

# [***A lawmaker proposed a bill that would ban DEI in medical schools. Doctors say it could roll back progress toward improving Black maternal health.***](https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6BTN-6911-JBSS-S016-00000-00&context=1516831)

CNN Wire

April 17, 2024 Wednesday 11:00 AM GMT

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**Length:** 1388 words

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**Dateline:** (CNN)

**Body**

(CNN) &#8212; Dr.Versha Pleasant has dedicated her career to finding ways to erase the racial health inequities facing Black mothers.

A clinical assistant professor of obstetrics and gynecology at the University of Michigan Medical School, Pleasant said she developed a curriculum that teaches the history of racism in obstetrics and gynecology in the US.

The curriculum was part of a pilot project and covered James Marion Sims- a doctor who once [*performed experimental surgeries*](https://www.cnn.com/2018/04/17/us/james-marion-sims-statue-removed-from-central-park/index.html) on enslaved Black women without anesthesia, Pleasant said.

This treatment, she added, inspired the false belief that Black women can withstand greater amounts of pain than White women.

While Pleasant says she didn't teach the material this year, she fears her efforts to reintroduce it could be challenged if a new bill targeting DEI efforts in federally-funded medical schools medical schools passes.

Last month, North Carolina Republican Rep. Greg Murphy introduced the "Embracing anti-Discrimination, Unbiased Curricula, and Advancing Truth in Education (EDUCATE) Act" would amend the Higher Education Act of 1965 toprohibit medical schools from getting federal funding if they adopt policies or requirements related to DEI, including promoting beliefs that a person's sex, race, ethnicity or skin color makes them a member of an oppressed group, or that the US is a "systemically" racist country.

The bill was [*referred*](https://www.congress.gov/bill/118th-congress/house-bill/7725/titles) to the House Committee on Education and the Workforce in March, but has yet to be put to a vote.

If it ever becomes law,some medical professionals and health equity advocates say it could roll back the progress they have made in building medical school courses that are inclusive of all identities. They also told CNN the anti-DEI legislation could thwart efforts to teach medical students how to understand and communicate with different cultures, recruit students that reflect the racial makeup of the country and dispel racial stereotypes and myths in health care.

A [*2016 study*](https://www.pnas.org/doi/full/10.1073/pnas.1516047113) by researchers at the University of Virginia found that medical students and residents believed Black patients had a higher pain tolerance than White patients and "less accurate treatment" recommendations were made due to those flawed beliefs about their biology.

In a [*study published last year*](https://www.cnn.com/2023/08/03/health/racial-disparities-widespread-us-mortality/index.html), researchers who tracked US mortality rates each year between 2000 and 2019,found that for diabetes and kidney disease, maternal and neonatal disorders, and HIV/AIDS and sexually transmitted infections - mortality was consistently higher among the Black population than the White population.

"The racial health disparities we are seeing today are unacceptable," said Pleasant. "There is an urgent need for positive change in our medical system and we are not going to see that positive change unless we make the conscious effort to educate our medical students who represent the future."

Nearly a year after the Supreme Court voted to overturn affirmative action in college admissions, conservative lawmakers are leading a nationwide movement to ban diversity, equity and inclusion programs from boardrooms and publicly-fundedcolleges across the country.

Murphy's office did not respond to CNN's request for an interview about the "EDUCATE Act." But in a statement released last month, the congressman said medical schools were "no place for discrimination" and suggested DEI was a "divisive ideology."

"The EDUCATE Act compels medical schools and accrediting agencies to uphold colorblind admissions processes and prohibits the coercion of students who hold certain political opinions," Murphy said in the statement."Diversity strengthens medicine, but not if it's achieved through exclusionary practices."

Dr. Stanley Goldfarb, former associate dean of the Perelman School of Medicine at the University of Pennsylvania and a supporter of the EDUCATE Act saidDEI offices often inject ***politics*** into medicine and patient care and train students to be social justice advocates.

Goldfarb told CNN that medical schools should be "race blind" and that he opposes race-based affinity groups and race-conscious admissions.

"There's no good evidence that that's going to lead to better health care," he said**.**

But doctors and professors at some of the nation's most prestigious medical schools tell CNN their DEI programs are not exclusionary and were in fact created to help address persistent racial disparities in medicine.

Pleasant said banning DEI could also jeopardize the work medical schools are doing to combat the Black maternal health crisis. Black women are nearly two and a half times more likely to die from pregnancy complicationsthan White women, according to the [*US Centers for Disease Control and Prevention.*](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm)

In 2023, President Joe Biden officially designated April 11-17 of each year as Black Maternal Health Week to raise awarenessabout the disparity.

Some experts say banning DEI programs in medical schools could exacerbate poorhealth outcomes for Black and brown people.

Dr.Mary Fleming, director of the Leadership Development to Advance Equity in Health Care at Harvard's T.H. Chan School of Public Health, said some of the university's medical school courses cover the nation's history of racial health disparities, whichincludediscussions about slavery and oppression.

In those same courses, students and faculty are learning how to overcome their biases andtreat all patients equally, Fleming said.

The EDUCATE Act, she said, challenges medical schools' ability to talk about the origins of false, racial beliefs in health careand learn from them**.**

"If we are not able to think about and talk about those disparities as they exist today and where they came from... then we won't be able to create intervention to correct them," Fleming said.

Dr.Italo Brown, a clinical assistantprofessor of emergency medicine at Stanford University School of Medicine, said DEI offices at Stanford andat other medical schools were created to ensure there is a safe and inclusive space for students of color, students with disabilities and the LGBTQ+ community.

The offices also help develop curriculum that reflectsthe lived experiences of diverse groups, Brown said. These lessons and classroom conversations often highlight the implicit bias some people, including Black moms, face in medical facilities and how to prevent it, he said.

"You're teaching physicians this in real time," Brown said. "Instead of trying to make doctors on the back end understand these elements and have a lens of health equity, you're actually weaving it into the training as they go."

Dr**.** Rachel Blake, a Boston-based Ob-Gyn and board member for the nonprofit Chamber of Mothers, said laws like the EDUCATE Act would also make it more difficult forDEI offices at medical schools to recruit students that reflect the US population.

[*A study*](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7653497/) by researchers at the Perelman School of Medicine at the University of Pennsylvania revealed that patients were more likely to give their doctor the maximum patient rating in surveys when they shared the same racial or ethnic background.

Blake said she believes diversity is not only key to increasing the number of Black and brown Ob-Gyns, but also training all doctors to provide culturally-sensitive care.

A [*small*](https://www.ajog.org/article/S0002-9378(23)00887-6/fulltext#%20) involving 32 Black women by researchers at the University of North Carolina at Chapel Hill found that the women expressed a "clear preference" for Black Ob-Gyns because of experiences with racism and discrimination over their lifetimesand during obstetrics care.

"Black moms, Indigenous moms and their babies have better outcomes when they have someone on their medical team that looks like them or shares their race or ethnicity," Blake said. "This is really a detrimental bill to the medical system trying to have a workforce that reflects the patient population."

Pleasant, meanwhile, said she is concerned that removing DEI from medical schools will mean doctors aren't prepared to fully assess and treat patients of all racial and gender identities.

"We are doing our medical students an incredible disservice by eliminating DEI in the curriculum," Pleasant said. If the bill is passed, "our future health care workforce will not have adequate tools to combat racism and bias in medicine."

By Nicquel Terry Ellis, CNN

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**Load-Date:** May 1, 2024

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