

Demands for University of Washington School of Medicine

Nested within University-wide Race & Equity Demands

1. Truth, Reconciliation, and Reparations Initiative at the UWSOM

- a. **Adopt** and implement an evolving and institutionally-critical **Truth, Reconciliation, and Reparations** initiative at the UWSOM nestled within the University-wide Race and Equity initiative.
 - i. **Truth:**
 1. Acknowledge the truth that institutional racism exists at the University of Washington School of Medicine (UWSOM) and commit to learning how it manifests and negatively affects people of colour.
 2. Acknowledge on the opposite yet interconnected side that institutional racial superiority and privilege exists at UWSOM, and commit to learning how this benefits white folks at the expense of people of colour.
 3. Commit to centering and communicating the truths of racially oppressed groups in UWSOM's policies, practices, and mission.
 - ii. **Reconciliation**
 1. Recognize the historical events and systems of power that have allowed the UWSOM to create and maintain the status quo of systemically oppressing people of colour that has led to the above truths.
 2. Recognize UWSOM's culpability in sustaining this system and therefore the context that dictates these truths.
 3. Recognize that the salvation and freedom of each individual at UWSOM is tied to learning how systems of oppression and privilege dehumanize both people of colour and white folks and require that each person at this institution take active steps to interrupt these systems in order for us to achieve collective freedom.
 - iii. **Reparations**
 1. Take equitable approaches to admitting, retaining, and supporting students, staff, faculties, and administrators of colour.
 2. This includes being unapologetic and intentional about providing extra resources and support to students, staff, faculty, and administration of colour under the awareness that these people have been denied wealth, property, positions of power, and personal and legal freedom since the founding of this country, and that we will not reach a state of equality by allocating the same amounts of resources to whites and people of colour.
 3. Be intentional about avoiding colour-blind, white-sensitive approaches that mask the stories and experiences of people of colour

2. Recognition of Historical Racial Oppression and Privilege

- a. **Recognize** officially that the University of Washington and the School of Medicine are built on stolen Salish and Duwamish tribal land. **Commemorate and acknowledge** their rightful ownership with a monument on South Campus, which was built upon razed Duwamish longhouses. This will be done in collaboration with the School of Public Health and other interested departments at UW.

3. Statement of Zero Tolerance for Racial Discrimination at the University of Washington School of Medicine

- a. **Release** a statement of zero tolerance for racial discrimination in the School of Medicine from Dean Ramsey, all Departmental Chairs, and other SOM leadership, including the concrete actions that will be taken if discrepancies occur. Resources like the Ombud, Campus Safety, and UCIRO will not suffice, and this effort should be a collaboration with the University's Race & Equity Initiative to create an alternative resource with actual power for individuals experiencing bullying, harassment, and discrimination on the basis of race (and intersecting identities like class, gender, sexuality, etc).

4. Admissions and Financial Aid: Increase Student Diversity, including Allocation of Substantial Financial Resources

- a. **Require** that students applying to UWSOM are capable of demonstrating awareness of how structural racism and intersectional inequalities impact health. This includes a commitment to growth in this area throughout their medical education. The following guidelines are suggested:
 - i. Courses on structural racism, intersectionality, oppression, inequity and related topics should be required (just as chemistry, biology, physics and social science/humanities currently are) for students who are not coming from racially oppressed backgrounds. Students who have not gained exposure to these topics from experience or in a formal academic setting but who have engaged with them outside of academia (e.g., via activism) should also be given the opportunity to demonstrate their literacy.
 - ii. There should be opportunities within UWSOM's application and/or interview for applicants to demonstrate this literacy with respect to structural racism, health equity and SDOH, and their commitment to growth.
 - iii. This requires that admissions committee members themselves are engaging in ongoing education in this realm so that they are prepared to fairly assess applicants' fluency surrounding structural racism and intersectional inequalities within their application and/or during their interview.

- iv. Avoid the false equivalency that demonstrating an “extraordinary commitment to serving the underserved” is the same thing as having a critical awareness of how racism and privilege impacts health.
- b. Increase** recruiting, admission and funding for students of colour at the medical school, particularly black and indigenous folks.
- c. Increase** the number of URM students to national representative percentage at the minimum (i.e. 12% for blacks, 16% for latin@ etc) by the year 2020.
 - i. Under the theme of reparations in response to historical trauma that has decimated the Native population, the minimum percentage of Native students in the class should be higher than the national percentage – we demand a minimum of 5% each year by the year 2020.
 - ii. Particular emphasis should also be placed on the recruitment and retention of **multi-generational American blacks**, who have long been excluded from institutions of power through systemic practices and policies that discount and discredit their experiences and struggles.
- d. Reallocate** Dean's budget to provide commitment and support to underrepresented students once they have arrived (i.e., hire retention specialists).
- e. Create** a pipeline for undergraduate>graduate>resident>faculty to encourage retention of underrepresented US minority academics, given current faculty recruitment obstacles.
- f. Publish** demographics of each medical school class and residency program affiliated with UW.
- g. Create** anti-racist admissions policies and train all individuals involved in admissions processes in anti-racist practices, policies, and principles. This includes but is not limited to:
 - i. Assessing the degree to which the criminal history reporting section for medical school applicants factors into admissions policies and building practices that acknowledge the fact that black and brown students are unfairly and disproportionately targeted by the US criminal justice system.
 - ii. Assessing the degree to which GPA and MCAT scores determine the algorithm for admissions and determining if this is one of the primary reasons more students of colour are not offered interviews. These requirements should be changed if it is determined to disproportionately affect students of colour.
 - iii. Offering alternative ways of fulfilling criteria for shadowing hours since this is one of the #1 barriers for students of colour who tend to have less access to social capital within the medical professions.

- iv. Avoiding the false equivalency that demonstrating an “extraordinary commitment to serving the underserved” is the same thing as coming from an underserved background.
- h. Fully fund tuition** as well as **room and board** expenses for all URM students by the year 2020. Hire someone in UW Medicine Advancement whose sole job it is to focus on increasing scholarships and funding for URM students.
- i. Add** the overturning of I-200 to the UW Legislative Agenda. Commit substantial resources (faculty, administrators, staff, and student) to pushing this legislative agenda by hiring at least one staff person whose sole responsibility is to cover this agenda and to rally the school around these effort. In the meantime, stop using I-200 as an excuse for the poor representation of students of colour. **Stop** using colour blind / all lives matter approaches to the admissions process and instead adopt approaches that build upon the idea that minority groups have been denied resources for centuries in this country and are long-overdue for reparations.

5. Increase Staff & Faculty Diversity, including Allocation of Substantial Financial Resources

- a. **Commit** substantial resources towards hiring/recruiting, training, and retaining staff, administrators, and faculty of colour, especially through cluster hires for diverse faculty members centered on UWSOM's commitment to focus on health disparities and underrepresented US minority populations.
- b. **Increase** the percentage of faculty, administrators, and staff of colour, especially Black, Latin@s, and Natives at UWSOM by 25% by 2020.
- c. **Hire** a special anti-racism consultant to the Dean and CEO of UW Medicine. This person should have a **demonstrated record** of speaking truth to power, should have a high level of racial literacy and an understanding of intersecting oppressions, and should be willing and able to collaborate with students, staff, and faculty who also have a high level of racial literacy.

6. Center for Equity, Diversity and Inclusion

- a. Increase funding for the Center for Equity, Diversity, and Inclusion – including for its affinity groups and in its projects to recruit, retain, and support students of colour.
- b. The Chief Diversity Officer should be instrumental in leading activism efforts to make the school an anti-racist institution that unapologetically centers the truths of people of colour and that takes equitable non-colourblind approaches to supporting those from racially historically oppressed backgrounds.
- c. Minimum of one CEDI faculty member serving also as an Executive Committee member in Admissions. Minimum of one CEDI staff member on the Student Progress Committee.

- d. The CDO should take active steps to advocate for students, faculty, staff, and administrators of colour and create a climate of inclusiveness and support.
- e. See also: Demand 8b. SOM relationship to CEDI must shift: while CEDI is and should be at the forefront of pushing for anti-racist approaches to medical education, all SOM departments and all individuals must state and exercise commitments to undoing racism. Administrators need to stop passing the buck and placing blame on an underfunded Center that doesn't have the power to really upset the white-dominated power structure and white-dominated culture of medicine. Just like a grant, each department chair should be responsible for putting forward goals related to how employees and departments will engage in the UWSOM Race, Equity, and Justice Initiative. The CDO and Dean Ramsey will collaboratively facilitate accountable actions in each department.

7. **Comprehensive and Ongoing Undoing Institutional Racism Education for Students (Curriculum)**

- a. **Institute a Race, Equity, and Justice** thread in the Foundations and clinical phases of the curriculum. The thread should follow the **Truth, Reconciliation, and Reparations** initiative and include but not be limited to these guidelines:
 - i. **Integrate** an 18-month-long 1 hour weekly course into the Foundations curriculum focused on historical and structural analyses of how **racism** and other forms of injustice contributes to health and health disparities. Base this 1 hour weekly course on social determinants of health classes that are already being offered as electives and ensure the framework is rooted in an anti-racist and intersectional analysis (no more language of diversity and inclusion). Identify faculty and staff for these trainings who are experienced anti-racist organizers and educators, including those already at the SOM (like NormaAlicia Pino, the Director of Multicultural Education, and Dr. Frederica Overstreet) and those outside the institution. Do not use the excuse of not having experienced faculty – experienced educators already exist: find them and pay for them and offer these courses via Zoom if necessary.
 - ii. **Require** mandatory quarterly comprehensive “overcoming racism” training and anti-racism consciousness building as a core competency in FCM, equivalent to the School of Public Health’s Community Oriented Public Health Practice weekend retreat, to commit ourselves to urgent anti-racist consciousness raising among students. This training should move beyond the language of diversity and inclusion and explicitly utilize anti-racism / anti-oppression frameworks.
 - iii. **Require** all clinical rotations to fully center and integrate anti-racism / SDOH frameworks and reflections.
 - iv. **Integrate** an anti-racism competency into the medical school curriculum that mirrors the recently passed competency in the School of Public Health: “Recognize the means by which social inequities and racism, generated by power and privilege, undermine health.”

- v. **Mandate** that all students, in order to graduate, be able to demonstrate, via reflection and/or testing, this competency.
- b. **Identify** those at the school (with or without professional degrees) capable of facilitating and implementing these trainings and associated demands, and **hire and retain** more professional “overcoming racism” mediators/organizers to meet UWSOM-wide capacity demands. It is important to recognize and acknowledge those in the school who are already experienced anti-racist educators. It is also concurrently crucial to recognize that there are not enough of these anti-racist educators and that we need more across all sites at the SOM. Again, avoid the excuse that there is not enough time or money. If this is truly a priority as it should be, the necessary resources will be allocated to its implementation.
- c. **Release** a statement in support of the Students for an Anti-Racist UW School of Medicine – acknowledging that administrative responses tend to isolate, alienate and silence student activism out of fear and defensiveness; and, that as an administration, because you believe in creating a system that honors the dignity and humanity of all people, you believe that becoming an anti-racist school is essential to producing good doctors.

8. Comprehensive and Ongoing Undoing Institutional Racism Education for Staff and Faculty

- a. **Mandate** that all faculty and staff must be able to demonstrate racial literacy upon hiring, and in order to maintain employment.
- b. **Integrate** anti-racist reviews into all annual School of Medicine staff, faculty, and administrator evaluations. All departments should be required to have an anti-racism action plan to which they will be held accountable annually by Dean Ramsey and Dr. Morales.
- c. **Hire** two full-time faculty development specialists – to be supervised by Norma Alicia Pino – who will develop and implement a long-term anti-racist faculty development strategy.
- d. **Mandate** weekly courses for faculty focused on historical and structural analysis of how injustice contributes to health and health disparities. Faculty – particularly block leaders – should be required to participate in ongoing education on the relationships between historical and present structural racism, and health.
- e. **Mandate** that faculty be competent and be required to incorporate these principles into the curriculum, communicating these ideas within their courses, and devoting adequate time to engaging student questions, inquiries and concerns about systemic racism, injustice and oppression as they arise.

- f. **Acknowledge** that learning the biological and chemical basis of health and disease may be adequate to prepare students to pass the boards, but is *not* adequate to train physicians who are prepared to provide patient care in a way that centers their stories and illness within the context of historical and present SDOH.
- g. **Mandate** that admissions committee members, staff, and administrators receive ongoing education and are prepared to fairly assess applicants' fluency surrounding structural racism and intersectional inequalities within their written application and/or engage them in meaningful and critical conversation about these topics during their interviews.
- h. **Require** mandatory quarterly comprehensive "overcoming racism" training and anti-racism consciousness building as a core competency in FCM, equivalent to the School of Public Health's Community Oriented Public Health Practice weekend retreat, to commit ourselves to urgent anti-racist consciousness-raising among staff, and faculty. This training should move beyond the language of diversity and inclusion and explicitly utilize anti-racism / anti-oppression frameworks.

9. **Support of UW-Wide Student Anti-Racist Efforts**

- a. **Commit** to UW Prison Divestment: **release** a statement of direct pressure from SOM Administration and Departmental Chairs to President Cauce and UW Leadership to divest from private prisons by the end of Spring 2017. It is well recognized that mass incarceration in the US is a public health emergency, and the SOM must commit themselves to action following their designation of *The New Jim Crow* as the 2015-2016 health sciences common book.
- b. **Support the implementation** of a new community policing and review model to work towards improving police behavior at the UW, explicitly prohibiting racial and identity profiling, surveillance, stop and frisk and harassment. Current practices negatively affect the learning environment for students, staff, and faculty of colour.
- c. **Support the development** and **make available** clear grievance and disciplinary processes for violations of freedoms and rights on UW campus.
- d. **Support the restriction** of the use of weapons and canine units by UWPD on UW campus.