

## **Preamble:**

Historically, diversity and inclusion efforts have been very student-driven and have taken time away from student academic and career development. These very initiatives have been pointed to as highly valued and celebrated on publicly available documents and platforms for the school. Therefore, any recommendations or suggestions outlined in this document herein are made with the intention of hired staff taking on the management and further development of these action items to reduce the burden felt by past and current students.

This should not stop engagement of students' ideas to be presented and pursued in collaboration with administration, but rather should create an environment where student-driven ideas can be supported and taken on by our current administration in a proactive and transparent manner. Henceforth, acknowledging that these recommendations can be updated and added to with future addendums, Polity, in conjunction with SNMA, and the collective voices of our current and past students recommend the following to the Jacobs School of Medicine and Biomedical Sciences (JSMBS):

## **Administrative Response**

- I. Formally commit to protect students and applicants who decide to protest or speak out against social injustices.
  - A. An example of this is the Faculty Senate [Resolution](#) that was passed in 2018 in support of students demonstrations against gun violence.
- II. Train existing personnel or hire and establish a crisis response/ bias advisory and response person/team
  - A. Establish an expeditious timeline and protocol for response on the administrative level
  - B. Alleviate the burden of students who are part of the community affected by this tragedy who have given up their time and spent emotional and mental labor on work that should be done on the administrative level.
- III. Create a curriculum scholarship for students who take on administrative level work in response to race or identity-related crises
  - A. Acknowledge both the academic and personal toll this level of work requires in a student's life
  - B. Recognize the work as scholastic institutional service and as a show of outstanding leadership and ambition
  - C. Allocate a baseline \$20,000 curricular scholarship for underrepresented medical minority student crisis response position
    1. This student will work with administration to set protocols and timelines for crisis response, engage with students of affected communities, undergo extensive cultural competency and crisis response training, and be established as a major point person for future crisis response

2. Additional funding separate from the aforementioned scholarship should also be provided for associated trainings, conferences, and other educational programs that supports the work detailed above
  3. DIALE Committee should oversee this and funding could come through the Office of Diversity and Inclusion and the Office of the Deans
  4. Nominations for this position should only be minority applicants
  5. Applications should be blinded for a fair election in the DIALE committee
- IV. Provide a semesterly or annual report from the Office of Diversity and Inclusion on initiatives and projects and associated outcomes they have put out over the past 5-10 years as well as projected Specific, Measurable, Assignable and Achievable, Relevant, Time-bound (SMART) goals and initiatives for the upcoming 5-10 years
    - A. Where is funding going and what resources are being applied towards the student body?
    - B. Provide transparency on use of funding by line items
    - C. What long-term outcomes have we seen with underrepresented minority students?
  - V. Take a serious internal survey of current departments and assess their contributions to diversity, especially those named with the specific mission of furthering diversity, and reassess whether its current leadership is adequate and/or appropriate.
    - A. Quantify this by the number of programs, the number of attended and/or sponsored activities as stated by their mission, and the overall effectiveness of their goals with student surveys.
  - VI. Provide funding for external surveys of our academic center's curriculum, climate, student and faculty diversity, policing, racial integration of clinical care sites, treatment of workers, and research protocols using the process and methodology detailed in the White Coat Black Lives [Racial Justice Report Card](#)
  - VII. Establish academic flexibility options for students of affected communities as proposed by students
    - A. Example: Provide extensions on required assignments, quizzes, and exams for students whose communities are impacted by crises
  - VIII. Increase number of diversity efforts driven by faculty rather than students and publicly acknowledge and cite all student contributions and student-driven initiatives on all websites and documents produced by the school
  - IX. Increase administrative funding for SNMA, APAMSA, Outpatient, and any other student groups geared towards historically marginalized communities for community projects, attendance of conferences, and any other initiatives that progress these communities
    - A. Currently students take time out of normal student activities to be able to fund these
  - X. Partner with local organizations who do this work year-round to build a robust and continual engagement with social justice work
    - A. An example of this is the [Buffalo Center for Health Equity](#)

## Police Interactions

- I. Release current contract with UB University Police Department, Buffalo Police Department and any other private security or police entities on campus
- II. Consider at every available opportunity the utilization and expansion of use of current private security services (i.e. Wisdom Protective Services) for all medical school affairs and patrol of medical school spaces with the request to only escalates to University Police or UB University Police as needed
  - A. These security guards have taken time to learn the faces and names of JSMBS community members, and students have shown their comfort interacting with them.
- III. Reevaluate relationship with UB University Police due to reports of use of excessive force
  - A. Example [Here](#)
- IV. Reevaluate terms of UB University Police Contract
  - A. If JSMBS still decides to contract with UB University Police, we recommend they provide full transparency of the contractual agreement between JSMBS and UB University Police Department to students and faculty
  - B. We also recommend the following terms/contingencies if JSMBS decides to contract with UB University Police
    - i. Reevaluate cultural competency trainings done internally with UB University Police department
    - ii. Require additional in-depth and longitudinal cultural competency training by the University at Buffalo of police officers who are contracted with UB University Police
    - iii. Provide oversight, transparency, into aforementioned cultural competency training
- V. Release report on incidents of “use of any force” data on campus and in Greater Buffalo area from both UB University Police and Buffalo Police Department
  - A. Example [Database](#)
- VI. Establish formal and transparent reporting system for hostile interactions with all contracted security and police entities on campus
  - A. Similar to [Professional Conduct Committee](#) reporting system
  - B. If students report repeated hostile interactions with the same police officer, they should not be assigned to the medical school (3 reports maximum)
  - C. Additionally, school should recommend comprehensive review of officer’s profile with their department within UB University Police and provide recommended consequential actions
- VII. Establish School Policy that has ramifications for weaponization or false reporting of police against students or community members
- VIII. Establish School Police that has ramifications against police officers who use excessive force and/or engage in racial profiling of students, faculty members, and staff
- IX. Provide transparency into the screening and background check process of police officers and their work history prior to hiring

- X. Establish Zero-tolerance policy that states if there is a history of several reports of police misconduct, use of excessive force, any form of xenophobia or racial intolerance, this should disqualify applicant from hire/ further engagement with students
- XI. When re-negotiating/renewing contracts with security and police forces, data detailed above should be considered in the review process, including reports of use of force, reports on professional misconduct, and notable incidents from prior work histories across their entire work span.
- XII. Consider advocating for the cutting of ties with Buffalo Police Department at the University Level due to history of use of excessive force and Police Brutality
  - A. Multiple incidents of Police Brutality and use of excessive force have been noted within [this article](#)

### **Curriculum changes**

- I. Create a vertically-integrated and contextual curriculum that addresses why African Americans and other marginalized patient populations are susceptible to certain diseases and conditions.
  - A. Rather than presented as random statistics, give racial/socioeconomic context behind recurrent and longstanding health issues in African American communities
    - 1. Example: In the Musculoskeletal module, we learned that both polymyositis and dermatomyositis are far more common in black women, yet clinical presentation on dermatomyositis slides only included white patients.
      - a) [Myositis disorders in general disproportionately affect women of color](#)
  - B. Directly acknowledge the effects of systemic racism and the threat of police violence on the physical health of those affected through JSMBS curriculum
  - C. Incorporate classwork related to the increased prevalence of “idiopathic” health conditions in black and other historically marginalized patient populations
    - 1. An example of this integrated and contextually relevant curriculum is [“Stress Management”](#) online by Bruce Rabin, MD, Professor of Pathology, Psychiatry, and Psychology at the University of Pittsburgh School of Medicine
    - 2. Integrate course material introduced at the Thursday, June 4th 2020 online townhall from Dr. Donald Grant into Medicine and Society
  - D. Instruct students with specifics on how to be effective patient advocates with the same level of specificity, efficacy and consistency as conducting a medical interview and completing a physical exam
    - 1. Example framework is provided here: [Cross-Culturally Competent Curriculum](#)
  - E. Talk about the history of antiblackness, discrimination against LGBTQ+ people, and other marginalized communities, and how it has contributed to the medicine we’re learning as we learn it.

1. Examples:
    - a) Tuskegee Syphilis study needs to be addressed when we learn about syphilis in Microbiology
    - b) The horror inflicted on black slave women due to development of surgical technique for repair of vesicovaginal fistula without anesthesia by Marion Sims should be discussed when learning about OBGYN
    - c) Racism against Asian Americans and the idea of the perpetual foreigner when we talk about Coronavirus
      - (1) [Trump calling Coronavirus the “Chinese Virus”](#)
    - d) History of pathologizing queerness as a mental illness and the ways psychiatry historically was used to attack LGBTQ+ people needs to be talked about during the psychology module
  2. Include content warnings 24-48 hours prior to engaging in topics related to historical trauma that can be triggering for students of the associated historically marginalized community
- F. Incorporate risk management, prevention, and social determinants of health into each block as well as focus on how lack of resources and environmental factors directly affect historically marginalized patients
1. Example: In a [Musculoskeletal Active Learning Session](#), we discussed the social factors that contributed to why a patient didn't receive the diagnosis and treatment of her musculoskeletal disease that she deserved.
- II. Create longitudinal focus groups with historically marginalized groups of students and faculty to analyze and critique modules and their relevant social determinants of health as they take the courses
  - III. Include a more diverse population of “standardized patients” more reflective of the patient demographic of Buffalo or Erie County.
    - A. Our patient population includes black, Latinx/Hispanic, disabled, fat, homeless, transgender, etc. individuals, so our standardized patients should reflect that
    - B. We have lectures on LGBTQ+ health but do not practice on LGBTQ+ patients/ are not presented with LGBTQ+-specific practice cases
    - C. Acknowledge [fatphobia](#) and the stigma surrounding fatness when talking about social determinants of health
  - IV. Further integrate [community engagement](#) into our core curriculum in a similar fashion to our current Health in the Neighborhood course, which is currently offered as an elective
    - A. Topics addressed in “Medicine and Society” should be integrated into all blocks
  - V. Diversify guest lecturers for each block
  - VI. Hold preceptors accountable with more specific questions on feedback forms
    - A. Ask questions about how preceptors treat patients, especially patients of color/historically marginalized background

- B. Provide space to rate physicians on how they treat historically marginalized patients
  - C. Evaluate how students are generally rating their preceptors on aforementioned metric
  - D. If repeated incidents are reported by students, the preceptor should be suspended or potentially banned from operating with the school
- VII. Include more diverse pathology pictures and clinical vignettes that are inclusive of a diverse patient population
  - A. Example: In the Dermatology module, provide presentations of each pathology on various skin tones ranging from fair to dark rather than on only light skin
- VIII. In the summers before first year and second year, require reading on larger topics related to social determinants of health that are due on the first day of classes. Topics addressed in the book can be integrated into the curriculum where relevant, and by the time it is addressed within the context of a module, it will be the second time reviewing this social determinant of health.
  - A. Examples:
    1. Read [Anti-racism curriculum](#) during summer before first year
    2. During relevant modules, reference socioeconomic impact that is relevant to disease processes
- IX. Remove Racism in Medicine seminar during Humanities Day
  - A. This recommendation is coupled with the above recommendation. By vertically integrating diversity into the curriculum, the racism in medicine seminar during humanities day will no longer be needed. After a long day of volunteering, a lot of important information was presented that may have been overwhelming for or lost on classmates due to exhaustion and the traumatic nature of the topics addressed.

## Resources

- I. Hire more black, indigenous, and LGBTQ+ therapists of color that are particularly attuned to how [systemic injustices affect mental health](#)
- II. Acknowledge how racism affects the [mental health of African American community members](#)
- III. Provide more direct access to mental health support on medical campus
- IV. Contract with telemedicine therapists to provide long-term online therapy session at a discount or free of charge to students
  - A. Therapy currently offered through UB only covers 10 sessions for the academic year
  - B. A non-exhaustive list of potential resources for future contracting can be found here: [Resources for Black Healing](#)
- V. Advising
  - A. Hire academic advisers with whom students can meet with on a regular basis, bring up relevant academic concerns, and provide academic and career support

- B. Increase formalized mentoring opportunities, especially related to boards preparations, clinical rotations, and matching into residencies
- VI. Disseminate information detailing ways we as a medical community can tangibly aid in current social justice efforts
- VII. Annually and circumstantially review current available resources for students and update and adjust them as needed
- VIII. Support an alumni and community network of black, indigenous, and LGBTQ+ professionals of color
- IX. Direct administrative fundraising efforts towards hiring of faculty and staff of underrepresented minority and LGBTQ+ backgrounds through the Office of Medical Philanthropy and Alumni Engagement

### **Hiring/Training of Faculty/Staff/Students**

- I. Provide added protections for faculty and staff of underrepresented minority/historically marginalized backgrounds
  - A. Any hired faculty or staff member of underrepresented minority/historically marginalized background should be provided with adequate mentorship and advocacy from senior faculty
  - B. Any hired faculty or staff member of underrepresented minority background, if considered for termination, demotion, and/or reassignment of any kind should, have transparent layers of accountability within the Office of the Dean and their respective office of employment, and due process
  - C. Student input should be emphasized, prioritized, and given equal weight in the consideration of termination, demotion, and/or reassignment of faculty/staff
    - 1. Student representation can be voiced via the students of the DIALE committee
      - a) Gathering of student opinion can be the duty of student representatives on DIALE committee
  - D. In 2019, one of only two black female staff members was fired after a very short period of time, and it was unclear as to the rationale or sequence of events leading to this decision
- II. Hire more faculty members, physicians, research mentors, principal investigators, and staff that are reflective of the Erie County patient population
  - A. Specifically, we recommend the hire of more black, female faculty and staff as well as LGBTQ+ faculty and staff.
- III. Hire support staff and faculty that can proactively take the burden off of historically marginalized students to teach their peers as well as their professors
  - A. Example: [Social and Emotional Learning Practitioner-Scholars](#)
- IV. Institute protected time for professors and lecturers who are already dedicating time towards teaching and encouraging social and emotional learning
- V. Expand the Curriculum Advisory Task Force to ensure that its members are reflective of the patient population of Erie County, or create an additional task force of students, staff,

- community workers, and faculty for input on curriculum redesign with identities reflective of the patient population of Erie County
- VI. Increase the frequency and depth of conversations/small group discussions around race, police brutality, systemic racism, mass incarceration in medicine and how to take action against it in all modules
  - VII. Provide transparency into the content of current cultural competency and humility training of faculty and staff
  - VIII. Incorporate anti-racist training for all professors and lecturers
    - A. Examples:
      - 1. [How to Be an Antiracist Educator](#)
      - 2. [Combatting Race-Related Stress in the Classroom](#)
  - IX. Provide and widely disseminate relevant student trainings geared towards street medic training and social justice
    - A. Example of [Street Medic Training](#)
  - X. Develop ally training led by an expert for students of historically privileged backgrounds on why their allyship matters and how they can be supportive.
    - A. This could possibly be led by Dr. Donald E. Grant, Executive Director of Mindful Training Solutions, LLC (MTS) and Executive Director of Pacific Oaks College's Center for Community and Social Impact
  - XI. Implement use of the [Black-White Implicit Association Test](#) as a measure of implicit bias for all students
    - A. This 2015 study using the Black-White Implicit Association Test as a measure of implicit bias found that while formal curricula helped to reduce racial bias, informal curricula (physicians' comments for example), and unfavorable interracial contact with patients negatively impacted racial bias and offset the reduction from formal curricula
    - B. Survey student bias at baseline as a first-year student, again prior to 3rd year before clinicals, and once more at the end of 4th year to observe how student biases changes with time and the efficacy of this tool within our own medical community

Lastly, Polity recommends that the JSMBS administration respond to the aforementioned recommendations on a public platform (such as a dashboard site where progress can be followed) and in a timely and intentional manner, so there is transparency into the progress on these recommendations.

Passed: 6/11/2020

Vote Totals:

11 YES

0 NO

0 ABSTAIN



This document is further endorsed by the following JSMBS student organizations:  
Lighthouse Free Medical Clinic, Human Rights Initiative, OUTpatient