An End to Excellence:

How Diversity, Equity, and Inclusion Undermine Our Medical Schools

Jay Schalin

INTRODUCTION

Of all the trades and professions, none is held in higher esteem than the physician. We put our very lives into doctors' hands, and therefore expect them to be the very best. Because we do so, and because the job is so demanding, the profession has always been intensely meritocratic.

In recent years, however, political considerations have been chipping away at the medical meritocracy. Medical schools now employ discriminatory and egalitarian practices that make merit a secondary criterion. This is currently happening in the name of"Diversity, Equity, and Inclusion."

The "Diversity, Equity, and Inclusion" (DEI) movement is nothing new, only the phrase is. It is merely a more aggressive, more comprehensive version of "affirmative action," which has been around in one form or another since 1961, when President Kennedy signed an executive order urging government contractors to "take *affirmative action* to ensure that applicants are employed, and employees are treated [fairly] during employment, without regard to their race, creed, color, or national origin."[1] Although the language in the various early bills and orders promoting affirmative action avoided explicitly calling for discrimination in hiring, school admissions, and elsewhere, in practice that is how it was implemented. Affirmative action policies proliferated until 1978, when they were challenged in the courts by Allan Bakke. The plaintiff was a white medical school applicant who was denied admission to the University of California at Davis School of Medicine despite having significantly better credentials than successful minority applicants.

The decision in *Regents of the University of California v. Bakke* was inconclusive and muddied affirmative action policies for many years afterward: it said that schools could not have strict quotas of minority students but could use race as a criterion for admissions. As part of the settlement, Bakke was eventually admitted to the UC-Davis medical school and went on to have a long, successful career as an anesthesiologist.

August 2025

THE JAMES G. MARTIN CENTER FOR ACADEMIC RENEWAL

But perhaps the most interesting fact about the case was what occurred with Dr. Benjamin Chavis, a black graduate of UC-Davis medical who had been admitted at the same time Bakke was rejected. After graduation, Chavis worked as an obstetrician-gynecologist for a while and then opened a liposuction practice. For several decades, he was widely praised by proponents of racial preferences, such as Senator Edward Kennedy, the *New York Times, The Atlantic*, the *Los Angeles Times*, and documentary filmmakers.[2]

Then, in 1997, after one patient treated by Chavis died in his care (and two others almost died), the Medical Board of California suspended Chavis's license, citing his "inability to perform some of the most basic duties required of a physician." The board further noted Chavis's insensitivity to patients' pain. The board had access to a tape recording of patients screaming in agony while Chavis humiliated them.[3]

The Bakke-Chavis tale seems to indicate that there may be good reasons for strictly choosing the best-qualified applicants to train as doctors instead of using race as a primary criterion. Yet that lesson appears not to have been learned, even at the top medical schools. There is ample evidence that they are employing DEI policies and practices throughout their systems, from the admissions of students to the hiring of faculty, and this focus on race and gender is revealed in the changing demographics of new doctors. It is evident in their mission statements and the presence of "diversity statements." It is evident in the array of programs and fellowships reserved for students from under-represented demographic groups that take them from their undergraduate days to their post-graduate employment. It is evident in the presence of "diversity offices" that seem to play a significant role in medical school practices.

But resistance to DEI is building. The 2023 Supreme Court rulings in *Students for Fair Admissions v. Harvard* (SFFA) and *Students for Fair Admissions v. The University of North Carolina* turned much of the environment surrounding university admissions on its head.[4] Formerly, federal legislation such as Title VI of the 1965 Civil Rights Act focused on stopping discrimination by finding ways to increase the numbers of minorities and underrepresented students in university programs at the expense of the majority, but the SFFA rulings have ended many of these practices and made discrimination against all applicants illegal–including those in the majority.

State legislatures and public university boards are also legislating against DEI practices. As of May, 2025, 27 states had issued bills or executive orders limiting or ending DEI policies in public universities. At least 14 states already have anti-DEI laws on the books.[5] Watchdog groups are investigating and pushing back against the shift away from meritocracy. Upon entering office, President Trump signed several executive orders that weakened DEI's hold on American universities. Despite these positive trends, however, the problem of DEI throughout U.S. medical schools remains, as it is deeply entrenched. Eliminating the DEI mindset from medical schools will require long-term, aggressive diligence.

FORMAT

The following report attempts to provide an overview of DEI, including the use of explicit racial preferences, in U.S. medical schools. The first section provides representative examples of the sort of information readily available on the websites of the top-ten ranked medical schools (by EduRank). It shows that DEI is ubiquitous in American medical education. It is followed by a section called "DEI in Action" that shows just how unfair admissions are when DEI policies are in effect.

Next is a section that shows how medical schools have been pulling back on their DEI agenda on account of President Trump's executive orders limiting DEI policies. Or are they? Academia is rife with the soft-governance-hard-governance problem, in which top officials may mandate certain rules and policies (hard power), but those charged with carrying out those policies may find ways to do as they please (soft power).

Following that is a section that reveals how many schools are indeed defying attempts to reverse the DEI agenda. It shows that DEI policies are truly anti-meritocratic, and the effects that DEI is having on the demographics of the next generation of doctors, with some potentially disastrous outcomes. Included is a sub-section that discusses the recent lawsuit filed against the UCLA David Geffen School of Medicine for its continued promotion of DEI policies in admissions.

Then there is a brief section featuring recommendations for dismantling the DEI infrastructure going forward, followed by the conclusion.

REPRESENTATIVE EXAMPLES OF DEI IN TOP MEDICAL SCHOOLS

DEI is everywhere in academia, no less so in medical schools. This section reveals some of the ways this highly politicized policy initiative has found its way into every corner of medical education, using the top ten U.S. medical schools in 2024 listed in the EduRank website.[6] (These schools are highly ranked on most other sites.) They are:

1. Harvard Medical School
2. Johns Hopkins University School of Medicine
3. University of California at San Francisco School of Medicine
4. University of Michigan Medical School
5. Stanford University School of Medicine
6. University of Washington School of Medicine
7. Perelman School of Medicine at the University of Pennsylvania
8. Yale School of Medicine
9. David Geffen School of Medicine at the University of California at Los Angeles
10. Weill Cornell Medicine

Every one of these medical schools has some sort of "Office of Diversity, Equity, and Inclusion" that is heavily involved in school policy.

Mission Statements and Definitions

Most of the top ten-ranked U.S. medical schools openly embrace diversity in their mission and values statements. Some, like Harvard Medical School, place diversity at the center of its mission statement:

> To nurture a diverse, inclusive community dedicated to alleviating suffering and improving health and well-being for all through excellence in teaching and learning, discovery and scholarship, and service and leadership.[7]

Yale does much the same:

> Yale School of Medicine educates and nurtures creative leaders in medicine and science, promoting curiosity and critical inquiry in an inclusive environment enriched by diversity. We advance discovery and innovation fostered by partnerships across the university, our local community, and the world. We care for patients with compassion, and commit to improving the health of all people.[8]

And the Stanford University School of Medicine as well:

> To educate and inspire a diverse group of leaders in medicine and science who will improve human health through discovery, innovation, scholarship, education, and the delivery of outstanding patient-centered care.[9]

Stanford follows up on its mission statement with a more telling "Stanford Affirmation" statement for students:

> Our commitment to diversity, inclusion, and societal citizenship is evident in the Stanford Affirmation.[10]

The Stanford Affirmation includes the mixing of politics with medicine:

> I will use my medical knowledge and skills to promote human rights, social justice, and civil liberties.[11]

Other medical schools may be less obvious in their approach to DEI. The University of Michigan Medical School's mission simply states:

> To advance health to serve Michigan and the world.[12]

But that does not mean that DEI is not part of Michigan's agenda. Blatant support for DEI can be found in its "vision" statement:

> We will diversify the next generation of physicians, nurses, health professionals and scientists, believing that diversity is key to individual flourishing, educational excellence and the advancement of knowledge.[13]

The University of California at San Francisco School of Medicine has a mission that seems entirely benign:

> The UCSF School of Medicine strives to advance human health through a fourfold mission of education, research, patient care and public service.[14]

But, as will be seen, that innocuous statement only masks a very radical agenda hidden behind these bland words.

Other official statements appear throughout medical school websites. For one, the University of Washington School of Medicine includes a "Healthcare Equity Glossary" that contains this politically charged definition of "racism":

> Racism: The systematic subordination of marginalized racial groups (Indigenous/Native American, Black, Chicanx, Asian, Pacific Islander, and non-white Latinx people, non-white Middle Eastern people, etc.) who have relatively little social power in the United States, by members of the agent/dominant/privileged racial group who have relatively more social power (white)."[15]

Weill Cornell Medicine has a "Commitment to Diversity" that declares:

> Our mission is to promote cultural diversity among the faculty, fellows, and house staff of the Weill Department of Medicine. We seek to create pipeline opportunities that will foster research in minority health and health care policy, to educate physicians on the sociocultural influences affecting a patient's health, beliefs and behaviors, and to expand the relationship of the department and the larger institution with the community.[16]

Furthermore, Weill states elsewhere that:

> Minorities remain underrepresented in health professions, as medical researchers, and in academic medicine. The Institute of Medicine in its 2001 report stated: "The right thing to do, the smart thing to do: enhancing diversity in the health profession promoted enhanced diversity in medical education for several reasons: the enhancement of educational and civic outcomes; building social capital and trust, and enhancing cultural competence in health care."[17]

Where there is smoke, there tends to be fire. According to their own words, DEI is now a central goal of medical educators.

Faculty Recruitment and Hiring

There are many indications of preferential treatment in faculty hiring in the top medical schools. For instance, consider these statements from the Harvard Medical School Diversity Statement:

- "We advance diversity and inclusion in recruitment, hiring, retention and promotion."
- "We prioritize diversity and inclusion as we develop HMS policies, practices and procedures."[18]

Johns Hopkins University School of Medicine established a Diversity Council in 2002 with a goal to:

> promote increased recruitment, retention, and advancement of faculty, fellows, and residents from groups under-represented in medicine as well as to promote an inclusive environment across the department.[19]

At the University of California at San Francisco School of Medicine, in a section on "Recruitment, Retention, and Climate," the website claims that "some of our departmental best practices include:

- Re-written job descriptions to increase recruitment of diverse applicants.
- Offer letters that explicitly state an expectation and commitment to DEI.
- Set expectation that completing DEI Champion Training is mandatory within the first year of joining the department.
- Development of a crowd-sourced anti-racism self-study guide compiled by staff, students, and faculty and anti-racism training.
- Dedicate a certain percentage of Grand Rounds to address DEI topics and maintain a balance of diverse speakers.[20]

The first of these bullet points is likely a workaround to permit the school to illegally discriminate on the basis of race. While schools cannot state that only minority candidates will be considered in job descriptions, a common practice is to list interests and specialties that drastically increase the likelihood that only minority candidates will apply. The second bullet point states that prospective employees must hold specific political beliefs—also illegal.

At the University of Pennsylvania's Perelman School of Medicine, the Office of Inclusion, Diversity and Equity previously listed "Initiatives to achieve Racial Equity." (Note: the information is from 2021 since Perelman no longer gives public access to this sort of information.) Notable among these initiatives was:

> Plan 12: Increase Number of Black, Asian, Indigenous, and Latinx Preclinical Faculty and Lecturers, Course Directors, and Advisory Deans.[21]

In a training-intensive discipline such as medicine, faculty are essentially the school itself. Only pure meritocracy in faculty recruitment can assure the best training for tomorrow's doctors. Sadly, meritocracy is no longer the rule.

Admissions Criteria

All of the top 10 medical schools suggest some sort of preferences in admissions for applicants from "underrepresented" groups. From the Harvard Medical School Diversity Statement:

> We continuously monitor our diversity and inclusion efforts to ensure that the outcomes bring HMS closer to reflecting the diversity found in our patients, community and nation.[22]

Johns Hopkins University School of Medicine states that it seeks "candidates who evidence the following characteristics," with diversity included:

- Academic Excellence
- Leadership
- Service, compassion and humanism
- ***Diversity***
- Ability to work in a team (or as part of a team)[23]

At the University of Pennsylvania's Perelman School of Medicine, there is a program to groom students for admission to medical school based on their race or ethnicity:

> The Johnson Scholars Program is a collaborative program between the Perelman School of Medicine, La Casa Latina, and the Makuu Black Cultural Center to further the mission of increasing medical school attendance of students underrepresented in medicine.[24]

While this information is no longer available on the University of Pennsylvania Perelman School of Medicine's website, *The Daily Caller* reported that, in May of 2022, the University of Pennsylvania School of Medicine issued a press release declaring that "Minority students are exempt from taking the Medical College Admission Test (MCAT) when applying for Penn's medical school if they participate in a summer research program."[25] (While the website no longer claims that the program is for minority students, the application starts by asking for specific demographic information.[26]

The University of Michigan Medical School includes a "prompt" on its required secondary Application Essay that asks applicants to "Please describe the impact of your identity and experiences on your growth and development, and how it may impact your career as a physician."[27] This focus on identity is a veiled means to discover an applicant's ethnicity and to perhaps discover his or her political leanings.

Successful applicants are tomorrow's medical practitioners, researchers, and professors. If they are less than the best, the entire profession becomes degraded.

Student Programs

Johns Hopkins University School of Medicine offers various programs for students that have a DEI emphasis, including a "Diversity Subinternship in Gynecology and Obstetrics."[28]

The University of California at San Francisco School of Medicine offers "a $2,000 stipend, networking opportunities, and hands-on experience to visiting fourth-year medical students through its Visiting Elective Scholarship program (VESP). The program is open to applicants for the departments of Emergency Medicine, Orthopedics, Radiology, Surgery, and Urology"—but only to "[fourth-year U.S. medical students who are either disadvantaged, have demonstrated a commitment to working with traditionally marginalized and disenfranchised populations, OR have demonstrated a commitment to UCSF's PRIDE values."[29]

Additionally, applicants at the UCSF School of Medicine *must* submit a personal statement expressing their "commitment to working with diverse communities" and their "involvement in DEI initiatives to proceed to the next phase of the application process."[30]

Weill Cornell Medicine has a "Program to Increase Diversity Among Individuals Engaged in Health-Related Research" (PRIDE):

> The Programs to Increase Diversity among Individuals Engaged in Health-Related Research (PRIDE) is an all-expense-paid Summer Institute, research education and mentoring initiative sponsored by the National Heart, Lung, and Blood Institute (NHLBI). . . . The primary outcome of this program is to increase the number of scientists and research-oriented faculty who are from backgrounds currently under-represented in the biomedical sciences and those with disabilities, by preparing them to successfully compete for external funding for scientific research in heart, lung, blood, and sleep (HLBS) disorders.[31]

The University of Washington School of Medicine's "Office of Healthcare Equity has the following affinity groups for colleagues with interest in supporting each other, including:"

- 2SLGBTQIA+
- Asian, Native Hawaiian and Pacific Islander (ANHPI)
- Black
- Hispanic and Latinx
- Mixed Race [32]

The programs listed above represent a small selection of the many ways non-majority students can be supported to help them graduate and gain employment that are unavailable to majority students.

Curriculum

The most important aspect of medical education is the information that is taught in the classroom. It appears that in recent years, many schools are reviewing their curricula, seeking ways to insert the DEI perspective.

One of those schools is the Stanford University School of Medicine. In 2021, it "tasked" a committee "with a comprehensive review of the Stanford Medickal School Curriculum to identify strengths and gaps in addressing anti-racist education, health equity and other social justice issues for both our clerkship and pre-clerkship curricula." It then implemented "important reforms to the existing medical school curriculum by working with course directors, faculty, students and staff to revise the existing educational materials." This was done with the "expectation . . . that anti-racist education will be a permanent thread included within the Stanford Medical School Curriculum." Some of the objectives for this revamping of the curriculum include:[33]

- [To] demonstrate that racism and cultural biases in medicine are institutional, i.e. influenced and created more by societal structures and cultural assumptions than by individual and psychological factors.
    - Explain race as a social construct.
    - Identify institutionalized racism as a modifier of health outcomes.
    - Describe and analyze the historical legacy of systemic and structural racism in healthcare and medicine.
- [To] familiarize oneself with the language/terminology of anti-racism and health equity.
    - Define and contrast social determinants of health, health inequity, unconscious or implicit bias, microaggressions and privilege.
    - Articulate the impact of racism, unconscious or implicit bias, microaggressions, stereotype prejudice, and privilege at the individual, group, organizational and institution-levels.

The University of California at San Francisco School of Medicine declares that "[W]e are actively focusing on addressing structural racism and advancing our anti-racism/anti-oppression efforts throughout all elements of medicine and medical education." The goal for their curriculum is to "optimize instruction to dismantle structural racism/ oppression in medicine and medical education."[34] The school has an ongoing "Anti-Oppression Curriculum" which aims to "prepare all UCSF medical students to assume their role in partnering with patients and communities to combat oppression and advance health equity. It is currently "continuing to work towards the goal of an increasingly anti-oppressive curriculum."[35]

The University of Michigan Medical School has also injected diversity topics into the curriculum. The school claims that "health equity topics are intentionally and thoughtfully incorporated into the Scientific Trunk, Clinical Trunk and Branches — and beyond." This includes such courses as "History of Racism in Medicine" and "Implicit Bias, Microaggression & Allyship Training," a required course for residency preparation.[36]

Bias Training

Maryland enacted a law that all "licensed health care providers must complete implicit bias training" starting in April of 2022. The Johns Hopkins University School of Medicine's one-hour "unconscious bias" training program preceded the state's mandate by over a year and has trained over 900 practitioners so far.[37]

Johns Hopkins is also "spearheading the 'Development of an anti-oppression/antiracism curriculum" which will include topics such as 'History and Anti-Racism: Then and Now,' 'Intersectionality and Dialogue', and 'Systemic Inequality.'" Incoming residents at Johns Hopkins are required to take a two-hour "allyship training" program, which teaches them "to recognize microaggressions and how to be an active bystander, or upstander — someone who speaks in support of a person being attacked or bullied."[38]

The University of California at San Francisco School of Medicine created a 48-page training pamphlet called "Anti-Racism and Race Literacy: A Primer and Toolkit for Medical Educators. It discusses such topics as "critical race theory" and "white fragility." At one point it advises white medical educators to "amplify, cite, collaborate with, and cede power to colleagues of color."[39]

Implicit bias training is also a requirement for medical licensing in the state of Michigan. The University of Michigan School of Medicine makes such training a key component of medical education, with courses taken every year of the program. Courses include "Implicit Bias in Hiring" and a "Building for Belonging" program that offers such fare as a second-year required course in "Mitigating Bias for LGBTQIA+ Inclusion Training."[40]

The University of Washington School of Medicine also mandates DEI training for all faculty and staff in order to comply with state law. Courses include:

- Identity, privilege, and Intersectionality
- Bias and Microaggressions
- Bystander Intervention
- Social Determinants of Health
- Gender and Sexual Diversity
- History of Race and Racism in Science and Medicine.[41]

Washington's School of Medicine also has a student organization called the "White Anti-racism Group" (WAG). It is described as follows:

> WAG originated as part of a series of caucuses in response to the killing of George Floyd in Summer, 2020, in which UW Medicine's colleagues came together to discuss how to support our Black colleagues and BIPOC community. The current WAG is responsive to stated needs for more structured and ongoing peer-led efforts to help our community better understand antiracism and support each other in becoming more antiracist.[42]

The 2022-2023 Annual Report for Penn's Office of Inclusion, Diversity and Equity states that "Unconscious Bias Training for the entire Penn Medicine system" is now "required training during orientation for all new staff, faculty, and students."[43] A letter from the Diversity Dean at Penn Medicine proudly announces that "96% of our personnel have completed unconscious bias training."[44]

Weill Cornell Medicine has an entire center devoted to DEI training, the Cornell Center for Health Equity Racial Allyship Training. Its introduction begins:

> Welcome to the Cornell Center for Health Equity's Racial Allyship Training! This course was developed in response to the global outcry against racism ignited by the tragic murder of George Floyd to support people who want to become better allies in the fight against racism. Unlike most courses focusing on anti-racism, which mainly raise awareness, this course is specifically designed to build skills. The training, prompted by George Floyd, focuses on anti-Black racism. In the US, fighting racism against Black people is especially important because of the structural racism against them that developed since the Civil War and remains a palpable present-day legacy.[45]

These anti-bias programs can have only one intent: to ensure that all future doctors are exposed to a rigid, doctrinaire political orthodoxy. If medical students are not actually indoctrinated, the importance placed on such thinking will send a message to submit to its strictures or face opprobrium.

DACA Students

In some top medical schools, illegal immigrants who fall under the Deferred Action for Childhood Arrivals (DACA) policy—that is, they were brought to the U.S. by their parents as minors—can not only attend medical school but are eligible for special programs that majority students are not.

At the University of Michigan School of Medicine, DACA students are eligible to apply for institutional financial aid. Michigan has institutional funding that is open to DACA students. These financial aid sources include:

- Long-term University Loans
- Need-based institutional grants
- Need-based or admissions scholarships

Michigan's website states: "We are dedicated to working with DACA students on funding their medical education."[46]

DEI IN ACTION

Admissions throughout academia were extremely race-based before the SFFA decisions. A New York Post article reveals astonishing disparities in the acceptance rates for undergraduates at Harvard pre-SFFA. For instance, in the top decile of applicants according to the school's "academic index," only 15.3 percent of whites and 12.7 percent of Asians were admitted, whereas 56.1 percent of blacks and 31.3 percent of Hispanics were admitted.[47]

Harvard Admission Rates by Race/Ethnicity and Academic Decile

Academic Decile	White	Asian	Black	Hispanic	All Applicants
10	15.3%	12.7%	56.1%	31.3%	14.6%
9	10.8%	7.6%	54.6%	26.2%	10.4%
8	7.5%	5.1%	44.5%	22.9%	8.2%
7	4.8%	4.0%	41.1%	17.3%	6.6%
6	4.2%	2.5%	29.7%	13.7%	5.6%
5	2.6%	1.9%	22.4%	9.1%	4.4%
4	1.8%	0.9%	12.8%	5.5%	3.3%
3	0.6%	0.6%	5.2%	2.0%	1.7%
2	0.4%	0.2%	1.0%	0.3%	0.5%
1	0.0%	0.0%	0.0%	0.0%	0.0%

Furthermore, the academic index is not entirely objective. The index uses three criteria: standardized test scores, high school grade point average, and class rank. Only three-quarters of students submit standardized test scores; the rest are all based on high school performance. Therefore, a student who is the valedictorian at a non-competitive inner-city school may be rated above a student who attends a high-powered, extremely competitive private or magnet school and gets a few B's. If test scores were mandatorily included in the index, the disparities in the chart above would likely be even greater.

Nationally, DEI policies are having a large negative effect on some demographic groups. White males were only 20.3 percent of the students in medical school in 2023-4.[48] This is well below their percentage of the 20-29 age cohort to which a large majority of medical students belong.[49] This disparity occurs even though white students tend to have higher-than-average MCAT scores and GPAs. It is also a very dramatic drop from 1978, when they were 61.2 percent of medical school students.[50]

THE TRUMP EFFECT

Almost immediately upon entering office for the second time, President Trump issued several orders affecting DEI in higher education. One "required universities that receive federal funding to terminate any DEI programs that could be in violation of federal civil rights laws."[51] Another removed the ability of accrediting agencies to mandate DEI programs.[52]

Many medical schools responded quickly for fear of government action, and several of the schools on this list drastically altered language on their websites in response. One is the University of California at San Francisco (UCSF) School of Medicine. In late 2024, the opening statement of its strategic plan read as follows:

> UCSF SOM will transform the way we work together to enable the extraordinary people of UCSF to advance health worldwide through excellence in education, research, healthcare, and public service and to become the most diverse, equitable, and inclusive academic institution in the country.[53]

Today, the strategic plan begins with bland boilerplate language:

> We are committed to ensuring our faculty, staff learners and the community we serve thrive. We are dedicated to advancing health worldwide through excellence in education, research, healthcare, and public service.[54]

Still, there is ample evidence on the UCSF SOM site to indicate that little has changed in substance. For one, it heralds its "Diversity, Equity, Anti-Oppression, and Belonging" initiatives. One of the initiatives is a five-year program called "Differences Matter," which "support[s] equity and belonging across campus and in the communities we serve." It lists as its focus areas the following:

1. **Diversify Medicine** by expanding faculty and leadership from historically excluded groups to transform UCSF and the nation's medical schools to better solve the complex problems that continue to face our increasingly diverse communities.

2. **Innovate Collection and Use of Data for Equity** by identifying gaps in and innovating on the collection and use of sociodemographic data and data on social determinants to dismantle systems of oppression in health, healthcare, research, medical education, and workplace culture at UCSF.

3. **Build Anti-racism/Anti-oppression Expertise within UCSF** by establishing competencies by role and devising educational strategies for individuals to develop these competencies, using both internal and curated external resources.

4. **Optimize the Culture of Equity and Inclusion at UCSF** by imbedding anti-oppressive principles in all systems and structures of the School and providing central resources to support the work of control points so that all have the opportunity to thrive and contribute.[55]

It is worth noting that the University of California system recently ended its practice of requiring diversity statements for faculty applicants.[56]

At the Stanford University School of Medicine, the following information disappeared from the school website in 2025:[57]

> Stanford Medicine's Inclusive Excellence and Health Equity Strategic Plan represents the culmination of over 50 years of dedicated diversity, equity, inclusion, and belonging (DEIB) efforts at Stanford Medicine. The plan leverages insights from more than 160 initiatives across the enterprise and reflects the contributions of three dozen centralized and departmental offices and committees. Our plan builds upon and draws from a strong foundation, including:
>
> - Stanford Medicine's Integrated Strategic Plan (ISP), a collaborative endeavor designed to align our three entities and advance shared strategic priorities, including organizational inclusivity and health equity.
> - The Commission on Justice and Equity's report, which reflects Stanford Medicine's commitment to dismantling systemic racism and discrimination in medicine.
> - Stanford University's IDEAL Initiative, which aims to foster a culture of inclusion, diversity, equity, and access in learning environments across the university.

At Yale School of Medicine, DEI training modules that were previously mandatory for all staff are no longer recommended:

- Required Training for Staff: This 30-minute self-directed module will be required for new YSM staff, beginning November 1, 2024.
- Creating Inclusive Workplaces: This is a 30-minute self-directed new staff orientation module that is recommended for everyone at YSM including students, current staff and faculty.[58]

Penn's Perelman School of Medicine's attempts to "scrub" its website of any evidence of ongoing DEI efforts received attention in the school newspaper, *The Daily Pennsylvanian*:

> The Health System quietly took down over half a dozen websites previously containing commitments to diverse admissions, hiring, and care practices — continuing Penn's widespread rollback of diversity programs, policies, and initiatives. Penn initially removed references to inclusion and equity in February following the federal government's crackdown on DEI, and the new erasures come in the wake of increased federal action.[59]

All over America, universities—including medical schools—appear to have backed off their aggressive DEI agenda due to the Trump executive orders. The jury is still out whether these institutions are reducing their emphases on DEI in fact or merely continuing them as before but without making it known.

DEFIANCE

It may be difficult for outside observers to grasp the degree to which academia is beholden to extreme ideologies that seek to remake the world in egalitarian fashion. To such ideologues, newly enacted laws and landmark court decisions are mere hurdles to be surmounted on the way to achieving their goals. Given such an atmosphere, defiant continuance of the prejudicial treatment in favor of some demographic groups is to be expected. For instance, after Harvard lost its case against Students for Fair Admissions in 2023, it altered its undergraduate application to eliminate an "optional essay" that "allowed applicants to write on virtually any topic of their choosing—and replaced it with required short answer questions." The first of the five required prompts is:

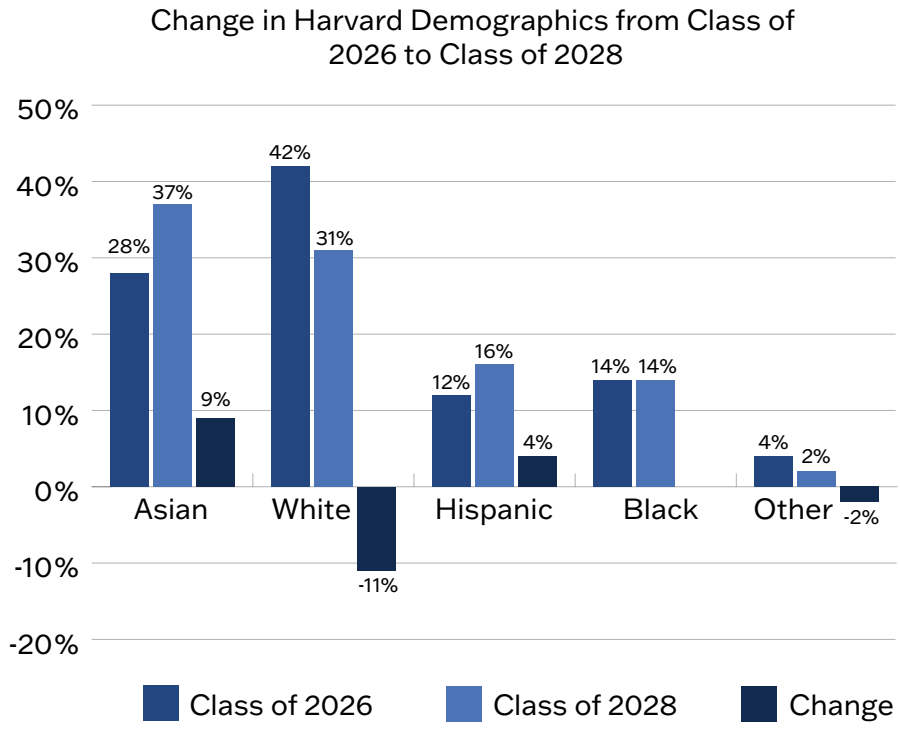
> Harvard has long recognized the importance of enrolling a diverse student body. How will the life experiences that shape who you are today enable you to contribute to Harvard?[60]

The prompt is obviously a loaded question that will likely provide considerable information about, not just a student's ethnicity, but his or her political beliefs as well. It is essentially a "work-around" that allows Harvard to continue its discriminatory practices. As Joshua S. Wyner, executive director of the College Excellence Program at The Aspen Institute, wrote in an email:

> The changes Harvard made to its application are clearly designed to help admissions do what the Supreme Court said is okay — namely, to consider race as part of an applicant's 'experiences as an individual — not on the basis of race.'[61]

The problem is that there is very little open ground between "considering race" and making decisions "on the basis of race." This is the same sort of unclear reasoning that has plagued affirmative action legislative and judicial activity since the *Bakke* decision and permitted institutions to maintain their discriminatory practices. Perhaps one could say that in the former situation, race becomes merely one factor instead of the only factor. But can it not be the overriding factor?

As an example of how Harvard appears to be ignoring the Supreme Court decision, the charts regarding undergraduate admissions at Harvard below provide insight. Harvard's undergraduate racial composition changed drastically from the Class of 2026—who would have been admitted under the old criteria that openly used race as a basis for admission—and the Class of 2028—admitted under the new, supposedly race-blind criteria. The new admissions policies were just as discriminatory but merely shifted its discrimination against Asians to discrimination against whites. Consider the first graph below—which was once on the Harvard website but was removed:



Sources: https://web.archive.org/web/20241109121532/https://college.harvard.edu/admissions/admissions-statistics; https://www.thecrimson.com/article/2022/7/7/class-of-2026-yield-data/

The changes are not as would be expected from a shift to race-neutral admissions. Asians rose by 9 percent after the Supreme Court decision mandating race-neutral admissions. This is as expected; they were not benefiting from the DEI admissions policies. But the gain in Hispanic students of 4 percent and the absence of change in the percentage of black students contradict expectations. They were the ones advantaged by DEI; shifting to race-neutral policies should have decreased their percentages. White students dropped by a whopping 11 percent—that also does not make realistic sense, since, like Asians, they were negatively affected by DEI.

The irregularities in the above chart–the large drop in the percentage of white students as the percentage of Hispanic students rose and black students held steady–may be additionally illuminated by the below chart. Although raw statistics are unavailable, it is possible to approximate a highly objective measure of what a Harvard class should look like demographically. SAT scores are the most objective measure in Harvard's "academic index"; the other two, high school grades and class rank, can be subjective given the quality of the school, the types of courses taken, and the competition presented by other students.

The chart below shows the number of students in each race who took the SAT nationally and the percentage of them who scored above 1400. The average combined SAT scores at Harvard are now roughly 1550 out of a possible 1600; the cutoff for the 25th quartile is 1480. That means almost all qualified Harvard students would be above 1400. Therefore, the percentage of students who score above 1400 should roughly approximate a race's percentage at Harvard. This is a rough calculation—but the results are so glaring the problem becomes very apparent.

National SAT Scores Above 1400 in 2024

	Total number of test–takers nationally	% of race above 1400	Number of test–takers above 1400 nationally	% of all test–takers above 1400 nationally
White	725,962	7%	50,817	42%
Asian	200,385	27%	54,104	45%
Hispanic	483,640	2%	9,673	8%
Black	228,688	1%	2,287	2%
American Indian	14,792	1%	148	0%
Native Hawaiian	3,498	2%	70	0%
Two or more	70,800	10%	7,080	6%

Source Data: https://reports.collegeboard.org/media/pdf/2024-total-group-sat-suite-of-assessments-annual-report-ADA.pdf

The final column above represents a reasonable estimate of the percentage of students likely to be in a Harvard entering class if only the most objective measure of a student's potential (SAT scores) is used. Because the percentages are not precise, it adds up to 103 percent—but that is not a reason to reject the logic produced by the results. White students would remain at their previous 42 percent, or perhaps drop very slightly—not fall by 11 percentage points as they actually did. Asians would have risen even higher than their 9 point climb to 37 percent—all the way up to 44 or 45 percent. Hispanics would have decreased to 8 percent instead of rising to 16 percent, while black students would fall to 2 percent instead of holding steady at 14 percent. Obviously, Harvard's admissions are still far from race-neutral.

For a more clear-cut demonstration of how defiance or subversion of the race-neutral meritocracy may be the norm in academia, third-tier Southern Illinois University Medical School provides easily understandable statistics. The watchdog non-profit Do No Harm, a think tank specializing in fairness in medical school admissions, discovered that averages of MCAT scores by race for accepted students in 2024–after the SFFA decisions–were:[62]

Hispanic (503.5 – 58th percentile),
black (505.7 – 65th percentile),
white (509 – 75th percentile),
Asian (512.8 – 85th percentile).

Even more alarming, the average MCAT score for accepted black and Hispanic students combined was 505.2, while the average MCAT score for rejected white and Asian students combined was 505.7. Furthermore:

> Of the 24 black or Hispanic applicants admitted in 2024, 17 had MCAT scores lower than the average white or Asian rejected applicant.

Additionally:

> In 2024, no Asian admitted student had an MCAT score below 503. Meanwhile, half of black admitted students (9 of 18) had an MCAT score below 503.

This pattern holds for the undergraduate grades of accepted applicants as well. In 2024, the average for accepted students, according to race, was:

> Hispanic (3.45),
> black (3.50),
> white (3.85),
> Asian (3.89).

The average for *rejected* whites and Asians combined was 3.66, significantly higher than the 3.50 for *accepted* blacks and Hispanics combined. Of the 24 black or Hispanic applicants admitted in 2024, 13 had GPAs lower than the average white or Asian rejected applicant. Almost unbelievably, 21 Asians were rejected with perfect 4.0 undergraduate GPAs.[63]

Clearly, Southern Illinois is not always choosing the best candidates. Ian Kingsbury, the director of research for Do No Harm, told *The Daily Wire* "that he is skeptical that the university has complied with the Supreme Court's decision in *Students for Fair Admissions v. Harvard*." Kingsbury added that "the school would be 'pretty hard pressed to convince' someone that the admission data doesn't reveal racial discrimination."[64]

A report by Do No Harm titled *Skirting SCOTUS: How Medical Schools Will Continue to Practice Racially Conscious Admissions* provides another look at how medical schools are not automatically complying with the new rulings. Research director Ian Kingsbury wrote that, even after the SFFA ruling v. Harvard, "efforts to game admissions with an eye toward bolstering racial diversity commonly occur under the moniker of "holistic admissions."[65]

Kingsbury was able to find 35 schools that either publicly posted "clear racial data" or for "underrepresented students" for the medical classes of 2027 and 2028. (Underrepresented students are primarily racial minorities but can also be included because of income or geographic location.) The 2027 cohort was made of students accepted pre-SFFA rulings, those expected to finish in 2028 were accepted after the rulings were in effect. His findings were mixed; nine increased their percentages of black and Hispanic and underrepresented students, five showed no change, and 21 showed decreases.

The schools that increased their black and Hispanic percentages and underrepresented were clearly defying SFFA mandates to be race-neutral. And not all of the schools that showed losses were necessarily obeying the new rules: ten of the schools had decreases of three percentage points or less, and many of them had high percentages of minority students in the class of 2027. That suggests that these schools were trying to, not completely ignore but mitigate the effects of the new rules.

Overall, roughly half of the 35 schools in Kingsbury's two lists showed at least some sincere effort to abide by the race-neutral standards—while the other half showed signs of trying to work around the new rules.

There were obvious acts of defiance. Kaiser Permanente School of Medicine (in the group with "clear racial data") already had extremely high rates of black and Hispanic students—44 percent in 2027. Instead of a precipitous drop, as would be expected, that percentage rose 3 points in 2028 to 47 percent. The same happened at the University of Chicago's Pritzker School of Medicine), where the percentage of underrepresented students rose from 40 percent in 2027 to 43 percent in 2028.

University of California at Los Angeles

The University of California of Los Angeles's David Geffen School of Medicine is a particularly egregious offender when it comes to defying the law in regard to DEI. All the way back in 1996, California passed a popular statewide referendum—Proposition 209—that declared: "The State shall not discriminate against, or grant preferential treatment to, any individual or group on the basis of race . . . in the operation of . . . public education."[66] Even though the referendum changed the state constitution so that it mandated that state university admissions be race-neutral, the discrimination in admissions at the UCLA medical school has only increased since its passage.

For instance, in 2020, UCLA's Geffen Medical School created an "'Anti-Racism Roadmap' with the purpose of creating a 'path toward racial justice, equity, diversity, and inclusion." Some of the Roadmap's policies include:

- Re-defining "'merit' to include 'diversity and inclusion initiatives.'"
- Committing to "increasing BIPOC employees and chairs among its faculty."
- Vowing that the "medical-student body 'should reflect the population of the State of California."[67]

Despite the renewed charge to change its discriminatory policies when *Students for Fair Admissions v Harvard* affirmed that race neutrality is the law in 2023, the Geffen School of Medicine again defiantly continued its DEI emphasis. It changed the application process to include a "PREview Exam," which was "created by diversity officers from various medical schools . . . to 'level the playing field' for applicants deemed historically underrepresented in medicine. It does so by stressing factors other than academics."[68] Furthermore, it added a secondary application that has included such questions as "Do you identify as being part of a group that has been marginalized . . . in terms of access to education or healthcare? . . . describe how this inequity has impacted you or your community."[69]

The next wake-up call came in early 2025 when the federal Department of Health and Human Services (HHS) launched an investigation into its discriminatory practices. This action by the Trump administration also appears to have been ignored: a short time after the HHS investigation began, an official medical school memo circulated that affirmed race and gender as criteria for choosing students and faculty to serve on admissions committees. The memo stated that "all submitted recommendations" to serve on such committees will be reviewed by committee chairs "to ensure representation from those who identify as BIPOC or LGBTQ+."[70]

UCLA now faces a major lawsuit filed by the same Students for Fair Admissions (SFFA) that successfully sued Harvard and the University of North Carolina. Another non-profit, Do No Harm, is also party to the suit against UCLA, as is Kelly Mahoney, an applicant denied admission.

Driving the lawsuit are some obviously discriminatory admissions practices; the plaintiffs claim that Geffen routinely "admits black applicants with below-average GPA and MCAT scores . . . while requiring whites and Asians to have near-perfect scores to even be seriously considered."[71] Despite the fact that Asian students get much higher MCAT scores than black students, blacks were far more likely to be accepted. In 2023, 14.3 percent of students were black, even though they were only 7.9 percent of applicants.[72] Asians, on the other hand, were 29.7 percent of the medical student body even though they were 40.8 percent of applicants. According to the lawsuit plaintiffs, between 2020 and 2023, 73 percent of the applicants to Geffen Medical School were white and Asian—but only 53.7 percent of students were.[73] If one were to consider the much higher MCAT scores and other qualifications of white and Asian students, the discrimination and rejection of meritocracy become more glaring.

To provide perspective on the quality of applicants denied admission on the basis of race, one of the plaintiffs in the case, Kelly Mahoney, graduated from UC-Davis—a highly regarded university in the California system—with a 3.8 average, roughly equal to the average GPA of matriculants at UCLA's medical school. But her MCAT score was 519, in the 96th percentile and well above Geffen's average of 516. Mahoney, a white female, was rejected without an interview. A second rejected student, who chose to remain anonymous, is a white male with a 3.88 undergraduate GPA and a 526 MCAT score—in the 100th percentile of all test-takers.[74]

UCLA's medical school policies affect the curriculum, potentially reducing the medical competence of graduates. The curriculum now includes topics such as "fatphobia" and "abolitionist medicine" (which aims to "dismantle" structural racism within the world of healthcare), taking time away from the teaching of scientific medicine. Indeed,

to some influential administrators, competence seemed of secondary importance. And according to the *Washington Free Beacon*, the school's dean of admissions, Jennifer Lucero, claimed that it is "racist" to say that "we want diversity, but we also want qualified people."[75]

The effects of these policies have been alarming. According to the *Free Beacon*, the failure rate at UCLA in recent years for standardized "shelf exams," which "measure basic medical knowledge" in various fields such as "emergency medicine, family medicine, internal medicine, and pediatrics," is much higher than the 5 percent national average—sometimes exceeding 50 percent. And an unnamed faculty member of the admissions committee lamented that "I have students who don't know anything."[76]

Even worse, according to the lawsuit, committee members who raise concerns about admitting minority students because of their race despite low GPAs and MCAT scores" are berated and belittled.[77]

RECOMMENDATIONS

The DEI mentality is deeply entrenched in medical school bureaucracies. But there is hope that the DEI system can be at least partly dismantled, especially at medical schools at public universities that can be heavily influenced by state legislatures or university boards of trustees.

Some measures to end or limit DEI policies include:

End all DEI policies. DEI is an anti-meritocratic way of thinking; the trend of bringing it into medical schools in recent years needs to be reversed. Health care should not be politicized.

Mandate that all medical school applicants submit MCAT scores. Being a physician requires a considerable amount of preliminary knowledge and sheer brain power; giving prospective doctors a "pass" on their MCATS sets a pattern for making allowances that produces substandard doctors.

Insist on transparency for demographic data about admissions, hiring, program completions, failure rates, committee choices and other factors that influence medical school policies.

Eliminate "life experience" essays in application processes. They are the least objective part of selecting matriculants or staff and should be only considered as a last resort.

Create enforcement mechanisms to make certain that anti-DEI reforms are followed. As shown in the report, the medical school establishment often ignores reforms and continue pushing for greater DEI influence. One possible way to ensure an end to these discriminatory practices is to have a subcommittee on medical school boards of trustees that focuses on ensuring fairness and objectivity.

Enhance race-blindness in admissions and hiring by attempting to have admissions committee members unaware of applicants' races. This may be hard to do because of names and life experiences; perhaps names should be kept confidential as well.

Conduct periodic reviews of administrative and departmental documents, including handbooks and websites, to ensure DEI policies are not spreading.

Question job applicants—particularly those applying for top administrative positions—whether they support DEI. That gives insight into their future decision-making. DEI is not just a political matter; it is also a matter of day-to-day decision- and policy-making concerning the operations of the university, such as admissions, curriculum, and hiring. It's okay to say "we're going in a different direction" to assure a return to meritocracy.

CONCLUSION

DEI, by any name, is blatantly and obviously anti-meritocratic; it openly substitutes such characteristics as race and gender for talent and achievement.

The concept of Diversity, Equity, and Inclusion fails on two fundamental principles. The first is fairness; it is a long-established principle that positions should go to the most qualified applicants. The second principle is competence; giving the job to the most competent or qualified guarantees the highest quality of work.

Learning to be a doctor places a premium on sheer brain power; it requires a powerful memory and other mental faculties such as reasoning and pattern recognition. No amount of extra training can take the place of analytical prowess when it comes to making difficult diagnoses (not to mention that extra training is inefficient and expensive). And sometimes no amount of study can overcome the inability to grasp difficult scientific concepts. And proclivities toward hard work will also be revealed in objective criteria such as MCAT scores and grades.

Doctors simply must be chosen from among the most intellectually gifted and studious individuals in society. It's time to bring back pure meritocracy in medical schools. Our lives depend on it—literally.

Notes

1. Kennedy, J. (1961, March 6). Executive Order 10925—Establishing the President's Committee on Equal Employment Opportunity. The American Presidency Project. https://www.presidency.ucsb.edu/documents/executive-order-10925-establishing-the-presidents-committee-equal-employment-opportunity
2. Miller, H. (2022, February 7). The Man Who Replaced Bakke. American Thinker. https://www.americanthinker.com/articles/2022/02/the_man_who_replaced_bakke_.html
3. Miller, H. (2022, February 7). The Man Who Replaced Bakke. American Thinker. https://www.americanthinker.com/articles/2022/02/the_man_who_replaced_bakke_.html
4. Blum, E. (2023, June 29). Students for Fair Admissions Applauds Supreme Court's Decision to End Racial Preferences. Students for Fair Admissions. https://studentsforfairadmissions.org/wp-content/uploads/2023/06/SFFA-Scotus-Opinion-Issued-Press-Release-June-2023.pdf
5. Bryant, J., Appleby, C. (2025, May 6). These States Anti-DEI Legislation May Impact Higher Education. Best Colleges. https://studentsforfairadmissions.org/wp-content/uploads/2023/06/SFFA-Scotus-Opinion-Issued-Press-Release-June-2023.pdf
6. EduRank. (2024, February 29). The Best Medical Schools in the World. https://web.archive.org/web/20241129055821/https://edurank.org/medicine/
7. Mission, Community Values, and Diversity Statement. (2025, May 29). Harvard Medical School. https://hms.harvard.edu/about-hms/campus-culture/mission-community-values-diversity-statement
8. About Yale Medical School. (2025, May 29). Yale Medical School. https://medicine.yale.edu/about/
9. MD Program. (2025, May 29). Stanford Medicine. https://med.stanford.edu/md.html
10. MD Program. (2025, May 29). Stanford Medicine. https://med.stanford.edu/md.html
11. MD Program. (2025, May 29). Stanford Medicine. https://med.stanford.edu/md.html
12. Mission: To Serve Michigan and the World. (2025, May 29). Michigan Medicine. https://www.michiganmedicine.org/michigan-medicine-mission

13. Expanded Mission. (2025, May 29). Michigan Medicine. https://www.michiganmedicine.org/michigan-medicine-mission

14. About the School of Medicine. (2025, May 29). UCSF School of Medicine. https://medschool.ucsf.edu/about-school

15. Healthcare Equity Glossary – Race and Ethnicity. (2025, May 29). University of Washington Office of Healthcare Equity. https://equity.uwmedicine.org/wp-content/uploads/2021/10/Healthcare-Equity-Glossary-%E2%80%93-Race-and-Ethnicity.pdf

16. Our Commitment to Diversity. (2025, May 29). Weill Cornell Medicine. https://medicine.weill.cornell.edu/diversity/our-commitment-diversity

17. Diversity, Equity, and Inclusion. (2025, May 29, 2025). Weill Cornell Medicine. https://medicine.weill.cornell.edu/diversity

18. Harvard Medical School Diversity Statement. (2025, May 30). Harvard Medical School. https://hms.harvard.edu/about-hms/campus-culture/diversity-inclusion/harvard-medical-school-diversity-statement

19. Diversity Council of the Department of Medicine. (2025, May 30). Johns Hopkins Medicine. https://www.hopkinsmedicine.org/medicine/faculty-staff/diversity

20. Promising Practices and Resources. (2025, May 30). UCSF School of Medicine. https://medschool.ucsf.edu/about/diversity-equity-and-inclusion/promising-practices-and-resources#Recruitment-Retention-and-Climate

21. Initiatives to Achieve Racial Equity at the Perelman School of Medicine in Undergraduate Medical Education, 92022, January 14). Perelman School of Medicine. https://web.archive.org/web/20220114004922/https://www.med.upenn.edu/student/assets/user-content/documents/tracking-equity-initiatives-august-2021.pdf

22. Harvard Medical School Diversity Statement. (2025, May 30). Harvard Medical School. https://hms.harvard.edu/about-hms/campus-culture/diversity-inclusion/harvard-medical-school-diversity-statement

23. Prerequisites, Requirements, and Polices. (2025, May 30). Johns Hopkins School of Medicine: M.D. Program. https://www.hopkinsmedicine.org/som/education-programs/md-program/application-process/prerequisites-requirements-and-policies

24. The Johnson Scholars Program. (2024, July 15). The University of Pennsylvania Perelman School of Medicine. https://web.archive.org/web/20240715084444/https://www.med.upenn.edu/admissions/assets/user-content/documents/js-flyer-2021.pdf

25. Reese, R. (2022, August 26). Some Underrepresented' Students Don't Have To Take Entrance Exam For Prestigious Med School. Daily Caller. https://dailycaller.com/2022/08/26/some-underrepresented-students-dont-have-to-take-entrance-exam-for-prestigious-med-school/

26. Johnson Scholars Application Program '25 (2025, June 24). University of Pennsylvania Perelman School of Medicine. https://form.jotform.com/250645012455147

27. MD Admissions Requirements. (2025, May 30) University of Michigan Medical School. https://medschool.umich.edu/programs-admissions/md-program/md-admissions/md-admissions-requirements

28. Diversity Subinternship in Gynecology and Obstetrics. 2025, May 30). Johns Hopkins School of Medicine. https://www.hopkinsmedicine.org/gynecology-obstetrics/education

29. Visiting Elective Scholarship. (2025, May 30). UCSF School of Medicine: Medical Education. https://meded.ucsf.edu/current-residents-clinical-fellows/gme-resident-and-fellow-resource-hub/belonging-wellbeing/diversity-gme/visiting-elective-scholarship#WHO-CAN-APPLY

30. Do No Harm Staff. (2025, May 30). UCSF Demands Scholarship Winners Pledge Allegiance to DEI. https://donoharmmedicine.org/2025/05/09/ucsf-demands-scholarship-winners-pledge-allegiance-to-dei/

31. Current Grants and Fellowship Opportunities. (2025, May 30). https://diversity.weill.cornell.edu/faculty-staff/grants-fellowship-opportunities

32. Workforce and Anti-Racism Group (WAG). (2025, May 30). UW Medicine Office of Healthcare Equity. https://equity.uwmedicine.org/workforce-anti-racist-groups-wag/

33. Social Justice & Health Equity Curriculum Thread. (2025, May 30), Stanford Medicine MD Program. https://med.stanford.edu/md/discovery-curriculum/social-justice-and-health-equity.html

34. Diversity, Equity, Belonging, and Ant-Oppression. (2025, May 30). UCSF School of Medicine. https://meded.ucsf.edu/about-us/diversity-equity-belonging-and-anti-oppression

35. Anti-Oppression Curriculum Initiative. (2025, May 30). UCSF School of Medicine. https://meded.ucsf.edu/current-students/anti-oppression-curriculum-initiative

36. Curricular Requirements and Opportunities. (2025, May 30). University of Michigan Medical School. https://medschool.umich.edu/programs-admissions/md-program/md-curriculum/md-curriculum-health-equity

37. The Johns Hopkins University School of Medicine. (2025, May 30). Critical Race Training in Education. https://criticalrace.org/medical-schools/the-johns-hopkins-university-school-of-medicine/

38. Shapiro, M. (2022, March 25). Standing Up to Microagressions and Being a Good Ally. Johns Hopkins Medicine: News and Publications. https://www.hopkinsmedicine.org/news/articles/2022/03/standing-up-to-microaggressions-and-being-a-good-ally-1

39. Obrien, M., Fields, R., Jackson, A. (2024, April). Anti-Racism and Race Literacy: A Primer and Toolkit for Medical Educators. Differences Matter at UCSF. https://ucsf.app.box.com/s/27h19kd597ii66473parki15u0cgochd

40. Curricular Requirements and Opportunities. (2025, May 30). University of Michigan Medical School. https://medschool.umich.edu/programs-admissions/md-program/md-curriculum/md-curriculum-health-equity

41. Equity, Diversity, and Inclusion Training. (2025, May 30). University of Washington Medicine Office of Healthcare Equity. https://equity.uwmedicine.org/employee-resources/foundational-training/

42. Workforce Ant-Racism Group (WAG). (2025, May 30). University of Washington Office of Healthcare Equity. https://equity.uwmedicine.org/workforce-anti-racist-groups-wag/

43. 2022-2023 Annual Report. (2023). Penn Medicine Office of Inclusion, Diversity, and Equity. p. 5. https://web.archive.org/web/20240927170528/https://www.med.upenn.edu/inclusion-and-diversity/assets/user-content/documents/psom-oide-annual-fy23.pdf

44. 2022-2023 Annual Report. (2023). Penn Medicine Office of Inclusion, Diversity, and Equity. p. 1. https://web.archive.org/web/20240927170528/https://www.med.upenn.edu/inclusion-and-diversity/assets/user-content/documents/psom-oide-annual-fy23.pdf, p. 1

45. Introduction. (2025, May 30). Cornell Center for Health Equity Racial Allyship Training. https://centerforhealthequity.cornell.edu/wp-content/allyship/#/

46. MD Admissions Requirements. (2025, May 30). University of Michigan Medical School. https://medschool.umich.edu/programs-admissions/md-program/md-admissions/md-admissions-requirements

47. King, R. (2023, June 29). Supreme Court affirmative action case showed 'astonishing' racial gaps. New York Post. https://nypost.com/2023/06/29/supreme-court-affirmative-action-case-showed-astonishing-racial-gaps/

48. Association of American Medical Colleges, (2025, June 30), 2024 FACTS: Enrollment, Graduates, and MD-PhD Data https://www.aamc.org/data-reports/students-residents/data/2023-facts-enrollment-graduates-and-md-phd-data

49. U.S. Census, (2025, June 30), National Population by Characteristics, 2020-2024. https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html

50. The New England Journal of Medicine, (2021, April 28), Diversity of the National Medical Student Body–Four Decades of Inequities. https://www.nejm.org/doi/full/10.1056/NEJMsr2028487

51. Ni, J. (2025, May 22). Penn Medicine scrubs DEI webpages amid escalating federal crackdown. The Daily Pennsylvanian. https://www.thedp.com/article/2025/05/penn-med-dei-websites-scrubbed

52. Reforming Accreditation to Strengthen Higher Education. (2025, April 23). The White House. https://www.whitehouse.gov/presidential-actions/2025/04/reforming-accreditation-to-strengthen-higher-education/

53. Strategic Plan. (2024, December 10). UCSF School of Medicine. https://web.archive.org/web/20241210042446/https://medschool.ucsf.edu/about/strategic-plan

54. Strategic Plan. (2025, May 30). UCSF School of Medicine. https://medschool.ucsf.edu/about/strategic-plan

55. Differences Matter (2025, May 30). UCSF School of Medicine. https://medschool.ucsf.edu/differences-matter

56. Burke, M. (2025, March 20). University of California to no longer require diversity statements in faculty hiring. EdSource. https://edsource.org/2025/university-of-california-to-no-longer-require-diversity-statements-in-facultyhiring/728778#:~:text=The%20University%20of%20California%20will,to%20diversity%2C%20equity%20and%20inclusion.

57. Inclusive Excellence and Health Equity Strategic Plan. (2024, October 8). Stanford Medicine. https://web.archive.org/web/20241008114752/https://med.stanford.edu/diversity/cedio/inclusive-excellence-and-health-equity-strategic-plan.html

58. DEI Resources for Individuals. (2024, December 12). Yale School of Medicine. https://web.archive.org/web/20241212122821/https://medicine.yale.edu/diversity/support/

59. Ni. https://www.thedp.com/article/2025/05/penn-med-dei-websites-scrubbed

60. Amponsah, M and Hamid, R. (2023, August 3). Harvard Overhauls College Application in Wake of Affirmative Action Decision. The Harvard Crimson. https://www.thecrimson.com/article/2023/8/3/harvard-admission-essay-change/

61. Amponsah, M and Hamid, R. (2023, August 3). Harvard Overhauls College Application in Wake of Affirmative Action Decision. The Harvard Crimson. https://www.thecrimson.com/article/2023/8/3/harvard-admission-essay-change/

62. Le Mahieu, L. (2025, May 23). Med School Caught Rejecting White And Asian Applicants With Better Scores Than Minorities It Accepts. https://www.dailywire.com/news/med-school-caught-rejecting-white-and-asian-applicants-with-better-scores-than-minorities-it-accepts

63. Ibid.

64. Ibid.

65. Kingsbury, I. (2024, May 16). Skirting SCOTUS: How Medical Schools Will Continue to Practice Racially Conscious Admissions. Do No Harm. https://donoharmmedicine.org/research/2024/skirting-scotus-how-medical-schools-will-continue-to-practice-racially-conscious-admissions/

66. Do No Harm; Students for Fair Admissions; and Kelly Mahoney v. David Gefen School of Medicine; University of California, Los Angeles; Regents of the University of California; et al., United States District Court of Central District of California Case No. 2:25-cv-4131 (2025). pp. 3-4. https://donoharmmedicine.org/wp-content/uploads/2025/05/1_Complaint-1.pdf.

67. Ibid p. 14.

68. Ibid. p. 11.

69. Ibid. p. 11.

70. Bilger, M. (2025, May 6). UCLA medical school allegedly still discriminating based on race: leaked memo. The College Fix. https://www.thecollegefix.com/ucla-medical-school-allegedly-still-discriminating-based-on-race-leaked-memo/

71. Do No Harm, p. 17.

72. Ibid. p. 19.

73. Ibid. p. 5.

74. Ibid. p. 22-23.

75. Siberium, A. (2024, May 23). A Failed Medical School: How Racial Preferences, Supposedly Outlawed in California, Have Persisted at UCLA. The Washington Free Beacon. https://freebeacon.com/campus/a-failed-medical-school-how-racial-preferences-supposedly-outlawed-in-california-have-persisted-at-ucla/

76. Ibid.

77. Do No Harm. p. 5.

About the Authors

Jay Schalin is a Senior Fellow at the Martin Center, where he has worked since 2007. His articles have appeared in *Forbes*, the *Washington Times, Fox News Online, U.S. News and World Report, Investor's Business Daily, Human Events*, and *American Thinker*, and his work has been featured on ABC News and Fox News' the O'Reilly Factor. Schalin has a B.S. in computer science from Richard Stockton College in New Jersey and an M.A. in economics from the University of Delaware.

Mike Markham has served as a writer and researcher for multiple non-profit organizations that promote common sense, good faith, and constitutional alignment in education, medicine, and government. Mike's work has been featured on several media platforms and he is a respected communicator in multiple insdustries.

This paper is available on the Martin Center website: www.jamesgmartin.center

ISSN 1935-3510

About the Martin Center

As a private, educational nonprofit focused on public policy, the mission of the Martin Center is to renew and fulfill the promise of higher education in North Carolina and across the country. Since 2003, the Martin Center has been a voice for excellence and accountability in higher education. We advocate responsible governance, viewpoint diversity, academic quality in teaching and learning, cost-effective education solutions, and innovative market-based reform.

We embrace the principles that have traditionally guided public policy in the United States: limits on government, freedom to pursue goals through voluntary means, equal opportunity, accountability through private property rights and contracts, and the belief that competition is an excellent regulating force.

Our work informs parents, alumni, taxpayers, and policymakers to spark conversation and policy change. We provide actionable solutions and guidance for state legislators, university trustees, and other key university decision-makers to enhance higher education governance and practices.

The Martin Center is a 501(c)(3) public charity that relies solely on private funding. We are located in Raleigh, North Carolina, and have a special focus on our home state.

353 E. Six Forks Road Suite 200
Raleigh, NC 27609

919.828.1400
Fax: 919.828.7455

www.jamesgmartin.center

THE JAMES G. MARTIN CENTER FOR ACADEMIC RENEWAL