Position:

The Infectious Diseases Society of America and its HIV Medicine Association support universal removal of the slur “red man syndrome” and recommends replacing it with “vancomycin infusion reaction,”1 a term that emphasizes pathophysiology over visual appearance on skin. We suggest the following concrete actions:

- Remove all variations of this terminology and replace with “vancomycin infusion reaction” for the following:
  - Documentation in the electronic health record;
  - Teaching of trainees, including but not limited to: medical students, nurses, pharmacists and other allied health professionals;
  - Official documents, including but not limited to: teaching aids, textbooks, job aids, guidelines and position statements;
  - All communications, both written and verbal.

This change recognizes the harm caused by this hurtful term perpetuated by the medical community and serves as an initial step toward supporting equitable medical care for our patients of Indigenous American heritage.

Rationale:

The Infectious Diseases Society of America and its HIV Medicine Association, whose membership constitutes individuals dedicated to the treatment, control and eradication of infectious diseases, supports the universal removal and replacement of the term “red man syndrome,” a term previously used to describe the syndrome of histamine release caused by rapid infusion of vancomycin and the erythematous flushing that results in patients with light skin. IDSA and HIVMA support the replacement of this racist terminology with “vancomycin infusion reaction.”

The epithet “red man” has been used as a slur to derogatorily refer to persons of Indigenous American descent since the 1600s.¹ Over the course of the colonization of the New World, Indigenous Americans went from being systematically exterminated and removed from their native lands, to becoming nearly invisible to the collective American consciousness. This functional erasure of Indigenous American peoples from contemporary American society has led to inherent institutional racism throughout various aspects of public life, including the medical establishment. As a result, persons of native descent have worse health outcomes, with increased rates of mood disorders, substance abuse and preventable diseases and ensuing increased mortality.²
One small step we can take toward dismantling this shameful inheritance is to expunge offensive terminology from our lexicon as we seek to build trust with and improve care in this population. In the larger cultural landscape, we have witnessed large corporate entities making similar changes to product names and logos (from professional sports franchises to food manufacturers), thereby eliminating from our shared lexicon language and images that not only perpetuate racist stereotypes but introduce them as acceptable constructs to children and young adults.

Drafted by:

Oregon Health Sciences University
Jared P. Austin, MD, Allison Empey, MD, Byron A. Foster, MD, MPH

University of Washington | Seattle Children’s Hospital
Alicia Adiele, MSW, LICSW, Shaquita Bell, MD, Adam W. Brothers, PharmD, Victoria J.L. Konold, MD, Matthew Kronman, MD, Daniel Pak, PharmD, Scott J. Weissman, MD

We acknowledge that the authors of this document are living and working on the land of the Coastal Salish, Klamath peoples, the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya, Molalla, Wasco and many Indigenous nations of the Willamette Valley and Columbia River Plateau. We thank the original caretakers of this land.
