

**Addressing Anti-Blackness & Racism at Mount Sinai and The Broader Medical Community: An Open Letter
From The Student National Medical Association (Icahn School of Medicine Chapter)**

Date: July 1, 2020

To: Mount Sinai Hospital Leadership, ISMMS Deans, Associate Deans, Professors, Faculty, and Staff

In the wake of the state sanctioned murders of and violence towards Black citizens in this country, paralleled with a global pandemic that has disproportionately impacted communities of color, the ISMMS Student National Medical Association (SNMA) is calling for a critical examination and paradigmatic change of the environment in which we live in, contribute to, and learn from.

Health systems and medical education have held space for structural racism to be perpetuated and consequently harm the well-being of Black people. There is ample opportunity for Mount Sinai Hospital's leadership to address our own institutional racism through hospital policies and protocols, and more importantly, there is a desperate need for Mount Sinai's medical school to ensure that the students who are trained here today become the physician-advocates and leaders we need right now. The physician workforce must not only reflect the patient population that it serves, but actively reckon with and dismantle the medical and scientific field's contributions to making racism a cornerstone of American society. There are countless examples of patients voicing concerns and expressing their pain at the dismissiveness of their doctors. This theme of "not being heard" is not only a source of deep frustration, it is downright dangerous to the health and well-being of Black patients.

Beyond recruiting and training students that reflect the patient populations we serve, physicians trained at Sinai *must* understand the intersection of health, medicine and race. As physicians who have sworn to "do no harm," we have a responsibility to speak truth to power in order to protect the patients who we have promised to serve. Let's be clear: health disparities are a consequence of **racism**, and therefore, that is the issue that we have a duty to dismantle. Institutions such as ours can no longer allow either the *active or passive* propagation of racism in our classrooms, clinics, or laboratories. The Student National Medical Association is not asking for change, we are demanding it. Our **Black humanity** is, and forever will be, non-negotiable.

We must be committed to both radically imagining a world where racial justice is a reality, while simultaneously taking **actionable** steps to creating one. This is not an easy task; it requires dual work from the top-down and from the bottom-up. Additionally, our response must be rapid and coordinated like never before. However, it is our voice, coupled with the support of Mount Sinai as an institution, that has the power to evoke change when utilized. Together, we have the opportunity to become the guiding example of what true equity looks like within a medical system, and we hope it is a principle that Sinai internalizes and commits to immediately and for the long-term.

Outlined below are action items that we deem necessary to begin working towards racial equity in the Mount Sinai community. Executing these initiatives will position us to effectively achieve Mount Sinai's goal to redefine the practice of modern medicine in order to produce better outcomes for our patients. Failure to respond appropriately is an active endorsement of violence against Black bodies, including Mount Sinai students, faculty, and staff. We have a right to feel safe and supported on this campus, and we will not silence our voices until it is so.

In Power,

The ISMMS Student National Medical Association 2020-2021 Executive Board

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SUPPORTING FOR BLACK STUDENTS, FACULTY, AND STAFF

- I. **ACTION:** Promote and recognize faculty from Black, Indigenous, and Latinx backgrounds outside of diversity and inclusion work.
- II. **ACTION:** Recognize, promote, and monetarily compensate (by % FTE or time spent) faculty and staff that are involved in anti-racist work, including but not limited to: Office for Diversity and Inclusion, Faculty Diversity Council, etc.
- III. **ACTION:** Implement a more robust avenue for students, faculty, and staff to report acts of racism and discrimination within our institution without formal or informal consequence.
 - A. The “Addressing Mistreatment and Other Unprofessional Behaviors Directed at Students and Trainees” Policy must be revised to explicitly state:
 1. Individuals are guaranteed protection by the institution once a report is filed.
 2. Individuals with more than 2 reports in an academic year should be barred from holding leadership positions.
 3. Reported individuals should face appropriate consequences from an unbiased committee of **students**, faculty of color, human resources, and the dean’s office.
 4. Individuals should receive updates on the reports they have filed.
 - B. This process should be actively advertised.
- IV. **ACTION:** Convene quarterly meetings between SNMA and LMSA student leadership and the Medical Education/Hospital leadership team to ensure student representation in equity initiatives.
- V. **ACTION:** Allocate additional funding to the Office of Diversity and Inclusion to compensate student leadership of affinity groups that work directly to dismantle racism including SNMA and LMSA. *ISMMS should formally acknowledge that soliciting free and/or unpaid advice, education, input and suggestions from Black and AA identifying students in response to white inflicted violence against Black bodies is consistent with white supremacy.*
- VI. **ACTION:** Allocate funding for longitudinal counseling for students impacted by racial trauma and hire more Black psychologists to work within STMH. *This should include an unlimited number of sessions through Student Trainee Mental Health for students of color suffering with racial trauma, regardless of insurance status. STMH should be held accountable for maintaining at least a 30% workforce of Black and Latinx workforce.*
- VII. **ACTION:** Stand in solidarity with student advocates and institute a policy stating that the institution will not retaliate towards students who stand up against racism. *This is a form of harassment and should be included as a reportable item within the “Addressing Mistreatment and Other Unprofessional Behaviors Directed at Students and Trainees” Policy.*
- VIII. **ACTION:** Publicly report and stratify annual demographics of students, faculty, and staff by specific racial and ethnic categories to the entire Sinai community.
 - A. List separate percentages for Black/African-Americans, Hispanic, Latinx, Asian/Pacific Islander, and Indigenous/Native American categories.
 - B. This should include historical data from the last five years for proper examination of ISMMS’ efforts to diversify the environment in which we learn. *This specifically includes data from ISMMS’ Admission’s Office on percentage of students that applied, percentage of students that were admitted, percentage of enrolled that completed a degree, percentage of students receiving scholarships, and percentage of scholarship money received.*
 - C. A public report should be made available each year that indicates what specialties graduating students matched into broken down by race.

- IX. **ACTION:** ISMMS' mission statement must be revised to denounce racism and commit to racial justice.
- X. **ACTION:** The core competencies of ISMMS' medical education must be revised to include learning how to denounce racism and act in accordance with anti-racism.

INCREASING DIVERSITY OF STUDENT BODY, FACULTY, AND STAFF

- I. **Provide increased financial support for Black, Indigenous, and Latinx students.**
 - A. **ACTION:** Provide Financial Support For Black, Indigenous, and Latinx Medical and Graduate Students.
 - 1. ISMMS should establish at least fifteen (15) scholarships of at least \$5,000 each for current students in honor of the Black people killed at the hands of police terrorists and white supremacists. Requirements for this scholarship should be: active enrollment and good academic standing, with at least one year of leadership experience in a student-run organization. Applications for these scholarships should be reviewed and chosen by Black, Indigenous, and Latinx staff and faculty at the institution. Students from low socioeconomic backgrounds should be prioritized for receipt of these awards, as people of color constitute a disproportionate amount of this section of society. These awards should be publicly announced and awarded each year to increase visibility and honor those whose lives have been lost.
 - 2. ISMMS should establish four scholarships for first-year/incoming African-American identifying medical students applying from Historically Black Colleges and Universities (HBCUs). Black/AA identifying faculty and students (50:50 ratio) will solely comprise the selection committee. ISMMS will pledge to offer this scholarship every year and for the entire four years of the student's education. The scholarship award will include:
 - a) Full tuition (including covering all additional fees)
 - b) Health insurance (including dental/vision)
 - c) Living stipend
 - 3. **ACTION:** Commit to and publicly release a plan for admitting incoming class of 2021 with over-representation (more than 13% Black, 1% Native American, and 17% Latinx, corresponding to the share of these groups in the U.S. population and accounting).
 - a) *As referenced in the White Coats for Black Lives demands, "Black people make up 13% of the U.S. population, but only 5% of physicians. To create a representative physician workforce, medical schools would need to admit classes made up only of Black, Latinx, and Native American students for the next 10 years. Medical schools must therefore commit to admitting incoming classes in 2021 with over-representation of Black, Latinx, and Native American students (at least 26% Black, 34% Latinx, and 2% Native American)"*
 - 4. **ACTION:** Hire admissions staff dedicated to URM recruitment, interview day and revisit weekend programming, and admissions support.
 - 5. **ACTION:** Publicly report the number of students Black, Native American, and Latinx-identifying students who submit primary and secondary applications, receive interview offers, accept and attend interviews, receive acceptances, and accept admission offers each academic year.
- II. **Improving recruitment and retention of a Black and Brown workforce.**
 - A. **ACTION:** Implement an explicit, evidence-based strategy to increase the number of faculty from Black, Indigenous, and Latinx backgrounds.

- B. **ACTION:** Target the hiring of new Black faculty at higher ranks and ensure that the promotions of Black faculty are taken to the highest reasonable rank when applicable.
- C. **ACTION:** Funding should be specifically allocated to support diversity hiring.
- D. **ACTION:** Publish departmental demographic data each year to ensure accountability.
- E. **ACTION:** Increase the number of Black, Indigenous, and Latinx preclinical faculty course directors, preclinical lecturers, and advisory deans to at least 40%.
- F. **ACTION:** Provide transparent and accurate data regarding faculty recruitment and hiring processes, including application demographics and breakdown.
- G. **ACTION:** MedEd, ODI, and or the Office of the Dean should enhance efforts to encourage Black and Brown faculty to apply through the Faculty Council process to become members of the Admissions Committee.
- H. **ACTION:** Increase funding and staff for the Office of Diversity and Inclusion & The Center for Multicultural Affairs.

III. Strengthening and designing new pipeline programs that focus on engagement with Black and Latinx students.

- A. **ACTION:** Allocate additional funding to support and expand the current CEYE Programs to provide the following to Black and Latinx students in the East Harlem community: scholarship funding, early research opportunities, summer internships for career exposure, and 1-on-1 mentorship with Mount Sinai faculty/students.
- B. **ACTION:** Establish pipeline programs with HBCUs and other racially diverse state colleges.
- C. **ACTION:** Identify and create linkage agreements with Post Baccalaureate Programs that explicitly serve URiSM student populations.
- D. **ACTION:** Establish a school based educational program that engages postdocs, medical, and graduate students through a reward system where they give lectures weekly or monthly. *This was previously accomplished through The Sinai Scholars Program that was led by the Mount Sinai Hospital Department of Health Education in partnership with medical students but has since been dissolved.*
- E. **ACTION:** Redesign recruitment strategy of FlexMed to explicitly prioritize and increase recruitment of undergraduate students who self-identify as Black, Indigenous, and Latinx.

EXPANDING MEDICAL EDUCATION CURRICULUM

I. Overall Curriculum:

- A. **ACTION:** Expand the current mandatory implicit bias training required for first-year medical students to a yearly requirement for all class years. *Note: Yearly online modules are a passive form of learning for this type of training, and therefore, should not be implemented.*
- B. **ACTION:** Amplify student opinions by creating an accessible and ongoing form for students to be able to share real-time anti-racist and bias concerns from lecturers.
- C. **ACTION:** For accountability, ISMMS should evaluate progress based on the racial justice report card created by the organization *White Coats for Black Lives*.
- D. **ACTION:** ISMMS should release data on inequalities in student grading and performance.

II. Arts & Science of Medicine Curriculum:

- A. **ACTION:** Increase diversity in standardized patient identities to include minority patients and those from vulnerable populations.

- B. **ACTION:** Implement a standardized patient session on navigating racist patients or colleagues during clinical encounters, both as a URiSM student and an ally. *We believe it is important to recognize that Black medical students and physicians are not shielded from maltreatment by their white coats.*
- C. **ACTION:** Incorporate course content on police brutality as [public health crises](#) and tool of racial oppression. *As a leading cause of death for young Black people in the US, national medical organizations have declared police brutality as a public health issue. Considering the contemporary and historical challenges between law enforcement and people of color, we are advocating for course content that specifically addresses the health equity, social justice, and medical implications of police brutality and incarceration.*
- D. **ACTION:** Publicly name racism as a risk factor and [a social determinant of health](#).

III. Pre-Clinical Coursework (Anatomy, Physiology, Microbiology, etc.):

- A. **ACTION:** Require ALL lecture content to address Race-Based Medicine within the context of presentation: The scientific consensus that race is a social construct has led to critical discussions about the use of race-based correction factors in clinical tests (e.g. eGFR, spirometry). Studies have also shown the false notion amongst medical students that biological differences in pain tolerance and skin thickness persist. Explicit discussion of these topics, like Dr. Leisman’s Physiology lecture on the “African American” correction factor in eGFR, should be integrated into the curriculum in order to ensure that ISMMS students are not trained to misinterpret race, rather than racism, as a risk factor for disease.
- B. **ACTION:** Diversity in patient presentation: In settings not limited to lecture pictures, symptom presentation, and case examples, curricula should include a larger representation of Black and marginalized individuals. We believe that it is deeply important for future physicians to understand how different diseases present differently in patients of different demographics (ie: Kawasaki disease, Candidal diaper rash, shingles, etc.).
- C. **ACTION:** Develop a sub-group within the Racism & Bias Initiative Anti-Racism Group within the Department of Medical Education that focuses on ensuring an anti-racist medical education: An anti-racist curriculum should be a part of the standard curriculum throughout medical education, and should be continually assessed, amended, and revised to maintain values of equity and inclusion. We are confident that this sub-group will be valuable if it is both incorporated into the Anti-Racism Group led by Student Council and the Racism & Bias Initiative, as well as driven by faculty, as they have greater experience with medical education. We believe it is important that participating students and faculty are compensated for their time and efforts. Racism is a driver of disease and is ubiquitous in healthcare; nothing short of a thorough, anti-racist curriculum does justice to students or our patients.

REVAMPING HOSPITAL/SYSTEM-WIDE POLICIES

I. The hospital must take an explicit, open stance against racism of any kind.

- A. **ACTION:** Mandate anti-racist training for all students, faculty, and staff twice a year. *Specifically have training that focuses on how to address racism in the classroom, hospital, and research labs. Note: Yearly online modules are a passive form of learning for this type of training, and therefore, should not be implemented.*
- B. **ACTION:** Enforce the [zero tolerance policy](#). Mount Sinai Health System must terminate any faculty/staff/security personnel that receives three or more complaints of racism in one academic year

(loosely defined as any report of mistreatment related to racial bias with ANY credibility/shred of corroborating evidence).

- C. **ACTION:** Mount Sinai Hospital System should end all relationships with vendors who are known to partake in discriminatory practices and take a clear stance against racist, political figures and their practices.
- D. **ACTION:** Mount Sinai Hospital System should prioritize contracting Black- and Latinx-owned vendors, specifically local businesses from the East Harlem community.
- E. **ACTION:** Review the official names of all public spaces on the Mount Sinai campus and remove/change the names of spaces that are associated with white supremacists.
- F. **ACTION:** Recognize Indigenous Peoples' Day and Juneteenth as paid holidays for all employees.
- G. **ACTION:** Release an official statement recognizing racism as a public health crisis that the health system, as is, contributes to and must take responsibility for.
- H. **ACTION:** Mount Sinai must outwardly oppose and ban the common practice of excluding research participants from minority populations.
- I. **ACTION:** Mount Sinai must commit to using research data collected for advocacy work. *I.e. returning analyzed data to community-based organizations and publishing findings in open access journals.*
- J. **ACTION:** Mount Sinai Hospital's mission statement must be revised to denounce racism and commit to racial justice.

II. Security/Police Presence

- A. **ACTION:** Publicly release all documented police or security personnel interactions with patients, staff, students, and faculty that have taken place on all of Mount Sinai's Hospital grounds over the last five years within HIPAA regulations.
- B. **ACTION:** Confirm the presence of de-escalation training to security personnel and expand this to faculty, staff and students system-wide.
- C. **ACTION:** Publicly release information on the use of artificial intelligence/facial recognition software on campus and throughout the hospital system and publicly report how the data is utilized.
- D. **ACTION:** Provide a statement explaining the implementation of NYPD presence and the use of a magnetometer in the emergency department and provide relevant data supporting these measures.

III. COVID Relief Dollars

- A. **ACTION:** Provide a report detailing the use of COVID Relief Dollars within the hospital system: Billions of dollars of COVID-19 relief funds have been allocated to hospitals across the country, with a targeted focus on highly impacted areas such as New York. Given the disproportionate impact of COVID-19 on Black communities, we are seeking transparency on how these relief funds have been and will be spent going forward and confirmation that all staff and subcontractors hired using these funds are paid at least minimum wage.

IV. Addressing Segregated Care

- A. **ACTION:** Integrate clinics to ensure that both publicly and privately insured patients are being seen in the same clinics by the same doctors within the next six months: The issue of segregated care at Mount Sinai has been a cause for great concern for [many years](#), and is one that student advocates have been working to address for the past five years. These students have done tremendous work and we hope to uplift and spotlight their work at this time. It is vital that we address this issue because segregated care reinforces and upholds institutional racism. And while Sinai has worked to incorporate anti-racism

training into the preclinical curriculum, there remain glaring omissions during the clerkship years. We must view these as opportunities to do the anti-racist work that we all speak about.

- B. **ACTION:** Publicly release the following data on patients seen within the internal medicine, pediatrics and OB-GYN departments: demographics, such as race and insurance status, clinics in which they are seen, and training level of their providers (i.e. resident, fellow or attending).

V. **Addressing Race-Based Medicine in Clinical Practice**

- A. **ACTION:** Remove the “race multiplier” correction factor for estimated Glomerular Filtration Rate (eGFR) from Epic and clinical use at the Mount Sinai Health System. *This was recently done at Harvard University and ISMMS students are currently leading a [petition](#) for its removal within MSHS.*

****SIGNATORIES** *Last Updated [3:11pm 07/01/20]* [CLICK HERE TO ENDORSE THIS LETTER](#)**

American Medical Women's Association (AMWA)
Asian Pacific American Medical Student Association
Cardiology Interest Group
Doctors Without Borders Chapter at Mount Sinai
East Harlem Health Outreach Partnership (EHHOP)
Emergency Medicine Interest Group
Geriatric Interest Group
Harm Reduction Coalition
Human Rights and Social Justice Program (HRSJ)
ISMMS Dermatology Interest Group
ISMMS Diagnostic Radiology Interest Group
ISMMS Parents
ISMMS Student Council
Latinx Medical Student Association (LMSA)
MedDOCs (Medical Discovery of Careers)
Medical Ethics Student Organization
Medical Humanities Student Group
Medical Students for Choice
Mount Sinai Christian Fellowship (MSCF)
Mount Sinai KidZone TV
Muslim Students Association
Neurology Interest Group
Neurosurgery Student Interest Group (NSIG)
OB/GYN Interest Group
Oncology Interest Group
Ophthalmology Interest Group
Orthopedics Interest Group
Pediatric Interest Group
Racism Bias Initiative (RBI) Student Sphere
REACH-IN Student Leadership
Students for Equal Opportunity in Science (SEOS)
Sinai Students for Civic Engagement
South Asian Medical Students Association (SAMSA)
Stonewall Alliance
Students for Disability Justice
Students for a National Health Program
Surgery Interest Group Leadership
The Apothecary
The Doula Project
The Story Project at Mount Sinai
Walk with a Doc
Women in MSTP
1G Sinai

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