In the early years following the Civil War, the AMA **declined to embrace a policy of nondiscrimination** and excluded an integrated local medical society through selective enforcement of membership standards;
- From the 1870s through the late 1960s, the AMA failed to take action against AMA affiliated state and local medical associations that **openly practiced racial exclusion in their memberships**—practices that functionally excluded most Black physicians from membership in the AMA, in turn excluded Black physicians from receiving hospital privileges;
- In the early decades of the 20<sup>th</sup> century, the AMA **listed Black physicians as “colored” in its national physician directory** and was slow to remove the designation in response to protests from the National Medical Association (NMA);
- The Flexner Report of 1910, commissioned by the AMA's Council of Medical Education along with other Foundation partners, **contributed to the closure of five of the seven Black Medical Schools and all three women medical schools**.
- The AMA **was silent in debates over the Civil Rights Act of 1964** and put off repeated NMA requests to support efforts to amend the Hill-Burton Act's “separate but equal” provision, which **allowed construction of segregated hospital facilities with federal funds**.



# Foster pathways for truth, racial healing, reconciliation, and transformation for the AMA's past

- Amplify and integrate often “invisible-ized” narratives of historically marginalized physicians and patients in all that we do
- Quantify the effects of AMA's policy and process decisions that excluded, discriminated, and harmed
- Repair and cultivate a healing journey for those harms

*Repairing those wrongs is also a vital part of healing*

- *Address material and personal losses inflicted on the people experiencing prejudice and injustice*
- *Focus on ways for all of us to heal from the wounds of the past, to build mutually respectful relationships and trust*
- *Send a strong signal that the organization is committed to righting historical wrongs*

“But all our phrasing—race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth. You must never look away from this. **You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body.**”

Ta-Nehisi Coates, *Between the World and Me*