



June 30th, 2020

Governor Tim Walz

Lt Governor Peggy Flanagan

Speaker of the Minnesota House Melissa Hortman

Minnesota Senate Majority Leader Paul Gazelka

Minnesota Department of Health Commissioner Jan Malcolm

Minnesota Department of Human Services Commissioner Jodi Harpstead

Cc: Board Chairs of Ramsey, Dodge, Dakota, Fillmore, Washington, Houston, Anoka, Olmsted, Carver, Hennepin and Scott counties

Minnesota Doctors for Health Equity knows that to achieve true change, racial equity and justice requires more than statements that simply acknowledge racism and its impact. To continue moving forward in the work of becoming antiracist we have written the statement below that 8 other Minnesota physician organizations, representing >5,000 physicians across the state, have signed on in support declaring racism a public health crisis and laying out initial steps we as health care leaders must take to begin to address it. We call on you as our elected leaders and agency heads to join us and call on our colleagues in Minnesota's health care systems, medical schools, health plans and other government agencies to commit to this work and be held accountable for its success.

"Code Blue" is a term that, thanks to medical TV shows, many people know is called when a patient in a hospital is in dire medical distress. Doctors, nurses, and others all run to try and save the patient - time is of the essence and seconds matter.

A Code Blue occurred when George Floyd was handcuffed, with a police officer's knee upon his neck, stated, "I can't breathe," and then became unresponsive. Physicians were not responsible for the failure to intervene and save Mr. Floyd, but, collectively, we have failed many of our Black, Brown and Indigenous community members who seek our help by our professions' complicitness with and benefit from structural racism.

Dr. Camara Jones, a physician, researcher and former president of the American Public Health Association, defines racism as, "a system of structuring opportunity and assigning value based on the social interpretation of how one looks, which is what we call race. This system unfairly disadvantages



some individuals and communities and unfairly advantages other individuals and communities and saps the strength of the whole society through a waste of human resources.” Health care as a system has been constructed and maintained in a way that leads to health disparities that disproportionately affect Black and Indigenous people.

As medical professionals, we see firsthand the effects of racism that have led to conditions in which people of color do not have the same opportunity as White people in Minnesota to live healthy lives. We stand in solidarity with all people protesting racial inequities. In doing so, we acknowledge that the health care system we are a part of has been complicit in upholding white supremacy and reproducing oppression. Our system wields incredible power and works diligently to maintain this power - often through decisions made to promote financial returns instead of improving health outcomes of the most vulnerable. One cannot both endorse our current health system and state that Black Lives Matter. We must do more.

Police brutality and the murder of Black citizens are the most visible manifestations of America’s “original sin” of slavery. Racism pervades the policies, procedures, and actions of our education, health, and governmental systems. Systemic racism must be addressed at every level - from individuals to health systems to the government. We believe everyone deserves to live a healthy life, regardless of their race, gender, sexuality, age, income, or zip code. This is why we believe that Minnesota and its counties, world-renowned medical schools, health care systems and insurance plans, should declare that racism is a public health crisis. Racial health inequities in Minnesota are among the worst in the nation, and we ask that organizations and government agencies dismantle racism or be held accountable.

To begin to address structural racism in health care we ask that organizations institute the following:

- Engage in dialogue with communities of color and share power and resources with communities to accomplish co-created goals;
- Incorporate racial equity assessments into all decision and policy making activities;
- End contracts with organizations and vendors that tolerate racism. Diversify vendors with a priority on local organizations owned and operated by Black and Indigenous communities;
- Provide all employees a living wage and paid family and medical leave;
- Eliminate policies in health care systems that reduce access to care, such as refusing to accept patients insured through Medicaid or policies that delay care or appointments for low-income or uninsured patients;
- Eliminate the use of race-based medicine in medical school curriculum and medical practice; and
- Support recruitment of and employ more physicians and health care providers of color and develop structures that help advance them to positions of leadership.

These are initial steps in our stand against racism and violence against people of color. We loudly affirm that Black Lives Matter. We recognize our privilege and are resolved to work within our health care institutions, pushing them to become actively anti-racist, and to serve as true allies in our communities.



For many, seeing a racist act unfold over 8 minutes and 46 seconds was too painful to watch. But for so many Black, Indigenous and Brown communities in our state, our health care systems have long ignored the Code Blue that structural racism has placed on them. It is past time for us to rush to their side and help them breathe.

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on behalf of Minnesota Doctors for Health Equity

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President, Minnesota Psychiatric Society

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