

April 16, 2024

The Honorable Senator John Kennedy  
U.S. Senate  
Washington, DC 20510

The Honorable Eric Schmitt  
U.S. Senate  
Washington, DC 20510

Dear Senators Kennedy and Schmitt:

On behalf of the 27 undersigned medical organizations, we are writing to express our opposition to any legislation that would bar medical schools from receiving federal funding, including participation in guaranteed student loan programs, if they engage in activities such as having a Diversity, Equity and Inclusion (DEI) office and/or provide education on structural or institutional racism.

DEI programs in medical education serve to address the current and historical underrepresentation of certain groups in the field of medicine, improve health outcomes of underserved and marginalized communities, promote equity and understanding among clinicians and patients, and facilitate quality care through an inclusive physician workforce. Additionally, DEI programs in medical education are intended to cultivate the development of physicians who can effectively care for diverse populations. This helps improve health care delivery for all patients.

Research<sup>1</sup> indicates that a diverse medical student body<sup>2</sup> leads to improved cultural competence and can ultimately help physicians better meet the needs of patients of diverse backgrounds and ethnicities. In considering race and ethnicity, schools cite the educational benefits of student body diversity and emphasize that racial and ethnic diversity are particularly important.<sup>3</sup>

There are also significant benefits to patients related to DEI programs in medical schools. According to an article published in the JAMA Network Open,<sup>4</sup> there is a better life expectancy among patients in areas with Black primary care physicians. Counties with high Black American physician population representation experienced lower disparities in mortality rates between Black and White residents and were linked to longer life expectancy. Additionally, studies have found that patients with racially concordant physicians have experienced improvements in outcomes<sup>5</sup> and rates of preventive services,<sup>6</sup> which demonstrates the

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<sup>1</sup> Educational Benefits of Diversity in Medical School: A Survey of Students

D. Whitla, G. Orfield, +3 authors J. Reede, Published in *Academic medicine : journal...* 1 May 2003.

<sup>2</sup> Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools  
Somnath Saha, MD, MPH; Gretchen Guiton, PhD; Paul F. Wimmers, PhD; et al LuAnn Wilkerson, EdD  
*JAMA*. 2008;300(10):1135-1145. doi:10.1001/jama.300.10.1135.

<sup>3</sup> Association of American Medical Colleges. Brief as amici curiae in support of respondents. *Grutter v Bollinger*, 539 US 306 (2003)

<sup>4</sup> Snyder JE, Upton RD, Hassett TC, Lee H, Nouri Z, Dill M. Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US. *JAMA Netw Open*. 2023;6(4):e236687. doi:10.1001/jamanetworkopen.2023.6687

<sup>5</sup> Greenwood BN, Hardeman RR, Huang L, Sojourner A. Physician-patient racial concordance and disparities in birthing mortality for newborns. *Proceedings of the National Academy of Sciences*. 2020Aug17;117(35):21194-200.

<sup>6</sup> Alsan M, Garrick O, Granziani GC. Does Diversity Matter for Health? Experimental Evidence from Oakland. *American Economic Review [Internet]*. 2018Jun [cited 2020];109(12):4071-111. Available from: National Bureau of Economic Research.

importance of recruitment and retention of physicians of underrepresented backgrounds. Therefore, policies<sup>7</sup> that address disparities and discrimination, and the physician workforce are a key component to a comprehensive and overarching approach to eliminating disparities in health and healthcare.

To further nurture and grow a diverse physician pathway, medical schools must undertake efforts to eliminate the barriers that prevent underrepresented students from attending and completing medical school. Education quality and access must be equitable for those of all backgrounds to ensure a diverse medical professional pathway; it also must provide the health care workforce with the necessary knowledge and skills to care for people of all backgrounds and in all corners of our country.

Therefore, we support actions to achieve such diversity, equity, and inclusion, including DEI programs in medical education.

Sincerely,

American College of Physicians  
American Academy of Allergy, Asthma & Immunology  
American Academy of Pediatrics  
American Association for the Study of Liver Diseases  
American College of Chest Physicians  
American College of Obstetricians and Gynecologists  
American Geriatrics Society  
Academic Pediatric Association  
American Pediatric Society  
American Society of Addiction Medicine  
American Society of Hematology  
American Society of Nephrology  
American Society for Transplantation and Cellular Therapy  
American Thoracic Society  
Association for Clinical Oncology  
Association of Medical School Pediatric Department Chairs  
Endocrine Society  
Gerontological Society of America  
Infectious Diseases Society of America  
National Medical Association  
Pediatric Policy Council  
Renal Physicians Association  
Society for Pediatric Research  
Society of Critical Care Medicine  
Society of General Internal Medicine  
Society of Hospital Medicine  
The Society for Post-Acute and Long-Term Medicine

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<sup>7</sup> Serchen J, Doherty R, Hewett-Abbott G, Atiq O, Hilden D; Health and Public Policy Committee of the American College of Physicians. Understanding and Addressing Disparities and Discrimination In Education and in the Physician Workforce: A Position Paper of the American College of Physicians. Philadelphia: American College of Physicians; 2021. (Available from American College of Physicians, 190 N Independence Mall West, Philadelphia, PA 19106.)

