

**Writing Effective Letters to the Editor**  
Key Facts, Talking Points & Sample Media Coverage

**Race in Medicine & Medical Education**

**KEY FACTS**

- Almost [3.9 million Black people](#) were uninsured in 2019, even the ACA's premium subsidies coverage were too expensive for many families.
- Americans pay 2-3 times more for their prescription drugs than people in other wealthy countries, contributing to the fact that [Black individuals use 10 to 40 percent fewer medications](#) than their White counterparts for the same illnesses.
- Almost [1.3 million people of color](#) were locked out of coverage because their state refused to expand Medicaid.
- [Black Physicians make up only 5% of physicians](#) in the US, while Black people make up 13.4% of the population
- [Medical mistrust](#) has led to delayed health care seeking in minoritized populations. This is due to the direct link of discrepancy in medical treatment and race/ethnicity
- American women today are [50 percent more likely to die in childbirth](#) than their mothers — maternal mortality rates are [3 to 4 times higher for black women](#) and are independent of age, economic background, or education.
- Half of white medical trainees believe such [myths as black people have thicker skin](#) or less sensitive nerve endings than white people.
- 37.4% of the American population is Black, Indigenous, People of Color (BIPOC), yet [only 25.5% of images in medical textbooks represent medium and dark skin](#).

**TALKING POINTS**

- The cost of higher education is a barrier far too many face and a leading impediment to increasing diversity in our health care workforce.
- Inequities in our higher education system stifle entire communities and hurt patients years down the road by blocking brilliant, passionate future physicians simply because of an inability to pay.
- Systemic racism and inequity within the health care system have contributed to great [disparities in health outcomes](#).
- A nation's budget reflects its values; it is vital Congress include provisions to increase Pell Grants, provide tuition-free community college, and investments in HBCUs, tribal colleges and universities, and other minority-serving institutions.
- The Flexner Report of 1910 shifted the delivery and access of medical education by eliminating proprietary schools, leaving only four HBCUs to train black physicians. This downsizing of medical education to a certain population has lasting effects on the makeup of today's healthcare providers.
- Race is a social and political construct- not equivalent to genetic makeup. It's application to medicine should therefore reflect that.

- Race is built into our structure of health care delivery. Ex: eGFR equations for renal function
- Race and structural racism have led to a health care system that often overlooks/minimizes black pain. (Ex: “black patients have thicker skin” or “less sensitive nerve endings than white patients”)
- The lack of race application to some disease presentations makes it more likely to miss in future encounters as a physician (Ex: a bullet eye rash presentation of stage one Lyme disease presents differently on white skin than it does on olive, brown, black skin tones). We are traditionally taught about the presentation on white skin.
- The impact of race and racism in medicine with regards to social and political determinants of health places minoritized populations at risk for poor health outcomes.
- The lack of proper education and training with regard to race in medical education has undoubtedly led to generations of misdiagnosis and harm.

### **The Build Back Better plan**

- Lowers health care costs for those buying coverage through the ACA by extending the American Rescue Plan’s cost savings, which helps [360,000 Black people](#) save an average of \$50 per person per month, and allows 328,000 uninsured Black people to gain coverage
- Closes the Medicaid gap for low-income Americans, and adds dental, vision, and hearing coverage for the more than [5.8 million Black people on Medicare](#)
- Reduces prescription drug costs for Americans by allowing Medicare to negotiate drug prices, so consumers are no longer at the whim of pharmaceutical companies
- Incorporates the [Black Maternal Health Momnibus](#) of 2021, which requires Medicaid programs to provide pregnancy coverage for at least one year postpartum
- Increases Pell Grants, provide tuition-free community college, and [investments in HBCUs](#), tribal colleges and universities, and other minority-serving institutions.

### **RECENT RELATED MEDIA COVERAGE**

**Health care for U.S. mothers shows little improvement, new report says**, Tampa Bay Times  
<https://www.tampabay.com/news/health/2021/09/15/health-care-for-us-mothers-shows-little-improvement-new-report-says/>

- The racial gaps in maternal health outcomes have grown over the past few decades and Black women face a higher likelihood of mortality compared to other groups.

**Black Americans less opposed to getting vaccinated but misinformation continues**, Atlanta Journal-Constitution

<https://www.ajc.com/life/black-americans-less-opposed-to-getting-vaccinated-but-misinformation-continues/HLNEJH6IQFABDJ7NSN2WGOT2YU/>

**‘Will I die?’ Coverage of maternal deaths among Black women cause fear**, KUOW

<https://www.kuow.org/stories/black-birth-trauma-porn-have-my-friends-and-patients-asking-will-i-die>

- By Alisha Liggett, M.D., is a family medicine doctor, and founder of Empower Her Health, a reproductive health and equity consultancy focused on improving experiences of Black birthing people as they navigate healthcare.

### **Black College Athletes Need To Become Doctors — Not Draft Picks**, NEWSONE

<https://newsone.com/4222611/black-college-athletes-need-to-become-doctors-not-draft-picks/>

- Black people make up about 13% of the U.S. population, but only 5.4% of physicians are black and that number hasn't changed in almost 120 years.

### **Additional Resources**

- Read this article about [Racial and Ethnic Diversity at Medical Schools — Why Aren't We There Yet?](#)
- [New Study Finds Severe Lack of Diversity in the Health Care Workforce](#)
- [Medical school affiliates on lack of diversity, burden of the 'minority tax'](#)
- Watch this TED talk on [Health Disparities in Medicine Based on Race](#)
- Read this [article](#) on implicit bias in healthcare based on race

### **Action Items**

- Provide [mentorship](#) to students in earlier stages of their training than you, particularly to those underrepresented in medicine (URM).
- Create safe spaces in your institution and organizations you are a member of to support BIPOC and others who are URM.
- Further explore the topic of diversity in medicine and racism in medicine and educate your peers about those issues. Lead conversations about this topic in your institution, and be an advocate for URMs when opportunities arise.
- Attend AMSA's Advocacy Days during the 2022 AMSACon to advocate for [Increasing physician residency slots and Improving health care equity and access](#).