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March 7, 2022

Rep. Ruth Richardson
403 State Office Building
St. Paul, MN 55155

Dear Representative Richardson:

On behalf of the Zumbro Valley Medical Society (ZVMS), representing 3,000 physicians and physicians in training in Southeast Minnesota, I am writing in strong support of HF 3927, a bill that would help ensure nondiscrimination and equity in access to organ transplants.

This bill clearly states that a person's race or ethnicity should not be a criterion used to determine a person's eligibility to receive an anatomical gift or organ transplant. The science is very clear: race is a socio-politically developed classification system based on physical characteristics and geographic ancestry and is not based on science and does not represent shared genetic ancestry. Since race is not biological, there is no value in attributing race to innate biological differences. Using race as a proxy for genetics and genetic ancestry allows for harmful continuations of racial ideology and has the potential to negatively impact patient care.

Following the completion of the Human Genome Project in 2003, leading geneticists concluded that race is neither a rational nor effective representation of real human biological variability. This project found that people can have greater genetic similarity to those outside their racial category than to those within their racial category, which demonstrates that genetic variation does not follow along racial lines.

There are many factors that go into deciding who qualifies for an organ transplant. In our country the need for transplants exceeds the supply of organs. This results in many patients never receiving the organs they need to survive. Decisions on who qualifies for an organ transplant must only be based on medical factors as to whether the patient is the right candidate for the transplant—medical urgency, organ compatibility, survival chances, etc. A patient's race or ethnicity must not be one of those factors.

The way physicians and other health care workers think and talk about race, racism, and health disparities, affects how we treat our patients. We need to understand how race and racism result in health disparities. When we use race as a substitute for genetic ancestry, it limits us from investigating and addressing racism and other racial traumas as the cause of health disparities.

Thank you for your work on HF 3972. ZVMS strongly supports this bill and encourages its passage.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas C. Kingsley', written in a cursive style.

Thomas C. Kingsley, MD, MPH, MS
President