



Learn

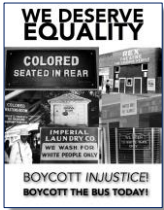
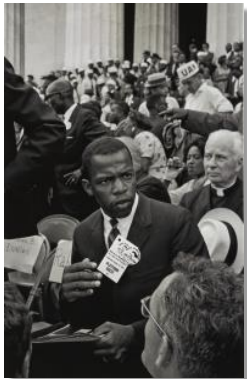
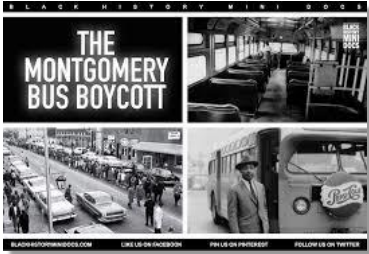
Serve

Lead

Dr. Martin Luther King, Jr. Commemorative Lecture

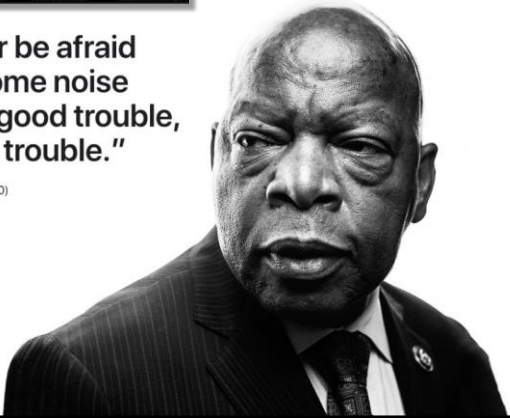
Making ‘Good Trouble’ in 2021:
Time for Academic Medicine to
Boldly Call for Racial Justice

David Acosta, M.D., FAAFP




“Never, ever be afraid to make some noise and get in good trouble, necessary trouble.”

Rep. John Lewis (1940-2020)



AS PART OF THE BROADER COMMUNITY

Speak out about systemic racism



<http://www.aamc.org/>

PRESS RELEASES | COMMUNITY ENGAGEMENT | DIVERSITY AND INCLUSION

AAMC Statement on Police Brutality and Racism in America and Their Impact on Health

June 1, 2020

SHARE: [f](#) [t](#) [in](#)

"Racism is antithetical to the oaths and moral responsibilities we accepted as health professionals..."


"We must acknowledge and speak out against all forms of racism, discrimination, and bias in our environments in our institutions, communities, and society."

"We must stand in solidarity with the Black community and speak out against unjust and inhumane incidents of violence."

"We must demonstrate empathy and compassion and acknowledge the pain and grief that the families and the communities of these victims are experiencing."

"We must take the lead in educating ourselves and others to address these issues head-on."

"We must be deliberate and partner with local communities, public health agencies, and municipal governments to dismantle structural racism and end police brutality."



Racial Equity

The original guide describes four important features of a racial equity lens:

- Analyzes data and information about race and ethnicity
- Understands disparities and the reasons they exist
- Looks at structural root causes of problems
- Names race explicitly when talking about problems and solutions

Racial Justice

A racial justice lens adds four more critical elements:

- Understands and acknowledges racial history
- Creates a shared affirmative vision of a fair and inclusive society
- Focuses explicitly on building civic, cultural, and political power by those most impacted
- Emphasizes transformative solutions that impact multiple systems





*“To illuminate racism,
we need to
name it,
frame it,
and explain it.”*

- Anne E. Casey Foundation

Annie E. Casey Foundation, 2020



#LETS NOT FORGET

#AHMAUD ARBERY #BREONNA TAYLOR #GEORGE FLOYD #TAMIR RICE



#TRAYVON MARTIN #PHILANDO CASTILE #ERIC GARNER #OSCAR GRANT #STEPHON CLARK



#SAMUEL DUBOSE #ATATIANA JEFFERSON #SANDRA BLAND #JORDAN EDWARDS



#WALTER SCOTT #TERENCE CRUTCHER #MIKE BROWN #BOTHAM JEAN #ALTON STERLING



#CLIFFORD GLOVER #CLAUDE REESE #RANDOLPH EVANS #JONATHAN FERRELL #FREDDIE GRAY

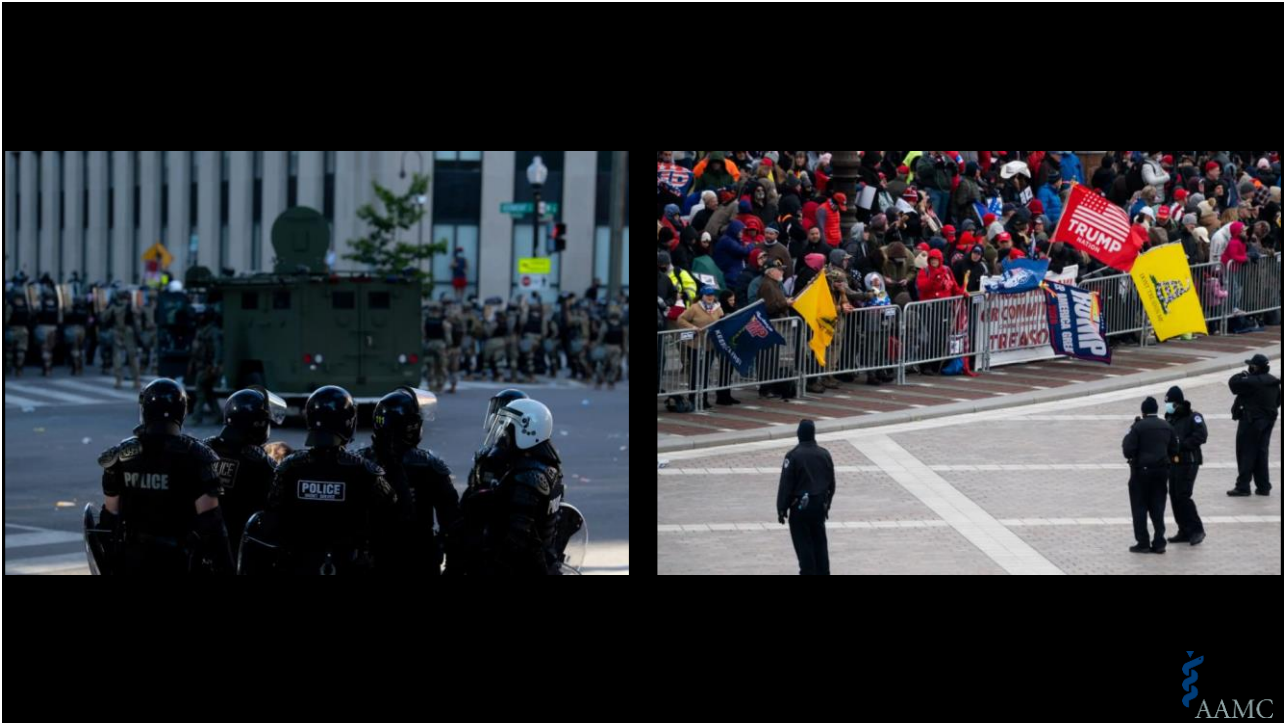


#AMADOU DIALLO #COREY JONES #JOHN CRAWFORD #KEITH SCOTT #AIYANA JONES



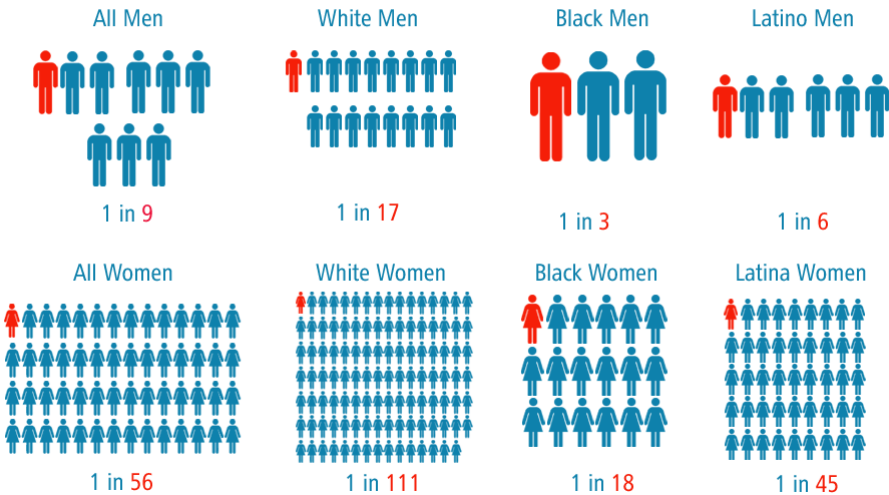
LET'S NOT FORGET EVERYONE WHOSE NAME DID NOT MAKE IT TO A HASHTAG
WE STAND TOGETHER

#56 BLACK MEN LET'S CHANGE THE NARRATIVE FOR LIFE





Lifetime Likelihood of Imprisonment in the US





8 BIG WAYS CORONAVIRUS IMPACTS LATINOS

COVID-19 can affect anyone.

But, for Latinos, the coronavirus pandemic is worsening health, social, and income inequities, and raising fears of disparities in disease rates, exposure, testing, and prevention.

- CORONAVIRUS RATES**
Early reports from hotbeds across including NYC and Oregon show higher COVID-19 incidence and death rates among Latinos and other color...
- TESTING & HEALTHCARE**
People with health insurance get tested for COVID-19 more frequently than those who don't. There are long lines at testing centers and...
- JOB ON THE FRONT LINES**
Only 10% of U.S. Latinos can work from home. They are overrepresented in high-contact jobs like retail, transportation, health care, and in food service...
- SOCIAL DISTANCING**
Essential workers are more likely to be exposed to coronavirus and have less ability to take preventive measures. They face criticism for a perceived lack of distancing.
- POVERTY**
Latinos represent 17.2% of the population in poverty. Coronavirus exacerbates inequities by forcing food insecurity, housing, food, and more...
- FOOD INSECURITY**
About one-quarter of Latinos who rely on food banks and food pantries for food are Latino. Lack of access to food can lead to food insecurity and poor health...
- HOUSING AND RENT**
56.6% of Latinos are "precarious" spending about a third of their income on housing. Communities in concentrated poverty are most affected...
- NO OPEN SPACE**
Walking and biking are up during COVID-19. Trail use is up 30% in parks that have been closed to recreation and green, open spaces for walking and social distancing...

Latino families deserve our help in avoiding coronavirus and fixing these big inequities! Get involved at [salud.to/coronaviruslatino](#)!

33% cases overall in U.S. are Latinx (represent 18% of total U.S. population)

Cases/% Population

State	Cases	% Population
Oregon	39.8	13
Washington	42	13
Utah	34.3	14
New Jersey	30	19

26% of people who die from COVID-19 in U.S. are Latinx

disproportionately represented in essential workforce | lack adequate or no health insurance coverage | larger households living in limited spaces | systemic erosion of trust in federal & State governments | lack of reliable information in Spanish and other dialects | worse outcomes due to higher incidence of diabetes mellitus, hypertension |

Latinos are hospitalized for COVID-19 at 4.7x the rate of Whites

CDC, 2020; APM Research Lab, 2020; [Salud America](#), 2020

COVID-19 Cases, Hospitalizations and Death
by Race/Ethnicity in Comparison to Whites

	AA/Black	Hispanics	AsAm	AIAN
Cases	2.6X ↑	2.8X ↑	1.1X ↑	2.8X ↑
Hospitalizations	4.7X ↑	4.6X ↑	1.3X ↑	5.3X ↑
Death	2.1X ↑	1.1X ↑	No ↑	1.4X ↑

Source: CDC, 8/18/20



THE NEW ENGLAND JOURNAL OF MEDICINE

MEDICINE AND SOCIETY

Debra Malina, Ph.D., Editor

Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms

Darshali A. Vyas, M.D., Leo G. Eisenstein, M.D., and David S. Jones, M.D., Ph.D.

“...when clinicians insert race into their tools, they risk interpreting racial disparities as immutable facts rather than as injustices that require intervention.”

Analysis

IN BRIEF

Volume 13, Number 3
November 2017

Trends in Racial and Ethnic Minority Applicants and Matriculants to U.S. Medical Schools, 1980–2016

“...African American/Black matriculants only increased 1.1% from 1980 to 2018 (999 to 1,540)

Analysis

IN BRIEF

Volume 16, Number 6
December 2016

Faculty Diversity in U.S. Medical Schools: Progress and Gaps Coexist

Figure 1. U.S. medical school URM faculty diversity trends by rank and department type, 1966–2015.

Addressing disparities in academic medicine: what of the minority tax?

José E Rodríguez^{1,2}, Kendall M Campbell¹ and Linda H Pololi²



“...we need your help in affirming that our experiences as Black faculty – no matter how egregious and unbelievable they may seem – are honest and real. We need your help in calling out institutions that continue to write statements of solidarity while not changing the toxic hostility / anti-Blackness within their culture.”

- Faculty member

“..as a Black woman in medicine, I am at great risk for harm when I try to lead my community in discourse around racism. We need to train non-Black, non-Indigenous, non-Latinx people to do this work and do it well. They cannot shirk from the emotional pain and tremendous personal toil it takes.

- Faculty member



REFLECTIONS

Dear White People

Krys E. Foster, MD, MPH, FAAFP¹

Christina N. Johnson, MD, PhD²

Diana N. Carnegiel, MD, MPH¹

Cleveland Piggott, MD, MPH¹

Kristin Rouns, MD, MS³

Jennifer Y. C. Edgose, MD, MPH¹

Tricia C. Elliott, MD, FAAFP⁴

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José E. Rodríguez, MD, FAAFP⁶

Judy C. Washington, MD, FAAFP⁷

ABSTRACT

We are living in unprecedented times. While the world is grappling with COVID-19, we find the horrors of racism looming equally large as we, yet again, confront lurid deaths in the center of the news cycle of Black and brown people from police bias and brutality. Those of us who have been championing anti-racism and justice work and bearing the burden of the “minority tax” have been overwhelmed by sudden asks from our well-intentioned “White” colleagues of how to best respond. In the tone of the Netflix series, “Dear White People,” we further emphasize that we are not alone in trying to reach out to you, our “White” colleagues and leaders. Please hear our story and heed our call to action.

Amer Fam Med 2021;119:66-68. <https://doi.org/10.1370/afm.2634>.

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“We are tired...those of us who have been championing antiracism and justice work and bearing the burden of the “minority tax” have been overwhelmed by sudden asks from our well-intentioned White colleagues of how to best respond...we...emphasize that we are not alone in trying to reach out to you, our White colleagues and leaders. Please hear our story and heed our call to action.

“..as a Black woman in medicine, I am at great risk for harm when I try to lead my community in discourse around racism. We need to train non-Black, non-Indigenous, non-Latinx people to do this work and do it well. They cannot shirk from the emotional pain and tremendous personal toil it takes.

- Faculty member

David Acosta, MD

8

*“I have learned things in the dark
That I could never have learned in the light,
Things that have saved my life
Over and over again,
So that there is really only one logical conclusion.
I need darkness as much as I need light...
New life starts in the dark.”*

- Barbara Brown Taylor



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The original guide describes four important features of a **racial equity lens**:

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A **racial justice lens** adds four more critical elements:

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Focuses explicitly on building civic, cultural, and political power by those most impacted

Emphasizes transformative solutions that impact multiple systems



What do we want? Why do we want it? How do we get it?



Stacey Abrams | TEDWomen 2018

3 questions to ask yourself about everything you do



RACIAL JUSTICE REPORT CARD

The Racial Justice Report Card (RJRC) is an initiative by White Coats 4 Black Lives (WC4BL). The report card serves not only as an organizing tool for justice-oriented medical students, but also as a set of standards for medical schools aspiring towards transparency and progress in cultivating an anti-racist environment.

METRIC	GRADE & NOTES
1. URM REPRESENTATION	C Black, Latinx, and Native American students are underrepresented, and only 6% of full-time and part-time faculty are URM.
2. ANTI-RACISM TRAINING	B Students have some coursework that discusses racism, but limited exposure to intersectionality or anti-racism strategies. Faculty do not universally receive training in these topics.
3. URM RECOGNITION	C Individuals with troubling racist histories are publicly venerated on the Harvard Medical School campus. Efforts are underway to re-evaluate public artworks and monuments.
4. URM RECRUITMENT	B Harvard Medical School has a number of recruitment programs directed at URM students, and undocumented students are able to matriculate at Harvard Medical School.
5. URM LEADERSHIP	B MD curricular decisions incorporate the feedback of students of color, but do not include community members in design or leadership roles.
6. ANTI-RACIST CURRICULUM	B Basic science coursework includes some discussion of the role of racism in health and disease.
7. DISCRIMINATION REPORTING	B Multiple procedures exist for reporting mistreatment. There is no anonymous system for reporting. In real-time and follow-up is at the discretion of the Dean for Medical Education.
8. URM GRADE DISPARITY	C There is no publicly available information about grade disparities at Harvard.
9. URM SUPPORT/RESOURCES	B The Office Recruitment and Multicultural Affairs provides some support to URM students. There are no designated physical spaces or mental health services for URM students.
10. CAMPUS POLICING	C There is a campus policing force, and there is no public evidence of efforts to address racism in policing or alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	C Harvard medical students providing care to marginalized patients through the Common Care Collaborative have more autonomy than they do in other clinical settings.
12. EQUAL ACCESS FOR ALL PATIENTS	C Patients of color and patients with Medicaid insurance are underrepresented at many Harvard teaching hospitals.
13. IMMIGRANT PATIENT PROTECTION	B Many Harvard teaching hospitals have policies protecting undocumented patients, but these policies are not always public or effectively advertised to patients.
14. STAFF COMPENSATION & INSURANCE	C Most Harvard teaching hospitals have a minimum wage above the Boston living wage, but it is unclear whether all full-time staff have access to comprehensive health insurance.
15. ANTI-RACISM IRB POLICIES	B IRB policies include some protections for people of color. They do not, however, require researchers to precisely define their use of race.
OVERALL GRADE: B-	

*A full report on this institution (i.e. links to sources, student anecdotes, and institution's responses), other institutions, and details on the RJRC initiative can be found on whitecoats4blacklives.org.



<div>JCIThe Journal of Clinical Investigation</div> <div>Getting into good trouble: Black lives matter and Black professors matter</div> <div>Briyana Chisholm, ... , Sherita Hill Golden, Linda M.S. Resar</div> <div>J Clin Invest. 2020;130(12):6198-6200. https://doi.org/10.1172/JCI144524.</div>															
<div>Table 1. Recommendations for ending institutional racism and improving diversity and inclusion among physicians and scientists at academic institutions</div> <table><tr><th>Diversity and inclusion committee aims</th><th>Recommendations to amplify efforts and dismantle institutional racism at academic medical centers</th></tr><tr><td>Create funding programs for lower school, high school, undergraduate, and medical students for scientific research at academic institutions to expose and recruit students of diverse backgrounds to academic medicine and the physician-scientist career path</td><td><ul style="list-style-type: none">Evaluate program success over time and identify areas of improvement by following up with participants as they journey to their goalsShowcase successful students, physicians, and scientistsRecruit and support BIPOC leaders in graduate programs and executive committees to help recruit future BIPOC student and faculty leaders at all levels</td></tr><tr><td>Increase the number of URM medical trainees</td><td><ul style="list-style-type: none">Create a dashboard to annually track BIPOC medical students, residents, and postdoctoral fellowsIncrease engagement by creating mechanisms for trainees to share their concerns/needs with leadership through creation of affinity groups, house staff diversity councils, and postdoctoral diversity councilsCreate holistic mentoring networks for diverse medical trainees and facultyConduct exit surveys (by neutral parties) to ask medical students why they decided to train at other institutions/their opinion on the climate at the institution</td></tr><tr><td>Increase recruitment and retention of BIPOC faculty members, especially at the highest academic ranks, who are educating medical students</td><td><ul style="list-style-type: none">Create a dashboard to annually track the number of BIPOC faculty hires and promotions over timeRequire departmental leadership to develop diversity and inclusion strategic plans to support recruitment, retention, and mentorship of BIPOC faculty and to address structural and institutional racism in policy and practice under their purview with monitored deliverablesEstablish incentives for departmental leaders who exceed milestonesConversely, institute consequences for departmental leaders who fail to meet diversity milestonesConduct systematic exit surveys (by neutral parties) for faculty who leave an institution to determine why they left and how they perceived the institutional climate</td></tr><tr><td>Increase representation in leadership at all levels, including deans and associate deans, department directors, division directors, graduate programs, executive committees, fellowship programs, and editorial boards of prominent journals</td><td><ul style="list-style-type: none">Track the number of BIPOC faculty advanced into departmental and school of medicine leadership positionsRequire leadership to develop individual development plans for BIPOC faculty under their purview so that they can attain the skills and visibility to position them for leadership rolesConduct systematic exit surveys to ask why faculty decided to pursue leaderships position at other institutionsRecruit and support BIPOC leaders on editorial boards for journals focused on advancing science and medicine</td></tr><tr><td>Diversity training requirements for all students, trainees, and faculty</td><td><ul style="list-style-type: none">Administer required evidence-based IDARE training (this includes unconscious bias training) for students, trainees, and faculty annuallyConduct an evidence-based institutional diversity climate survey to measure to assess effectiveness over time</td></tr><tr><td>Safe and retaliation-free mechanisms to report harassment</td><td><ul style="list-style-type: none">Collection of data on reported incidents of racial bias so that progress can be tracked overtime and training programs can be implemented where needed to address and bring to light specific issues (in collaboration with Institutional Equity Office)</td></tr></table> <div>BIPOC, Black, indigenous, (and) people of color; 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Make Good Trouble – What can we learn from the darkness?


- Change the narrative – transformative racial justice
- Change the narrative – “go back to the beginning of our journey”


Be Proximate + Radical Empathy + Humbly Serving Others

“We cannot create justice without getting close to places where injustices prevail. We have to get proximate. There is power when we get proximate and only then can we have mercy and compassion.”

- Bryan Stevenson

- Affirm the narratives of others





Make Good Trouble – What can we learn from the darkness?

- Self-reflection – “How am I contributing to racism?”
- Self-education – “Do I have the knowledge and skills to talk about racism? White privilege?”



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- Group-reflection & education/skill building
 - “How am I contributing to racism in our group? How is our group contributing to racism within our department? The institution? Can we talk about white privilege?”



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 - “How am I contributing to racism in our group? How is our group contributing to racism within our department? The institution? Can we talk about white privilege?”
- Become an anti-racist institution
 - Create the vision



Continuum on Becoming an Anti-Racist Multicultural Organization

MONOCULTURAL ==> MULTICULTURAL ==> ANTI-RACIST ==> ANTI-RACIST MULTICULTURAL					
Racial and Cultural Differences Seen as Deficits ==> Tolerant of Racial and Cultural Differences ==> Racial and Cultural Differences Seen as Assets					
Exclusive	2. Passive	3. Symbolic Change	4. Identity Change	5. Structural Change	6. Fully Inclusive
An Exclusionary Institution	A "Club" Institution	A Compliance Organization	An Affirming Institution	A Transforming Institution	Anti-Racist Multicultural Organization in a Transformed Society
<ul style="list-style-type: none">• Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans• Intentionally and publicly enforces the racist status quo throughout institution• Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels• Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc.• Openly maintains the dominant group's power and privilege	<ul style="list-style-type: none">• Tolerant of a limited number of "token" People of Color and members from other social identity groups allowed in with "proper" perspective and credentials.• May still secretly limit or exclude People of Color in contradiction to public policies• Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life• Often declares, "We don't have a problem."• Monocultural norms, policies and procedures of dominant culture viewed as the "right" way" business as usual"• Engages issues of diversity and social justice only on club member's terms and within their comfort zone.	<ul style="list-style-type: none">• Makes official policy pronouncements regarding multicultural diversity• Sees itself as "non-racist" institution with open doors to People of Color• Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff• Expanding view of diversity includes other socially oppressed groups <p>But...</p> <ul style="list-style-type: none">• "Not those who make waves"• Little or no contextual change in culture, policies, and decision making• Is still relatively unaware of continuing patterns of privilege, paternalism and control• Token placements in staff positions: must assimilate into organizational culture	<ul style="list-style-type: none">• Growing understanding of racism as barrier to effective diversity• Develops analysis of systemic racism• Sponsors programs of anti-racism training• New consciousness of institutionalized white power and privilege• Develops intentional identity as an "anti-racist" institution• Begins to develop accountability to racially oppressed communities• Increasing commitment to dismantle racism and eliminate inherent white advantage• Actively recruits and promotes members of groups have been historically denied access and opportunity <p>But...</p> <ul style="list-style-type: none">• Institutional structures and culture that maintain white power and privilege still intact and relatively untouched	<ul style="list-style-type: none">• Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity• Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world-view, culture and lifestyles• Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institutions life and work• Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities• Anti-racist multicultural diversity becomes an institutionalized asset• Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments	<ul style="list-style-type: none">• Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression.• Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices• Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interest• A sense of restored community and mutual caring• Allies with others in combating all forms of social oppression• Actively works in larger communities (regional, national, global) to eliminate all forms of oppression and to create multicultural organizations.

© Crossroads Ministry, Chicago, IL: Adapted from original concept by Bailey Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding; further adapted by Melia LaCour, PSESD.



Make Good Trouble – What can we learn from the darkness?

- Become an anti-racist institution
 - Create the vision
 - Explore medicine's racist past
 - Explore the 'white racial framework' and how it has influenced us

"...this frame rationalizes and structures the racial interactions, inequalities, and other patterns in an array of societal settings."

Feagin JR. The White Racial Frame: Centuries of Racial Framing and Counter-Framing, 3rd Ed.



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 - Equity-mindedness approach

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Make Good Trouble – What can we learn from the darkness?

- Become an anti-racist institution
 - Equity-mindedness approach
 - Anti-racist culture/climate assessment
 - Inventory of all policies, practices, infrastructure
 - Reject the habit of blaming BIPOC for the inequities
 - Reject and dismantle stereotypes and biases held, e.g., presumed incompetence
 - Reject the status quo & disrupt the self-preservation model
 - Hold everyone accountable for their actions
 - Engage your local community

Feagin JR. The White Racial Frame: Centuries of Racial Framing and Counter-Framing, 3rd Ed.



REFLECTIONS

Dear White People

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ABSTRACT

We are living in unprecedented times. While the world is grappling with COVID-19, we find the horrors of racism looming equally large as we, yet again, confront kind deaths in the center of the news cycle of Black and brown people from police bias and brutality. Those of us who have been championing anti-racism and justice work and bearing the burden of the "minority tax" have been overwhelmed by sudden asks from our well-intentioned "white colleagues of how to best respond. In the tone of the Netflix series, "Dear White People," we further emphasize that we are not alone in trying to reach out to you, our "white colleagues and leaders. Please hear our story and heed our call to action.

Ann Fam Med 2021;19:66-68. <https://doi.org/10.1370/afm.2634>

- Rise up now and claim solidarity with BIPOC who are having shared histories of inequity, racism and bias, and proclaim that you see them and hear them.
- Express outrage about the persistence and pervasiveness of racism.
- Express your desire to help magnify the message of the chronically oppressed and abused without making martyrs of POC and their allies who have consistently carried this heavy and lopsided burden.
- Most importantly, include, support and elevate the voices of all POC in your attempts to break down the systemic policies and practices that fuel the current state of affairs.





*"You can't go back
and change the beginning,
But you can start
where you are
and change the ending."*

- C.S. Lewis



References

1. Abrams S. Three questions to ask yourself about everything you do. TED Women 2018, accessed at https://www.ted.com/talks/stacey_abrams_3_questions_to_ask_yourself_about_everything_you_do/transcript?language=en on 01/17/21.
2. Annie E. Casey Foundation. Equity vs. equality and other racial justice definitions. Annie E. Casey Foundation Blog accessed at [Equity vs. Equality and Other Racial Justice Definitions - The Annie E. Casey Foundation \(aecf.org\)](#) on 01/16/21.
3. Feagin JR. The White Racial Frame: Centuries of Racial Framing and Counter-Framing, 3rd Ed. New York, NY; Rutledge, 2020.
4. Ford A. Bryan Stevenson: Get proximate on issues of race and injustice. TLU News, June 2020, accessed at <https://www.tlu.edu/news/bryan-stevenson-get-proximate-on-issues-of-race-and-injustice> on 01/17/21
5. Foster KE, Johnson CN, Carvajal DN et al. Dear white people. Ann Fam Med 2021;19(1):66-69.
6. Hayden CD. Remembering John Lewis: The power of 'good trouble'. Library of Congress Blog, July 19, 2020. Access at [Remembering John Lewis: The Power of 'Good Trouble' | Library of Congress Blog \(loc.gov\)](#) on 1/15/21.
7. Rodriguez JE, Campbell KM, Pololi LH. Addressing disparities in academic medicine: What of the minority tax? BMC Med Education 2015; 15(6):1-5.
8. Shock-Rule M. Tackling the other pandemic: Racism. University of Washington Magazine, The Hub, Winter 2019: 16-17.
9. Vyas DA, Eisenstein LG, Jones DS. Hidden in plain sight – reconsidering the use of race correction in clinical algorithms. NEJM 2020; 383(9): 874-882.
10. Xerali I, Fair M, Nivet M. Faculty diversity in US medical schools: Progress and gaps coexist. AAMC Analysis in Brief 2016; 16(6):1-3.

