

UC San Diego

Health Sciences

June 15, 2020

Dear UC San Diego Black Medical Students and URiM Residents and Fellows at UC San Diego and Rady Children's Hospital,

It is with great respect that we receive your letters and call to action. We stand with you in seeking anti-racist institutions and re-affirm our commitment to continue to eradicate racism within UC San Diego Health Sciences and the UC San Diego Health System, as well as Rady Children's Hospital and Health Center. We pledge to develop anti-racist policies and practices, identify funding streams to further these initiatives, and foster an environment supportive of our Black and URiM communities. We re-affirm our commitment to eradicate health disparities and ensure that every student is exposed to anti-racism and health equity curricula at UC San Diego. In the table that follows we address each of the calls enumerated in your letters and want to elevate four immediate actions we will take to ensure accountability mechanisms are in place.

First, we will immediately launch a recruitment of an Assistant Vice Chancellor of Health Equity, Diversity, and Inclusion (AVC) (call 4.b letter from Black medical students), responsible for implementing EDI initiatives, conducting diversity audits and assessments, and coordinating activities across the Health Sciences' academic, research, and clinical missions in its schools and clinical settings. The AVC will report to the Vice Chancellor for Health Sciences and the Vice Chancellor for the Office of Equity, Diversity, and Inclusion. In addition, the UC San Diego Health CEO will immediately initiate the recruitment of a Chief Diversity Officer (CDO), who will report to the CEO, be a member of the health system executive team and report to the Vice Chancellor for the Office of Equity, Diversity and Inclusion. The CDO will partner with the AVC to ensure seamless coordination and communication and to support the comprehensive implementation of the Health Sciences EDI strategic plan. We will ensure that both students and residents/fellows have representation on the search committees for these positions, as well as engage the broader student and resident/fellow communities in the interview process.

Second, we will form a Health Sciences Equity, Diversity, and Inclusion Task Force (call 7 letter from Black medical students) comprising students, faculty, residents/fellows, and staff. We believe it is critical that all of our constituencies are represented, protected, and supported. To diminish the influence of systemic racism in forming the task force, we will initiate an open application process and seek members committed to advancing anti-racism and health equity initiatives. We anticipate several workgroups stemming from the task force to address the following areas, at a minimum: representation, recruitment/advancement, training/enrichment, transparency, policies/practices, health disparities, underlying racism, and funding. The task force will report directly to our institution's highest leaders-- the Vice Chancellor for Health Sciences, Deans for the Schools of Medicine, Pharmacy, and Public Health, and Health CEO. This Task Force will also collaborate with the Equity, Diversity and Inclusion Task Force that is being formed at Rady Children's Hospital and Health Center, which will also include trainee representation. With the creation of this framework, we are in a stronger position to implement, expand, and enact the charges before us today.

Third, we have already formed a committee to address respect, language and professionalism in the healthcare setting. This committee, co-chaired by UC San Diego Health's Chief Medical Officer and Associate Chief Medical Officer/Chief Experience Officer, is tasked with making immediate and lasting changes to address racism across clinical settings. Among its first tasks, this committee will develop protocols, review policies, and reinforce reporting mechanisms to support our students, residents/fellows, staff, and faculty when they experience racist interactions.

Understanding that this work is dynamic and multifaceted, the committee comprises members from faculty, student, and resident stakeholder groups who will lend their voices, experience and expertise to the committee's charge. We will protect, support, and promote those who call out racism and violence towards Black people and other historically marginalized groups.

Finally, we will mandate anti-racist training for deans, health system leaders, department chairs, residency program directors, course and clerkship directors, committee chairs, small group facilitators, MM1 interviewers, and faculty/attendings (call 2 letter from Black medical students and call 5 letter from URiM Residents and Fellows). The AVC and CDO, in conjunction with the task force, will identify the most appropriate outside organization to develop and deliver this content. Our Vice Chancellor's Office and Health System executive teams, along with the deans and department chairs, have committed to be the first participants.

Thank you for engaging us in this process and demanding that we do better. We are genuine and resolute in our commitment to you and to improving our institutions. We acknowledge progress will be ongoing and invite you to partner with us to regularly assess these actions in a sustained manner. We will reach out to you in the coming days to coordinate a discussion of next steps.

Sincerely,

David A. Brenner
Vice Chancellor for Health Sciences

Steven R. Garfin
Interim Dean, School of Medicine

James H. McKerrow
Dean, Skaggs School of Pharmacy and Pharmaceutical Sciences

Cheryl A. Anderson
Dean, Herbert Wertheim School of Public Health and Human Longevity Science

Patricia S. Maysent
Chief Executive Officer, UC San Diego Health

Patricio A. Frias
President and Chief Executive Officer, Rady Children's Hospital - San Diego




Black Medical Student Letter




Demand	Response
<p>1. Allocate a portion of the \$100 million donation for the T. Denny Sanford Institute for Empathy and Compassion to support anti-racist education and initiatives listed below.</p>	<p>Although Health Sciences cannot alter the donor's instructions and reallocate the Sanford Institute gift, the Institute's leadership believe there are opportunities to leverage the funding that are aligned with the points below. Specific areas include curriculum development, scholarships and training.</p>
<p>2. Provide compensated time for all deans, department chairs, residency program directors, course and clerkship directors, committee chairs, small group facilitators, and MMI interviewers to participate in bi-annual mandatory anti-racist training created by an external and reputable expert.* This training must also be a condition of all new hires.</p>	<p>The AVC and CDO, in conjunction with the task force, will identify the most appropriate outside organization to develop and deliver this content. Our Vice Chancellor's Office and Health System executive teams, along with the deans and department chairs, have committed to be the first participants. We will look introspectively at the ways in which we have been complicit in failing to dismantle institutional racism. Preliminary training for the Health System executive team will be completed before the Fall 2020. We are committed to making these trainings a requirement for these positions and future hires.</p>
<p>3. Protect 4 days during the M1-M4 year for medical students to participate in anti-racist training. We strongly recommend using the services of Advancing Health Equity to develop and implement these trainings and ensuring that the anti-racism taskforce approves of the content of the training. We also recommend providing CME credit for these training sessions</p>	<p>We have identified a few opportunities for anti-racist training during the M1-M4 years and will review these opportunities with the faculty. Should supplemental curriculum be required, we will work with faculty and the taskforce to identify the most appropriate source following the required process for acquiring these services.</p>
<p>4. Adequately fund the Equity, Diversity, and Inclusion initiatives at the School of Medicine</p>	<p>We will commit to providing additional resources in the areas of most need that are identified by the audit we will conduct. Within our limited resources, we will work with the task force to prioritize those initiatives that will have the most impact on all of Health Sciences, including the Schools of Medicine, Pharmacy, and Public Health, as well as our Health System.</p>
<p>a) Fully fund the Health Equity Thread at 1.0 FTE and mandate 2 hours of instruction per month for M1-M4 students and 2 exam questions per ISC block for M1-M2 students dedicated to Health Equity and anti-racist curriculum</p>	<p>We will seek guidance from the task force on the appropriate amount of time for this instruction.</p>

Demand	Response
b) Create Associate Dean of Equity, Diversity, and Inclusion with adequate funding for EDI initiatives	We are committed to recruiting an Assistant Vice Chancellor for Health Sciences Equity, Diversity, and Inclusion, as well as a Chief Diversity Officer for UC San Diego Health System to lead EDI efforts for Health Sciences.
c) Increase FTE allocation for Assistant Dean of DCP to 1.0 FTE	We will work with the new AVC to determine where additional FTE are needed that will best serve our faculty, staff, student, and patient needs.
d) Increase FTE allocation for Director of PRIME to 1.0 FTE	
e) Create a Director of Health Equity and Community Partnerships funded at 1.0 FTE, analogous to the Director of Undergraduate Medical Education, to support Black	
f) Create a Director of Anti-Racism position funded at 1.0 FTE who interfaces with state-wide and national organizations, community leaders, and politicians	
g) Make it a condition of hire that the 4 Excellence in Diversity faculty hires dedicate 20% of their time to health equity and anti-racist work in the School of Medicine	The interview period for these positions has already concluded, with relevant departments in the School of Medicine and Pharmacy working with finalists on proposal letters. Each of the finalists was required to submit a letter outlining their contributions to diversity as part of the application process, and each has demonstrated a commitment to advancing these initiatives on our campus.
5. Create a formative assessment that is developed with an external and reputable expert* for the Office of Student Affairs that (1) assesses their support of URiM students and EDI initiatives (2) holds OSA accountable for performance improvement in an expeditious manner.	Auditing of Med Ed staffing is currently underway, which includes the roles of the Deans and Community Advisors. The organization of Med Ed leadership will be assessed by the new Vice Dean for Medical Education, who we hope to recruit by fall 2020.
a) We strongly encourage reviewing the previous 2013 model, where the Dean of Admissions and Dean of Student Affairs were separate roles.	
6. Create full ride scholarships and stipends dedicated to incoming students committed to improving the health of Black communities	We will work to enhance our financial aid opportunities for students committed to addressing health disparities in the communities we serve. We will partner with the Deans' offices, Financial Aid office, and Advancement to maximize these opportunities for all Health Sciences students.
7. Create an anti-racist taskforce (led by the Director of Anti-Racism) with student and resident representation that is responsible for (but not limited to):	We will work with campus leaders on any review and assessment of the University's relationship with campus and community law enforcement. Because our Hillcrest campus is not part of main campus, SDPD serves as backup to our security team there. We will evaluate what levers we have to drive change in that relationship.

Demand	Response
a) Review UC San Diego's relationship with and divest from San Diego Police Department	We will work with campus leaders on any review and assessment of the University's relationship with campus and community law enforcement.
b) Working with Laura Adler to secure external funding for EDI initiatives	We will evaluate our Advancement officers' portfolios and ensure they include diversity initiatives and scholarship opportunities (across all three schools) as part of their philanthropic discussions.
c) Working with hospital leadership to remove the use of race in HPI	We will work with the Associate Chief Medical Officer for Quality and the Chief Medical Information Officer for Population Health to develop best practices regarding this request. We will try to address concerns without compromising our ability to "slice and dice" data to identify the very health disparities we want to eliminate.
d) Remove race-based GFR calculations as UCSF, University of Washington, and Harvard have already done.	
e) Review and create actionable solutions to end race based medical practices	We will ask the task force to research, review, and recommend actionable solutions to end race-based medical practices. The Health System, under the leadership of the Chief Medical Officer, will lead efforts to develop policies and processes to address race based medical practices.
f) Develop the medical diagnosis of Chronic Exposure to Racism that is implemented and used across UC San Diego Health	The CDO and health system executive team will investigate the process for creating of a medical diagnosis and preparing recommendations for implementation.
g) Incorporate racism into anticipatory guidance during all pediatric visits	Health System leadership will work with the Associate Chief Medical Officer for Quality, the Chief Medical Information Officer for Population Health and the Vice Dean for Clinical Affairs at RCHSD.
h) Create a rigorous reporting mechanism that receives reports regarding racism or bias and follows up on them in a timely fashion	Under the leadership of the CMO, a committee has already been established to address respect, language and professionalism in the healthcare setting and is working to develop protocols, review policies, and reinforce reporting mechanisms to support our students, residents/fellows, staff, and faculty when they experience racist interactions with patients. This work will leverage iReport as a reporting mechanism to facilitate swift and appropriate response.

URiM Letter

Demand	Response
1. Meet the UCSD School of Medicine Demands as listed in their separate letter. We fully support their list of demands.	See above
2. Form and fund a UCSD GME Office of Diversity (as many other programs have). This would be in addition to the SOM Office of Diversity and Community Partnerships.	We will commit to providing additional resources in the areas of most need that are identified by the audit we will conduct. Within our limited resources, we will work with the task force to prioritize those initiatives that will have the most impact on all of Health Sciences, including the Schools of Medicine, Pharmacy, and Public Health, as well as our Health System. 
3. Include resident, fellow, and faculty representation on the GME Committee.	We are committed to equal representation on the GME Committee and will work with you to clarify the best way to move forward. 
4. Allow residents and fellows to serve on the EDI Advisory Council	Vice Chancellor Petitt has agreed to add a representative for residents/fellows on the EDI Advisory Council. We will connect a delegate of your choosing to meet with Vice Chancellor Petitt's office to determine how the Council member is selected.
5. Require all faculty/attendings to undergo anti-racism training like that listed in the SOM Demands letter. We strongly recommend using the services of Advancing Health Equity to develop and implement these trainings and ensuring that the anti-racism taskforce (listed in the SOM List of Demands) approves of the content of the training. We also recommend providing CME credit for these training sessions.	The AVC in conjunction with the task force will identify gaps in the trainings already mandated by the University, and then select the most appropriate outside organization to develop and deliver this content using an open RFP process that is required for public institutions. Our Vice Chancellor's Office and Health System executive teams, along with the deans and department chairs, have committed to be the first participants. 
6. Provide transparency on the numbers of URiM residents, fellows, and faculty members in every department, as this should be public information to which we all have access.	We strive to recruit the best faculty, staff, students, residents, and fellows to the UC San Diego community. We will work to ensure we remain as competitive as possible within our resources, and continue to identify new opportunities to create an environment where all feel welcome and included. We will continue our efforts to bring high-achieving individuals to the Health Sciences and Health System, and will work to reflect those communities we serve. We will provide transparency on all of our applicant pools and recruitments. Health Sciences has been highly successful in obtaining competitive grant funding to support the career development of URiM faculty.
7. Provide transparency about the process of selecting residency applicants to interview and evaluating them during rank list meetings, including having a representative from the program's individual Diversity committee or the GME Office of Diversity as a participating member in rank list meetings.	
8. Make a commitment to recruiting more URiM residents and fellows, such that our trainee demographics match the demographics of our patients, backed up by plans for how to make this happen.	
9. Make a commitment to hiring more URiM faculty/attendings at all levels, such that our faculty/attending demographics match the demographics of our patients, backed up by plans for how to make this happen.	

Demand	Response
10. Make a commitment to hiring more therapists of color for the HEAR Program.	We will compile a list of clinicians (therapists and psychiatrists) for referral in the community experienced in racial issues and invite URiM faculty, trainees, and staff to join the HEAR committee and to volunteer to serve as resources.
11. Require every residency and fellowship program to provide protected time for leadership to deliver a diversity curriculum to their residents and fellows, such that the burden to create and deliver this curriculum is not placed on the residents and fellows themselves, as it has largely been up to this point in time. This can be a unified curriculum created at the GME level, and leadership can utilize resources such as Advancing Health Equity to develop and implement this curriculum. The anti-racism taskforce should also approve of the content of this curriculum.	The AVC in conjunction with faculty and the task force will identify gaps in the curriculum. Should supplemental curriculum be required, we will work with faculty and the taskforce to identify the most appropriate source following the required process for acquiring these services. 
12. Expand the community outreach of UCSD in the South Bay where underserved communities of color are more highly concentrated.	Many programs are working on this along with our population health experts. The task force will review programs already active in this area (Psychiatry, ENT, Pediatrics, IM, FM, Public Health, Sports, Ortho, Pop Health in UC San Diego Health), identify opportunities for coordination, and leverage lessons learned to recommend avenues for growth. 
13. Increase the value placed on community/diversity engagement in the faculty promotion and advancement process. These projects often require just as much, if not more, time and effort as obtaining NIH equivalent funding.	This topic has been discussed at both the system-wide and local Senate levels. The set of recommendations governing EDI contributions for faculty hiring is here , and evaluation of these activities is governed by APM 210 . There is also a separate section on the Biobib for faculty to specifically address their contributions to EDI in the context of their University responsibilities and activities. The entire file is carefully considered by the Committee on Academic Promotions. 
14. Require that any PI from the SOM with R01 equivalent funding participate in at least one of any internal/external academic enrichment programs for underrepresented minorities/underserved students (ie McNair Scholars, CAMP, NASPA). Strongly encourage PI's with K08 equivalent funding to participate in the same by way of application preference for internal funding.	We commit to making faculty aware of the various intramural and extramural academic enrichment programs for underrepresented minorities/underserved students. We will also increase awareness of the NIH's "Research Supplements to Promote diversity in Health-Related Research PA-20-222" awards that provide additional funding to grants for URiM trainees.

Demand	Response
15. Require that all departments participate in some form of shadowing experience for underrepresented minorities/underserved students (ie ULMSP).	Due to hospital safety issues, GME does not allow observerships and shadowing in the clinical space. The task force will query alternative programs like that of research experiences in Radiation Medicine and community work in Pediatrics, to develop a recommendation for implementation in all departments.
16. Divest UCPD and SDPD presence on medical school campus and health centers.	We will work with campus leaders on any review and assessment of the University's relationship with campus and community law enforcement. On the Health System campuses, security is provided by the Health System under the leadership of Liz Billberry. Backup by UCPD and SDPD are only required in extreme circumstances.