

**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2017
RESOLUTION: B12**

INTRODUCED BY: Devki Joshi, Chair, Action Committee on Race, Ethnicity and Culture in Health; Eva Shelton, Programming Coordinator, Action Committee on Race, Ethnicity and Culture in Health; Luis Carlos Perez, Advocacy Coordinator, Action Committee on Race, Ethnicity and Culture in Health

SCHOOL: SUNY Downstate College of Medicine; University of Wisconsin-Madison; Baylor College of Medicine

SUBJECT: Principles Regarding Health Disparities

TYPE: Resolution of Principles

1 WHEREAS, health disparities must be eliminated.

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3 **THEREFORE BE IT RESOLVED** that the Principles Regarding Health Disparities (p.
4 147) be AMENDED to state:

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6 The American Medical Student Association:

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8 1. BELIEVES that a comprehensive strategy incorporating research, education, policy
9 changes, and community partnerships is necessary to eliminate health disparities.

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11 2. URGES all medical schools to incorporate health disparities and cultural **humility**
12 education into the curriculum, including but not limited to:

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14 a. knowledge of disparities in healthcare access, treatment, outcomes, and health status on
15 the basis of race, ethnicity, sex, sexual orientation, gender identity, religion,
16 socioeconomic status, incarceration status, immigration status, disabilities and other
17 groups facing societal discrimination;

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21 3. ENCOURAGES medical schools to design a specific curriculum for the above,
22 including but not limited to: developing methods for education of cultural **humility**;
23 establishing methods for implementation of skills learned; and subsequent testing of
24 efficacy with evaluation of cultural **humility**.

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26 4. ENCOURAGES federal and state initiatives to eliminate health disparities “by
27 providing” funding to cultural **humility** curriculum development in medical training,

28 language access services for patients with limited English proficiency, and data collection
29 and analysis by appropriate racial and ethnic demographic categorization to identify
30 disproportionately high and adverse health and environmental effects on minority
31 populations.

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33 5. STRONGLY OPPOSES any efforts to weaken the **Offices of Minority Health and/or**
34 **Offices of Diversity and Inclusion.**

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36 6. RECOGNIZES the importance of a universal **single payer** health care system in
37 eliminating health disparities due to race, ethnicity, sex, sexual orientation, gender
38 identity, religion, socioeconomic status, incarceration status, immigration status,
39 disabilities and other groups facing societal discrimination.

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41 **7. COMMITS to the work of dismantling structural racism embedded in all levels of the**
42 **health care system**

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45 ~~7. SUPPORTS increased efforts to evaluate and, if indicated, divert convicted or alleged~~
46 ~~offenders being held in jails or prisons with long term medical problems to alternate~~
47 ~~forms of confinement, such as halfway houses, work releases, education or group homes,~~
48 ~~to more effectively deal with their medical problems.~~

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50 ~~9. ENCOURAGES the development of adequate screening, maintenance and emergency~~
51 ~~health care facilities in jails, prisons and rehabilitation centers and FURTHER~~
52 ~~ENCOURAGES medical schools to be instrumental in developing these programs.~~

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54 ~~10. SUPPORTS efforts of correctional facilities to use the least restrictive restraints~~
55 ~~necessary when the facility has an actual or constructive knowledge that an inmate is in~~
56 ~~the 2nd or 3rd trimester of pregnancy. No restraints of any kind shall be used on an~~
57 ~~inmate who is in labor, delivering her baby or recuperating from delivery unless there are~~
58 ~~compelling grounds to believe that the inmate presents: an immediate and serious threat~~
59 ~~or harm to herself, staff, or other correctional officers should be available and required to~~
60 ~~remove shackles immediately upon request of medical personnel.~~

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62 FISCAL NOTE: None

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