

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 505
(A-24)

Introduced by: Medical Student Section

Subject: Mitigating the Harms of Colorism and Skin Bleaching Agents

Referred to: Reference Committee E

1 Whereas, colorism is defined as discrimination which treats people with lighter skin more
2 favorably than those with darker skin, including within a given racial or ethnic group,
3 distinguishing it from racism;¹⁻⁴ and
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5 Whereas, studies associate colorism with differences in health outcomes, treatment in clinical
6 settings, income, education, housing, and marital status;¹⁻¹³ and
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8 Whereas, due to the social value of lighter skin entrenched in colorism and the implicit
9 understanding that lighter skin tone lessens discrimination, practices such as depigmentation
10 and skin bleaching have increased;^{2,7} and
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12 Whereas, skin bleaching or lightening aims to lighten someone's skin in either specific areas
13 ('dark spots') or their overall skin tone, with creams serving as a common agent;¹⁵⁻¹⁹ and
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15 Whereas, some skin lightening agents are evidence-based medical treatments for
16 dermatological conditions such as pigmentation disorders, when prescribed, instructed, and
17 supervised by a physician such as a dermatologist;²⁰⁻²⁷ and
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19 Whereas, unsupervised skin lightening is an alarming public health concern due to associated
20 adverse effects and the large global supply of unregulated products, widely available over-the-
21 counter via online shopping such as Amazon and social media such as Tik Tok;¹⁵⁻³¹ and
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23 Whereas, the three most common components in skin lightening agents that have faced
24 scrutiny from the medical and scientific communities are hydroquinone, mercury, and topical
25 corticosteroids, with the Food and Drug Administration (FDA) listing 22 specific products
26 confirmed to have unsafe levels of hydroquinone and mercury;³²⁻⁴² and
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28 Whereas, the FDA and other public health agencies have raised concerns about the lack of
29 effective regulation of skin lightening agents due to illegal shipments into the US, their over-the-
30 counter availability despite lack of FDA approval, and marketing and sales tactics targeting
31 communities of color, immigrants, and people with darker skin;⁴³⁻⁴⁶ and
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33 Whereas, the Personal Care Products Safety Act and the Cosmetic Safety Enhancement Act
34 would both improve regulation of cosmetic products such as skin lightening agents by
35 increasing safety tests, verifying international suppliers, and investigating counterfeits;⁴⁷⁻⁴⁸ and
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37 Whereas, the long history and psychological harms of colorism and the widespread pressures to
38 engage in unsupervised skin bleaching result in many individuals starting in adolescence,
39 experiencing depression due to discrimination, and wanting to "acquire beauty," "appear more

1 white or European,” enhance their social mobility or romantic life, and even “avoid police
2 encounters,” highlighting the intersecting effects of colorism and racism;^{20-27,49-53} and
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4 Whereas, recent pieces in the *Journal of the American Academy of Dermatology* have raised
5 concern about the public health impacts of colorism and skin bleaching;⁵⁴⁻⁵⁵ and
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7 Whereas, the international implications of the skin bleaching product market, especially for
8 communities of color and immigrants in the US, suggest the potential for partnerships at the
9 international level with the World Medical Association and other parties; therefore be it
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11 RESOLVED, that our American Medical Association support efforts to reduce the unsupervised
12 use of skin lightening agents, especially due to colorism or social stigma, that do not limit
13 evidence-based use by qualified clinicians (New HOD Policy); and be it further
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15 RESOLVED, that our AMA work with the World Medical Association and other interested parties
16 to mitigate the harms of colorism and unsupervised use of skin lightening agents. (Directive to
17 Take Action)
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Fiscal Note: Minimal - less than \$1,000

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RELEVANT AMA Policy

Racism as a Public Health Threat H-65.952

1. Our AMA acknowledges that, although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole.
2. Our AMA recognizes racism, in its systemic, cultural, interpersonal, and other forms, as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care.
3. Our AMA encourages the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of: (a) the causes, influences, and effects of systemic, cultural, institutional, and interpersonal racism; and (b) how to prevent and ameliorate the health effects of racism.
4. Our AMA: (a) supports the development of policy to combat racism and its effects; and (b) encourages governmental agencies and nongovernmental organizations to increase funding for research into the epidemiology of risks and damages related to racism and how to prevent or repair them.
5. Our AMA will work to prevent and combat the influences of racism and bias in innovative health technologies. [Res. 5, I-20; Reaffirmed: Res. 013, A-22; Modified: Speakers Rep., A-22]

Representation of Dermatological Pathologies in Varying Skin Tones H-295.853

Our AMA encourages comprehensive, inclusive and equitable representation of a diverse range of skin tones in all dermatologic and other relevant medical educational resources for medical students, physicians, non-physician healthcare providers and patients. [Res. 505, I-21]

Pulse Oximetry in Patients with Pigmented Skin D-480.957

Our AMA recognizes that pulse oximeters may not accurately measure oxygen saturation in all skin tones and will continue to urge the US Food and Drug Administration to (1) ensure pulse oximeters provide accurate and reliable readings for patients with diverse degrees of skin pigmentation and (2) ensure health care personnel and the public are educated on the limitations of pulse oximeter technology so they can account for measurement error. [Res. 915, I-22]