

White Coats for Black Lives – CWRU Chapter
Campus Demonstration on December 10, 2015
<http://www.whitecoats4blacklives.org/>

Today is an important day because it is International Human Rights Day and because it is the one-year anniversary of the die-in we held last year in protest of police brutality. This is still a relevant issue in Cleveland. Tamir Rice, a 12-year-old boy, was shot and killed by the police last year. In addition, today, we are looking forward to starting and continuing a discussion about racial health disparities in Cleveland and nationally, and supporting students of color in the medical school, especially students who identify with minorities that are underrepresented in medicine. After a discussion, we will have a demonstration. We invite people to participate in this demonstration as well as to observe.

To start off, we would like to cite a few statistics that highlight the state of health in Cleveland, from the Cleveland Department of Public Health. Cleveland is 53% Black and 37% white. The prevalence of hypertension and obesity, each higher than 40% among Black Clevelanders, is significantly higher than that among white populations in Cleveland. There is a high burden of chronic disease among Black residents in Cleveland, especially those in neighborhoods with the fewest Black residents. For example, Edgewater park is only 21% Black, yet its black population has among the highest rates of mortality due to heart disease. Why is it that Black people who inhabit areas where their numbers are lowest are more likely to die from heart disease and stroke?

Striking disparities such as these are also seen among infant mortality rates here in Cleveland. While 60% of births in Cleveland between 2008 and 2012 were to Black, non-Hispanic mothers, 78% of infant deaths during the same time period were also to Black, non-Hispanic mothers. Post-neonatal death among Black infants is 8x higher than white and Hispanic infants and numbers of premature and low birthweight babies are 2.8x higher.

These statistics are not new - we all learned about health disparities in Block 1. We are highlighting them today because they remain extremely relevant to us as healthcare practitioners. Though these numbers are specific to Cleveland, they reflect national trends. They reflect decades of disenfranchisement of Black communities due to institutionalized racism built within state and national governments. While housing discrimination and disparate incarceration rates may not seem applicable to us, what is very real to us are the people that we treat in our hospitals. We are the ones taking care of people with strokes, with heart disease, with obesity, of babies born prematurely. This is a medical issue, and as healthcare practitioners, we should be taking steps to ameliorate these disparities. Physicians have an active role to play: for example, recently, Doctors for America delivered over 2000 signatures from healthcare providers, primarily physicians and medical students, to Congress to end the ban on gun violence research. We take care of people who are harmed by gun violence, which makes gun violence a medical issue.

According to the American Medical Student Association, having a diverse physician workforce is crucial to making healthcare available for minority and low-income patients.

The lack of diversity of medical students and ineffective cultural competency education continues to produce training and treatment environments that are biased, intolerant, and reinforce health disparities. Currently, racial and ethnic minorities comprise 26% of the total US population, yet only 6% of practicing physicians are Latino, Black, or Native American, also known as underrepresented minorities in medicine. URM faculty account for 4% of US medical school faculty nationally, with 20% of URM faculty at the three historically black medical schools and medical schools in Puerto Rico. Black physicians tend to practice in areas with higher proportions of Black residents, and the same goes for Latino physicians. Nearly half of patients seen by Black physicians and 1/3rd of patients seen by AAPI and Hispanic physicians are Medicaid or uninsured patients. URM physicians are more likely than their non-minority counterparts to conduct research to reduce racial disparities in care. These statistics make a strong case for the need for adequate numbers of physicians in training who are from minorities underrepresented in medicine.

So where are we right now, today, as a country and as a school? Nationally, medical school classes in 2011 were made up of 6% Black, 8.5% Latino, and 0.2% NA students. At case, self-reported demographics from the entering class of 2015 show that 7% are Black, 5% Hispanic, 1% NA. These numbers are much lower than the national makeup of our country: 13% Black, 17% Latino, and 1% Native American. Do these statistics reflect an improvement within the last 40 years? No. In 1978, there were a total of 542 black male matriculating medical students nationally; last year in 2014, there were 515. Furthermore, students who identify solely as Black and apply to medical school are statistically less likely to be accepted than their multiracial and non-Black peers. Not only are there fewer Black applicants applying, medical school admission committees are selecting a significantly lower percentage of these applicants, with acceptance rates at [35% of White, 35% of Asian, 40% of Latino, and 28% of Black applicants](#), according to the AAMC

Our medical school's mission states:

"Building upon its proud history while **embracing today's challenges**, the school's mission remains unchanged: to educate future physicians who will care for patients with competence, creativity, and compassion, in a setting that fosters collegiality, leadership, and excellence in scholarship and research." We are here today with the message that our school's actions speak louder than its words. We encourage our administration to take active steps in fostering a student body that truly reflects America's diversity, thereby increasing integrity of our training and competency as care providers. We are part of White Coats for Black Lives, a national coalition of medical students dedicated to racial justice within our schools and for American people. Across the nation, medical students are engaging with our schools to highlight the discrepancy between the proclaimed values of our medical schools and academic medical centers and their actions that contribute to the failure to meet the needs of their students of color and low-income patients that they serve.

Diversity benefits every student - white, black, Asian, Pacific islander, Latino, Native American. Having a diverse student body that reflects the racial makeup of the country is critical to our school's mission. This means we need students from every minority group. We have explicitly referred to Black, Latino, and Native American ethnic groups as underrepresented minorities in medicine. This is because South and East Asian minorities are often highly represented in medicine compared to their national

