

1 **2020-## - AHPAC**

2 **TITLE: USE OF EXCESSIVE FORCE BY LAW ENFORCEMENT AGENTS**

3 **2020-_- RESOLVED**

4 AAPA DENOUNCES THE USE OF EXCESSIVE FORCE BY LAW ENFORCEMENT
5 AGENCIES AND POLICE OFFICIALS AGAINST ALL PEOPLE OF COLOR AND
6 MEMBERS OF VULNERABLE POPULATIONS.

7

8 AAPA RECOGNIZES IN AN EFFORT TO ACHIEVE HEALTH EQUITY, THE
9 IMBALANCE IN THE USE OF FORCE FUELED BY RACIAL INJUSTICE AND
10 INEQUALITY MUST COME TO A HALT.

11

12 AAPA AFFIRMS ITS COMMITMENT TO MAINTAINING AND SECURING THE
13 SAFETY AND HEALTH OF THE PUBLIC BY ADVOCATING FOR EFFECTIVE
14 COMMUNITY POLICING, ROBUST TRAINING AND EDUCATION OF DE-
15 ESCALATION TACTICS, AS WELL AS, THE INSTITUTION OF ACCOUNTABILITY
16 MEASURES FOR LAW ENFORCEMENT AGENCIES AND OFFICIALS.

17

18 **RATIONALE/JUSTIFICATION**

19 THIS RESOLUTION INTENDS TO AFFIRM THE MEMBERSHIP VALUES AND TO
20 GUIDE AAPA LEADERS AND THE PROFESSION AS THEY OPERATIONALIZE THE
21 ORGANIZATION'S BELIEFS IN THE DESIRE TO ABOLISH ALL FORMS OF
22 EXCESSIVE FORCE BY LAW ENFORCEMENT AGENTS ON PEOPLE, THEY'VE
23 TAKEN AN OATH TO PROTECT AND SERVE.

24 EXCESSIVE FORCE BY LAW ENFORCEMENT OFFICIALS OR LAW
25 ENFORCEMENT VIOLENCE HAS BEEN INGRAINED IN AMERICAN HISTORY FOR
26 CENTURIES AND IT DIRECTLY IMPACTS THE HEALTH OF THE PUBLIC AND AS
27 SUCH, CREATES A PUBLIC HEALTH CRISIS DUE TO ITS NEGATIVE INFLUENCE
28 ON MORBIDITY AND MORTALITY OF COMMUNITY MEMBERS.
29 IN 2015, THE FIRST 6 MONTHS OF THE YEAR YIELDED MORE THAN 500 PEOPLE
30 KILLED BY LAW ENFORCEMENT OFFICIALS ⁽¹⁾. BETWEEN 2012 AND 2018,
31 POLICE KILLED ON AVERAGE 2.8 MEN PER DAY IN THE US, AND THE
32 MORTALITY RISK FOR BLACK MEN BY POLICE OFFICIALS DURING THAT TIME
33 FRAME WAS 1.9-2.4 PER 100,000, FOR LATINO MEN 0.8 -1.2 AND FOR WHITE
34 MEN, 0.6 – 0.7 PER 100,000 MEN ⁽²⁾. INSIDIOUSLY, RACIAL INEQUALITY FACTORS
35 INTO THE USE OF EXCESSIVE DEADLY FORCE AND CREATES A DISTINCT
36 HEALTH DISPARITY.
37 THE CURRENT AAPA POLICY ON HEALTH DISPARITIES ⁽³⁾ RECOGNIZES THE
38 IMPACT OF RACIALLY BASED DISPARITIES ON OUTCOMES OF PATIENTS,
39 PROVIDERS, AND THE FAMILIES INCLUDING OUTCOMES SUCH AS MORTALITY
40 CAUSED BY THE USE OF EXCESSIVE FORCE. VIOLENCE OF ANY TYPE IS A
41 SOCIAL DETERMINAT OF HEALTH. THERE WERE 1091 LIVES LOST AT THE
42 HANDS OF LAW ENFORCEMENT WHICH TRANSLATES TO 54, 754 YEARS OF
43 LIFE ⁽⁴⁾. ACCORDING TO THE CDC, AS RECENT AS 2016, 76,440 NONFATAL
44 INJURIES OCCURRED AS A CONSEQUENCE OF LEGAL INTERVENTION ⁽⁵⁾
45 RESULTING IN APPROXIMATELY \$1.8 BILLION IN MEDICAL COSTS AND LOST
46 WORK ⁽⁶⁾.

47 VIOLENCE CORRELATES WITH POOR MENTAL HEALTH OUTCOMES PROVIDING
48 SOCIETY WITH BOTH PSYCHOLOGICAL AND PHYSICAL EVIDENCE. FORMS OF
49 PSYCHOLOGICAL VIOLENCE INCLUDING INAPPROPRIATE STOPS BY LAW
50 ENFORCEMENT CAN RESULT IN ANXIETY, DEPRESSION AND POST-TRAUMATIC
51 STRESS DISORDERS ⁽⁷⁾. AN INCREASE IN OBESITY AND DIABETES HAS BEEN
52 LINKED TO PHYSICAL VIOLENCE FROM UNWARRANTED SEARCH AND FRISKS
53 POLICIES BY LAW ENFORCEMENT AGENCIES ⁽⁷⁾.

54 IN A JOINT STATEMENT FROM THE AMERICAN HEART ASSOCIATION (AHA),
55 ASSOCIATION OF BLACK CARDIOLOGISTS (ABC), AND THE AMERICAN
56 COLLEGE OF CARDIOLOGY (ACC), IT WAS NOTED THAT ACTS OF VIOLENCE
57 PROMOTE POOR WELL BEING AND IMPACT CARDIOVASCULAR HEALTH ⁽⁸⁾. THE
58 IMPACT OF EXCESSIVE USE OF FORCE ON VULNERABLE POPULATIONS SUCH
59 AS THE HOMELESS, MENTALLY ILL, THOSE UNDER THE INFLUENCE OF
60 SUBSTANCES, AND COMMUNITIES OF COLOR ARE TRULY PUBLIC HEALTH
61 ISSUES AND NEEDS TO BE ADDRESSED ON THE CONTINUUM. THE AAPA AS A
62 HEALTH CARE ORGANIZATION MUST BE AT THE FOREFRONT OF SOCIETY BY
63 DENOUNCING ALL FORMS OF EXCESSIVE USE OF FORCE.

64 POOR MENTAL HEALTH OUTCOMES SUCH AS ANXIETY, DEPRESSION, AND
65 FEAR RELATED TO ROUTINE TRAFFIC STOPS BY POLICE HAVE BEEN
66 DEMONSTRATED IN COMMUNITIES OF COLOR AND NOTICEBLY ABSENT IN
67 WHITE MEN ⁽⁹⁾. THE AMERICAN PUBLIC HEALTH ASSOCIATION (APHA) STATES
68 THAT PHYSICAL AND PSYCHOLOGICAL VIOLENCE CAUSED BY LAW
69 ENFORCEMENT OFFICIALS RESULTS IN DEATHS, INJURIES, TRAUMA, AND

70 STRESS DISPROPORTIONATELY AFFECTING PEOPLE OF COLOR, IMMIGRANTS,
71 AND THE LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ)
72 COMMUNITY ⁽¹⁰⁾.

73
74 LAW ENFORCEMENT IS VITAL TO PROVIDING SAFE COMMUNITIES, BUT IT
75 SHOULD NOT BE CONDUCTED IN A MANNER THAT RESULTS IN INCREASED
76 INJURY, INCARCERATION, AND DEATH OF CITIZENS AND THEIR FAMILY
77 MEMBERS ⁽¹¹⁾. INJURIES IN THE VARIOUS STAGES OF INTERACTIONS WITH LAW
78 ENFORCEMENT HAVE OCCURRED IN THE PRE-CUSTODY PERIOD AS WELL AS
79 THE IN-CUSTODY PERIOD ⁽¹²⁾. PRE-CUSTODY INJURIES INCLUDE COMMISSION
80 OF A CRIME DURING A FIGHT, CHASE, AND APPREHENSION, DURING A SIEGE
81 OR HOSTAGE SITUATION, OR DURING RESTRAINT OR SUBMISSION ⁽¹²⁾. IN-
82 CUSTODY INJURIES INCLUDE THOSE EVENTS THAT OCCUR SOON AFTER
83 BEING ADMITTED TO JAIL, DURING INTERROGATION, DURING INCARCERATION,
84 OR LEGAL EXECUTION ⁽¹²⁾. THESE TYPES OF INJURIES INCLUDE BUT ARE NOT
85 LIMITED TO GUNSHOT WOUNDS, SKULL FRACTURES, C-SPINE INJURIES,
86 FACIAL FRACTURES, SHOULDER DISLOCATIONS, PNEUMOTHORAX, BROKEN
87 LEGS, BLUNT TRAUMA, ORBITAL FLOOR FRACTURE, LARYNGEAL CARTILAGE
88 FRACTURE, CONCUSSION, HEMORRHAGE, AND CHOKING ⁽¹²⁾. FURTHERMORE,
89 THESE INJURIES CAN BE COMPLICATED BY POST TRAUMATIC BRAIN INJURY,
90 INFECTIONS, HYDROCEPHALUS, SUBDURAL/EPIDURAL HEMATOMAS, AND
91 DEATH ⁽¹²⁾. THE COMMUNITIES OF THE POPULATIONS WE SERVE DESERVE
92 THE BASIC RIGHTS OF DUE PROCESS AND THE BASIC DIGNITY OF LIFE

93 SUPPORT. VIOLENCE IN THE COMMUNITIES BUT IN PARTICULAR BLACK AND
94 BROWN COMMUNITIES HAVE RESULTED IN “PREMATURE DEATH OF STOLEN
95 LIVES AND STOLEN BREATHS IN AMERICA” ⁽¹³⁾.

96
97 AAPA NEEDS TO ADVOCATE FOR LAW ENFORCEMENT REFORMS THAT
98 INCLUDE COMMUNITY ENGAGEMENT, COMMUNITY POLICING AND TRAINING IN
99 TACTICS AIMED AT DE-ESCALATING CONDITIONS AND SITUATIONS THAT COULD
100 LEAD TO THE USE OF EXCESSIVE AND DEADLY FORCE. THE AMERICAN
101 COLLEGE OF PHYSICIANS (ACP) AFFIRMS THAT “DISCRIMINATION, RACISM
102 AND VIOLENCE IN THE CONTEXT OF LAW ENFORMCEMENT HARMS THE
103 PHYSICAL, MENTAL AND WELL BEIGNS OF THE PUBLIC WITH SPECIAL
104 EMPHASIS ON PEOPLE OF COLOR ⁽¹¹⁾. LAW ENFORCEMENT OFFICIALS NOT
105 ONLY NEED TRAINING IN DE-ESCALATION BUT INITIAL MENTAL HEALTH
106 ASSESSMENT AND CONTINUE PSYCHOLOGICAL SUPPORT THROUGHOUT
107 THEIR CAREER. THE ACP HAS ADOPTED SEVERAL RECOMMENDATIONS
108 FOCUSED ON DECREASING THE USE OF EXCESSIVE FORCE SUCH AS
109 PRIORITIZING EVIDENCED BASED PRACTICE ON DE-ESCALATING TACTICS AND
110 REDUCING SITUATIONS WHERE THE USE OF FORCE IS REQUIRED AND
111 EMBRACING ALTERNATIVE MEASURES OF DETAINMENT. THE ACP HAS CALLED
112 FOR RESEARCH INTO LAW ENFORMMENT PRACTICES THAT PROMOTE SAFETY
113 AND WELLNESS OF OFFICERS AND CALLED FOR THE INSTALLATION OF
114 TRANSPARENCY AND ACCOUNTABILITY IN THE DAILY PROTOCOLS AND
115 PROCEDURES OF LAW ENFORCEMENT AGENTS ⁽¹¹⁾.

116 THE ACP IN THEIR STATEMENT REFERS TO THE FOLLOWING: ACP AFFIRMS
117 THAT PHYSICAL AND VERBAL VIOLENCE AND DISCRIMINATION, PARTICULARLY
118 BASED ON RACE/ETHNICITY AND OTHER PERCEIVED CHARACTERISTIC OF
119 PERSONAL IDENTITY, ARE SOCIAL DETERMINANTS OF HEALTH AND, THUS,
120 PUBLIC HEALTH ISSUES. VIOLENCE AND DISCRIMINATION EXACERBATE THE
121 BURDEN OF MORBIDITY AND MORTALITY AMONG PEOPLE OF COLOR AND
122 OTHER MARGINALIZED GROUPS, WHICH MAY CONTRIBUTE TO THE
123 DISPROPORTIONATELY HIGHER MORTALITY RATES FROM CORONARVIRUS
124 DISEASE 2019 (COVID 19) AMONG BLACK, INDIGENOUS, LATINX, AND ASIAN
125 AMERICAN COMMUNITIES AND PERSONS ⁽¹¹⁾.

126 ACP AFFIRMS THAT DISCRIMINATION, RACISM, AND VIOLENCE IN THE
127 CONTEXT OF LAW ENFORCEMENT AND LAW ENFORCEMENT POLICIES AND
128 PRACTICES THAT TARGET BLACK INDIVIDUALS AND OTHER PERSON OF
129 COLOR HARM THE PHYSICAL HEALTH, MENTAL HEALTH, AND WELL -BEING OF
130 INDIVIDUALS AND THE PUBLIC. INSTITUTIONAL AND SYSTEMIC LAW
131 ENFORCEMENT PRACTICES THAT ENABLE, ALLOW, AND PROTECT RACISM,
132 DISCRIMINATION, AND VIOLENCE UNDERMINE LAW ENFORCEMENT OFFICERS
133 WHO ARE DEDICATED TO EQUAL TREATMENT UNDER THE LAW, ENSURING
134 PUBLIC SAFETY, AND SAVING LIVES AND UNDERMINE PUBLIC CONFIDENCE IN
135 JUSTICE AND LAW ENFORCEMENT ⁽¹¹⁾.

136
137 THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) RELEASED A POSITION
138 PAPER ON POLICE BRUTALITY AND BLACK MALES ⁽¹⁴⁾. THE STATEMENT

139 HIGHLIGHTS SEVERAL POINTS AND RECOMMENDATIONS INCLUDING THE
140 NEED TO FOSTER DIRECT COLLABORATION BETWEEN LAW ENFORCEMENT
141 AND BLACK COMMUNITIES, COLLABORATION OF LAW ENFORMENT AGENCIES
142 AND MENTAL HEALTH PROFESSIONALS, THE CONTINUED USE OF DATA AND
143 RESEARCH TO UNDERSTAND FACTORS DRIVING THE DISPROPORTIONAL
144 INCARCERATION OF BLACK MALES AND THE DEVELOPMENT OF NOVEL
145 APPROACHES TOWARDS UNDERSTANDING THE MENTAL HEALTH NEEDS OF
146 MEN OF COLOR⁽¹⁴⁾.

147
148 ADOPTION OF A FIRM STANCE ON THE EXCESSIVE USE OF FORCE BY LAW
149 ENFORCEMENT EMBRACING PRACTICES AND PRINCIPLES AIMED AT THE
150 PUBLIC HEALTH CRISIS EMANATING FROM RACIALLY INDUCED HEALTH
151 DISPARITIES, AND SOCIAL UNREST WILL ILLUSTRATE AAPA'S COMMITMENT TO
152 ITS CONSTITUENTS AND THE POPULATIONS IT SERVES.

153

154 **REFERENCES:**

- 155 1. NANCY KRIEGER,* JARVIS T. CHEN, PAMELA D. WATERMAN, MATHEW V.
156 KIANG, JUSTIN FELDMAN: POLICE KILLINGS AND POLICE DEATHS ARE
157 PUBLIC HEALTH DATA AND CAN BE COUNTED [PLOS MED](#). 2015 DEC;
158 12(12): E1001915. PUBLISHED ONLINE 2015 DEC
159 8. DOI: [10.1371/JOURNAL.PMED.1001915](https://doi.org/10.1371/JOURNAL.PMED.1001915) PMCID: PMC4672939
160 PMID: [26645383](#)

161

- 162 2. FRANK EDWARDS, MICHAEL H ESPOSITO , HEDWIG LEE: RISK OF
163 POLICE-INVOLVED DEATH BY RACE/ETHNICITY AND PLACE, UNITED
164 STATES, 2012-2018 ¹AFFILIATIONS EXPAND PMID: 30024797,
165 PMCID: [PMC6085013](https://pubmed.ncbi.nlm.nih.gov/PMC6085013/) DOI: [10.2105/AJPH.2018.304559](https://doi.org/10.2105/AJPH.2018.304559)
166
- 167 3. HX.4600.1.5: 2020-2021 AAPA POLICY ON HEALTH DISPARITIES
168
- 169 4. BUI AL, COATES M, MATTHAY E: YEARS OF LIFE LOST DUE TO
170 ENCOUNTERS WITH LAW ENFORCEMENT IN THE USA,2015-2016. J
171 EPIDEMIOLOGY COMMUNITY HEALTH. 2018; 72:715-718
172
- 173 5. CENTER FOR DISEASE CONTROL AND PREVENTION : WEB-BASED
174 INJURY STATISTICS QUERY AND REPORTING SYSTEM (WISQARS):
175 NONFATAL INJURY DATA AVAILABLE AT
176 [HTTPS://WWW.CDC.GOV/INJURY/WISQARS/NONFATAL.HTML](https://www.cdc.gov/injury/wisqars/nonfatal.html). ACCESSED
177 JANUARY 18, 2019.
178
- 179 6. CENTER FOR DISEASE CONTROL AND PREVENTION. WEB-BASED INJURY
180 STATISTICS QUERY AND REPORTING SYSTEM (WISQARS): COST OF
181 INJURY DATA AVAILABLE AT
182 [HTTPS://WWW.CDC.GOV/INJURY/WISQARS/NONFATAL.HTML](https://www.cdc.gov/injury/wisqars/nonfatal.html). ACCESSED
183 JANUARY 18, 2019.
184

- 185 7. SEWELL AA. THE ILLNESSES ASSOCIATIONS OF POLICE VIOLENCE:
186 DIFFERENTIAL RELATIONSHIPS BY ETHNORACIAL COMPOSITION.
187 [HTTPS://ONLINELIBRARY.WILEY.COM/DOI/FULL/10.1111/SOCF.12361](https://onlinelibrary.wiley.com/doi/full/10.1111/socf.12361).
188 ACCESSED JANUARY 18, 2019.
189
- 190 8. ABC, ACC AND AHA DENOUNCE RACISM AND VIOLENCE PLAGUING
191 COMMUNITIES JUN 01, 2020:
192 [HTTPS://WWW.ACC.ORG/LATEST-IN-
193 CARDIOLOGY/ARTICLES/2020/06/01/09/25/ABC-ACC-AND-AHA-DENOUNCE-
194 RACISM-AND-VIOLENCE-PLAGUING-COMMUNITIES](https://www.acc.org/latest-in-cardiology/articles/2020/06/01/09/25/abc-acc-and-aha-denounce-racism-and-violence-plaguing-communities)
195
- 196 9. GELLER A, FAGAN J, TYLER T, LINK BG. AGGRESSIVE POLICING, AND THE
197 MENTAL HEALTH OF YOUNG URBAN MEN. AM J PUBLIC HEALTH. 2014;
198 104:2321–2327.
199
- 200 10. ADDRESSING LAW ENFORCEMENT VIOLENCE AS A PUBLIC HEALTH
201 ISSUE: NOV 13 2018, POLICY NUMBER: 201811
202 [HTTPS://WWW.APHA.ORG/POLICIES-AND-ADVOCACY/PUBLIC-HEALTH-
203 POLICY-STATEMENTS/POLICY-DATABASE/2019/01/29/LAW-
204 ENFORCEMENT-VIOLENCE](https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence)
205
- 206 11. JOSH SERCHEN, BA, ROBERT DOHERTY, BA, OMAR ATIQ, MD, DAVID
207 HILDEN, MD, MPH RACISM AND HEALTH IN THE UNITED STATES: A

208 POLICY STATEMENT FROM THE AMERICAN COLLEGE OF PHYSICIANS,
209 FOR THE HEALTH AND PUBLIC POLICY COMMITTEE OF THE AMERICAN
210 COLLEGE OF PHYSICIANS* POSITION PAPERS19 JUN 2020

211
212 12. NATIONAL MEDICAL ASSOCIATION (NMA) STATEMENT ON POLICE USE
213 OF FORCE. [HTTPS://BLACKDOCTOR.ORG](https://blackdoctor.org): WHERE WELLNESS AND
214 CULTURE CONNECT JULY 18, 2016. PG.2

215
216 13. HARDEMAN ET AL. STOLEN BREATHS. NEJM. JUNE 11, 2020.

217
218 14. POSITION STATEMENT ON POLICE BRUTALITY AND BLACK MALES
219 APPROVED BY THE BOARD OF TRUSTEES, DECEMBER 2018 APPROVED
220 BY THE ASSEMBLY, NOVEMBER 2018
221 [HTTPS://WWW.PSYCHIATRY.ORG/NEWSROOM/NEWS-RELEASES/APA-
222 CONDEMNS-POLICE-BRUTALITY-CALLS-FOR-DIALOGUE-TO-EASE-CIVIL-
223 UNREST#:~:TEXT=THE%20APA%20BOARD%20OF%20TRUSTEES,POLICE
224 %20BRUTALITY%20ON%20BLACK%20MALES.&TEXT=%E2%80%9CAS%20
225 A%20LEADER%20IN%20ADVOCATING,COWORKER%2C%20OR%20COMM
226 UNITY%20OFFICIAL.%E2%80%9D](https://www.psychiatry.org/newsroom/news-releases/apa-condemns-police-brutality-calls-for-dialogue-to-ease-civil-unrest#:~:text=THE%20APA%20BOARD%20OF%20TRUSTEES,POLICE%20BRUTALITY%20ON%20BLACK%20MALES.&text=%E2%80%9CAs%20A%20leader%20in%20advocating,coworker%2C%20or%20community%20official.%E2%80%9D)

227
228
229
230

231 **RELATED AAPA POLICY**

232 *HX-4100.1.3*

233 AAPA OPPOSES ALL FORMS OF SEXUAL HARASSMENT AND GENDER
234 DISCRIMINATION.

235 [ADOPTED 2000, REAFFIRMED 2005, 2010, 2015]

236

237 *HX-4100.1.4*

238 AAPA SUPPORTS EQUAL RIGHTS FOR ALL PERSONS AND SUPPORTS POLICY
239 GUARANTEEING SUCH RIGHTS.

240 [ADOPTED 1982, REAFFIRMED 1990, 1995, 2000, 2005, 2010, 2015]

241

242 *HX-4600.1.5*

243 AAPA BELIEVES THAT PAS SHOULD ENDORSE AND SUPPORT POLICIES AND
244 PROGRAMS THAT ADDRESS THE ELIMINATION OF HEALTH DISPARITIES AND
245 COMMIT TO ACTIVITIES THAT WILL ACHIEVE THIS GOAL. AAPA SUPPORTS
246 FORMING “STRATEGIC PARTNERSHIPS” WITH OTHER ORGANIZATIONS THAT
247 WILL HELP ADVANCE THE ELIMINATION OF HEALTH DISPARITIES

248

249 *BA-2200.1*

250 THE AAPA’S DEFINITION FOR RACIAL AND ETHNIC MINORITIES SHALL BE
251 PERSONS WHO ARE BLACK OR AFRICAN AMERICAN, HISPANIC OR LATINO,
252 ASIAN, NATIVE HAWAIIAN, OR OTHER PACIFIC ISLANDER, AMERICAN INDIAN
253 OR ALASKA NATIVE, OR TWO OR MORE RACES.

254 *[ADOPTED 1984, AMENDED 1993, 1999, 2009, REAFFIRMED 1990, 1998, 2004,*
255 *2014, 2016]*

256

257 *HP-3200.6.1*

258 IN ORDER TO ENSURE THE AGE, GENDER, RACIAL, CULTURAL AND ECONOMIC
259 DIVERSITY OF THE PROFESSION; AAPA STRONGLY ENDORSES THE EFFORTS
260 OF PA EDUCATIONAL PROGRAMS TO DEVELOP PARTNERSHIPS AIMED AT
261 BROADENING DIVERSITY AMONG QUALIFIED APPLICANTS FOR PA PROGRAM
262 ADMISSION. FURTHERMORE, THE ACADEMY SUPPORTS ONGOING,
263 SYSTEMATIC AND FOCUSED EFFORTS TO ATTRACT AND RETAIN STUDENTS,
264 FACULTY, STAFF AND OTHERS FROM DEMOGRAPHICALLY DIVERSE
265 BACKGROUNDS.

266 *[ADOPTED 1982, AMENDED 2005, 2010, REAFFIRMED 1990, 1995, 2000, 2015]*

267

268 *HX-4100.1.10*

269 AAPA IS COMMITTED TO RESPECTING THE VALUES AND DIVERSITY OF ALL
270 INDIVIDUALS IRRESPECTIVE OF RACE, ETHNICITY, CULTURE, FAITH, SEX,
271 GENDER IDENTITY OR EXPRESSION AND SEXUAL ORIENTATION. WHEN
272 DIFFERENCES BETWEEN PEOPLE ARE RESPECTED EVERYONE BENEFITS.
273 EMBRACING DIVERSITY CELEBRATES THE RICH HERITAGE OF ALL
274 COMMUNITIES AND PROMOTES UNDERSTANDING AND RESPECT FOR THE
275 DIFFERENCES AMONG ALL PEOPLE.

276 *[ADOPTED 1995, REAFFIRMED 2003, 2008, AMENDED 1997, 2013, 2018]*

277

278 POLICY PAPER: PROMOTING THE ACCESS, COVERAGE AND DELIVERY OF
279 HEALTH CARE SERVICES (ADOPTED 2018)

280 "...AAPA OPPOSES POLICIES THAT DISCRIMINATE AGAINST PATIENTS ON THE
281 BASIS OF PRE-EXISTING CONDITIONS, HEALTH STATUS, RACE, SEX, AGE,
282 SOCIO-ECONOMIC STATUS OR OTHER DISCRIMINATORY DEMOGRAPHIC OR
283 GEOGRAPHIC FACTORS..."

284 "...AAPA'S GUIDING PRINCIPLES PROMOTE POLICIES THAT PROTECT PATIENTS
285 FROM DISCRIMINATION BASED ON PRE-EXISTING CONDITIONS, HEALTH
286 STATUS, RACE, SEX, SOCIO-ECONOMIC OR OTHER DISCRIMINATORY
287 DEMOGRAPHIC OR HEALTH-RELATED FACTORS..."

288 "...AAPA OPPOSES POLICIES THAT DISCRIMINATE AGAINST PATIENTS ON THE
289 BASIS OF PRE-EXISTING CONDITIONS, HEALTH STATUS, RACE, SEX, AGE,
290 SOCIO-ECONOMIC STATUS OR OTHER DISCRIMINATORY DEMOGRAPHIC OR
291 GEOGRAPHIC FACTORS..."

292

293 **POSSIBLE NEGATIVE IMPLICATIONS**

294 NONE.

295 **FINANCIAL IMPACT**

296 NONE.

297 **ATTESTATION**

298 □ I ATTEST THAT THIS RESOLUTION WAS REVIEWED BY THE SUBMITTING
299 ORGANIZATION’S BOARD AND/OR OFFICERS AND APPROVED AS SUBMITTED
300 (COMMISSIONS, WORK GROUPS AND TASK FORCES ARE EXEMPT).

301

302 **SIGNATURE**

303 CAMILLE DYER, PA-C

304 PRESIDENT, AFRICAN HERITAGE PA CAUCUS (AHPAC)

305

306 **CONTACT FOR RESOLUTION**

307 FOLUSHO OGUNFIDITIMI DM, MPH, PA

308 CHIEF DELEGATE, AFRICAN HERITAGE PHYSICIAN ASSISTANT CAUCUS

309 (AHPAC)

310 FOLU@YAHOO.COM

311 6785958201

312

313 **APPENDIX: CO-SPONSOR**

314 PAS FOR LATINO HEALTH, ROBERT SMITH, PA-C, CHIEF DELEGATE