NEW HAMPSHIRE ACADEMY OF
FAMILY PHYSICIANS
DEDICATED TO QUALITY HEALTHCARE

The New Hampshire Academy of Family Physicians, echoing the sentiments of AAFP President Dr. Gary LeRoy openly denounces institutionalized racism which results in the unwarranted deaths and disparate health outcomes of Black Americans. The AAFP, the AMA, American Public Health Association, and leaders from both the Harvard T.H. Chan School of Public Health and the Johns Hopkins Bloomberg School of Public Health, and many other health leaders are calling for the recognition of racism as a public health crisis that needs our attention now.

The philosophy and practices of our culture, that privileges some while devaluing and oppressing others, have existed for centuries. Now, as a nation, we condemn the violation of human rights and abuse of power resulting in the deaths of unarmed black men and women. We mourn with our fellow Americans over the deaths of **George Floyd, Breonna Taylor, Ahmaud Aubery, Tony McDade, Sandra Bland, Eric Garner, Trayvon Martin, Philandro Castile, Freddie Gray** and the tragically long list of Black lives unjustly taken as a result of blatant racism.

While New Hampshire is one of the least racially diverse states in the country, we are not immune to the manifestations of racism. The NHAFP will not forget the 2017 lynching of an 8-year-old boy in Claremont, the taunting of Black students in Dover, and the lack of public response in rehabilitating the cultural norms that lead to those events which speaks loudly regarding the condition of the state. This kind of interpersonally mediated bias is the kind of racism we most commonly think of, in the form of overt acts of hate speech and macro-aggressions, discriminatory behavior, and violent acts.

However, in healthcare that racism comes in insidious ways as well. As healthcare practitioners who aim to do the best by our patients, we may wonder "What does this mean for me?" We have heard increasingly of implicit bias, and the need for cultural competence and workforce diversity. We are troubled and saddened by the staggering maternal and infant mortality rates for black mothers and babies, where pregnant Black women are 3.2 times more likely than white women to die during childbirth, and Black babies die over twice as much as white babies. We are deeply distressed by the overwhelming disproportionate impacts of this coronavirus pandemic, which is unmasking longstanding disparities in access to quality healthcare, safe and secure housing, and the economic security that results from good jobs with meaningful benefits. These disparities are the result of years of existing policy and systems-level action or inaction by our institutions and societal structures.

As physician scientists, we rely on best evidence to provide the highest quality care for our patients – we now understand the biology of how the chronic stress of racism and discrimination exacts a toll on physical health for people who are Black in the U.S. As Family Physicians, we always have been, and always will be, here for difficult conversations. It is part of our calling to bring about the betterment of public health and engage in responsible public advocacy in health-related matters for our patients and communities. There is no equivocating on this: racism is a public health crisis. The practice of discriminatory policies coupled with the abuse of power, result in devastating effects on our Black and Brown communities.

Now is the time to eradicate this plague of racism – and it is our responsibility, as physician leaders, to address it in our circles of influence and our respective communities. We urge our members to actively engage in efforts to address inequities and structural racism in our respective spheres of influence – whether at the individual, the practice, and/or the societal level:

1. **End Discriminatory Policies**: Request our organizations to update discriminatory policies and practices.
2. **Educate Ourselves**: Request professional education on cultivating an anti-racist culture within our organizations. Read and learn on our own.
3. **Engage in Discussion**: Engage in authentic discussion with our colleagues around concepts of equity and effects of structural racism.
4. **Become Aware of Our Own Bias**: We all have bias – it is a normal part of the human condition. Our task is to become aware of our biases and work to mitigate them so they do not impact our interpersonal interactions and clinical encounters.
5. **Be an Ally**: Support our Black and Brown colleagues and patients if they express concern of unfair treatment or need emotional support.
6. **Eliminate the Inappropriate Use of Race in Medical Care**: We will actively root out and push back on the use of race as a proxy to biology in medical care. The use of race, a social invention, as a determinant of biological processes, such as with laboratory indices (GFR, bone density, etc) alludes to false studies that supported the biologically inferiority of blacks. The differing categories of thresholds can lead to delay in treatment or false diagnosis of patients.
7. **A Workforce that Mirrors the Communities We Serve**: We will continue to look for ways to support a Family Medicine career pipeline that matches the diversity of our communities. Children can imagine new possibilities for their own futures when they can see themselves in role models such as their family doctor. Additionally, patient-provider cultural concordance is known to improve patient satisfaction, service utilization patterns, and increase adherence to treatment plans. Finally, diverse workplaces foster innovation and creativity to drive better decisions, have greater success at solving complex problems, and create a competitive advantage.

The NHAFP recognizes that in the context of American history, if Black lives do not matter, then all lives cannot matter.

Signed,

Your NHAFP Board of Directors