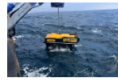




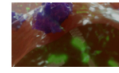
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COMMENTARY

Commentary: Racism is a public health issue. Medical schools across America should address that.



During an interprofessional education exercise at the UCSD School of Medicine, medical and pharmacy students along with nursing students from the USD School of Nursing watching from a control/monitoring room, and faculty looking on, students tend to patients in the emergency department where the students as a team care for the patients. (Howard Lipin)

By EVELYN ROSS, OLU AKINRIMISI, IAN SIMPSON-SHELTON
JULY 7, 2020 | 4:07 PM

We are currently in the midst of an international exposé of American racial oppression and modern-day slavery. This uproar of emotions and activism has motivated the world to educate itself on issues affecting race. Racism permeates medicine. Physicians experimented with and exploited Black people to advance medical knowledge while denying access to medical care and education. These injustices tarnished the relationship between Black patients and their providers, creating a sense of iatrophobia. Slavery and systemic racism have created higher rates of preventable disease, inferior care and premature death for generations of African Americans.

As recent Black graduates from UC San Diego School of Medicine, we have firsthand knowledge of racism in medicine. Blacks account for only 6% of the population in San Diego County but are testing positive for the coronavirus at a rate twice that of White residents. Pre-existing health conditions and the over-representation of African Americans in densely populated living areas and essential low-wage jobs have been offered as explanations for the disparity. But all of those result from socioeconomic factors created by centuries of institutionalized racism.

Unfortunately, medical education has not moved beyond words in dismantling racism within health care. Both the Association of American Medical Colleges (AAMC) and the Board of Trustees of the American Medical Association released statements pledging to eliminate racism in health care. While public statements are important, these governing bodies have yet to require anti-racist and health disparities training. Medical schools across the nation have not adequately trained students on these issues. According to AAMC data, 124 of 156 reporting institutions require education on the social determinants of health during the first two years of schooling, but that number drops significantly to 32 of 54 in the last two years.



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UC San Diego School of Medicine, like many other institutions, is far from perfect. During a recorded lecture on reproductive medicine, a student asked why Black mothers have higher rates of infant mortality. The instructors dismissed his question, citing “genetics,” and later mocked the student as “being too sensitive.” Fortunately, UC San Diego School of Medicine has taken steps to address such indifference through longitudinal education and implementation of implicit bias testing. Student-led groups and student-initiated community outreach such as a health professions recruitment and exposure program are aimed at strengthening the high school to college pipeline for minority students and improving the trust of UC San Diego medicine within minority communities. However, many of the diversity efforts have been spearheaded primarily by minority students, requiring additional time and emotional labor. Some refer to this as a “minority tax,” where the burden of extra responsibilities are placed on minority students and faculty in the name of diversity.

The student body has often pushed for inclusive education with varying faculty support, pitching students against those who evaluate us. Black medical students and residents have called for systemic change through specific actions which further moves us toward fulfilling the stated ideals of “cultivat[ing] a diverse community of scholars.” In response to student- and resident-coordinated demonstrations against police brutality and systemic institutionalized racism at all primary UC San Diego Health sites, an official statement was released expressing support and a willingness to consider the demands of students and residents. The decisions and actions of the UC San Diego Health system will demonstrate the depth of their stated support.

Five years ago, the UC San Diego School of Medicine student body participated in a die-in with the hope of making strides towards eradicating injustice caused by decades of systemic institutionalized racism. Instead, we (Black medical students and physicians) have been placed into a repetitive cycle of trauma and forced to reconcile with the thought of that knee being on our neck.

The manner in which George Floyd lost his life is the proverbial representation of White supremacy in modern-day America, in control and suffocating their enemy. It is also the insidious erasure of Black lives like that of Breonna Taylor, a medical professional — one of our own — who was killed by police in her home.

Racism is a public health issue, and it is unconscionable for any health care professional or institution to not rise to the occasion to actively combat something that is so obviously wrong. The demands set forth by the School of Medicine student body are sound initial steps to address systemic racism, but they are not enough. The time is now — UC San Diego will decide whether to lead efforts in eradicating racism in medicine or establish itself as a complicit institution that fails its communities of color through inaction.

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