



**Statement by the Association of American Medical Colleges (AAMC) on  
“The Misuse of Race Within Clinical Care”  
Submitted in response to the  
House Committee on Ways and Means Request for Information  
October 16, 2020**

On behalf of the AAMC (Association of American Medical Colleges), thank you for supporting racial health equity in your request for information on the misuse of race in clinical algorithms and your other efforts. The AAMC applauds your “call for a new path forward where medicine considers race as a tool to measure racism, not biological differences.”

For too long, racism has been an ugly, destructive mark on America’s soul. Throughout our country’s history, racism has affected every aspect of our collective national life — from education to opportunity, personal safety to community stability, and, to the point at hand, to the health of people in our cities large and small, and in rural America.

The ongoing pandemics — both COVID-19 and racism — have laid bare the dehumanizing and damaging effects of structural racism throughout our country. Regrettably, we have seen these effects in academic medicine as well. As we wrote in a [June 1 statement](#), all academic medicine leaders — including the AAMC — must step up and transform rhetoric into action.

The AAMC is a not-for-profit association dedicated to transforming health care through medical education, patient care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

As leaders of anchor institutions in our communities, academic medicine’s physicians, educators, hospital leaders, faculty, researchers, learners, and staff must lead by example and take bold action in partnership with the communities we serve. Academic medical centers, universities, and medical societies across the country have increasingly been [confronting race in medical diagnosis](#).

For example, Beth Israel Deaconess Medical Center; University of California, San Francisco; Mass General Brigham; University of Washington; University of Wisconsin Health; and Vanderbilt University Medical Center, among other medical schools and teaching hospitals have officially removed the use of race from the formula for estimating glomerular filtration rate (GFR) to assess kidney function.

In addition, at the University of Michigan, the department of Obstetrics and Gynecology has informed their providers to ignore the race and ethnicity questions within the commonly used

Maternal-Fetal Medicine Units (MFMU) Network nomogram (VBAC calculator), which may perpetuate bias and lead to worsening health inequities in maternal morbidity and mortality.

In 2019, the University of Pennsylvania launched the Penn Medicine and the Afterlives of Slavery (PMAS) project, which is committed to eliminating race-based medicine and is developing a report on Automatic Race Corrections in Medicine.

Looking to the future, we take pride in the medical students and residents across the country who have served as the catalyst for institutional change and are vocal in questioning the use of race in clinical algorithms and long-held clinical beliefs and practices.

Likewise, the scientific community must exercise caution when they invoke race in medical research. Researchers and medical educators from the American Academy of Pediatrics, University of Washington, Harvard Medical School, and University of California, San Francisco, have authored an influential paper for researchers, journals, and reviewers: [New Standard For Publishing On Racial Health Inequities](#).

The AAMC has released a new framework that outlines [concrete steps the AAMC will take to address structural racism](#) across all fronts: as individuals, as an association, as part of the academic medicine community, and as members of society. Consistent with that framework, as our nation’s medical schools and teaching hospitals question and progressively eliminate the use of race in clinical algorithm, the AAMC is eager to assist your efforts with our internal staff expertise, including [Malika Fair, MD](#), Senior Director, Health Equity Partnerships and Programs, examples from the field, lessons learned, as well as updated [research on anti-racist practices in medicine](#).

For additional information, please do not hesitate to contact [Matthew Shick](#), Senior Director, Government Relations.