

White Coats for Black Lives:

# DGSOM Racial Justice Report Card (2021-2022)

## Summary of Recommendations

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Written By:

Students of UCLA David Geffen School of Medicine Chapter of White Coats for Black Lives.



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## INTRODUCTION

The David Geffen School of Medicine (DGSOM) at the University of California, Los Angeles (UCLA) has been actively increasing its commitment to bolstering justice, equity, diversity, and inclusion through research and practice. This includes the development and implementation of a range of structural changes and programmatic initiatives across the domains of research, teaching, clinical

care and community engagement. Although Los Angeles is often celebrated as one of the most racially and ethnically diverse cities in the country, it is deeply troubled by health inequities.

One tool to help illuminate gaps between current and desired organizational performance is the Racial Justice Report Card (RJRC). The RJRC, first implemented in 2015, is an important tool to help give medical schools tangible methods through which they may become more anti racist. Since its inception, over 25 academic medical centers nationally have participated. Unfortunately, while other premier academic medical centers have published Racial Justice Report Cards, DGSOM has not. The UCLA Student WC4BL Chapter is pleased to present its inaugural RJRC and, ultimately, an advancement of anti-racism praxis within the DGSOM community.

### *The Racial Justice Report Card*

[White Coats for Black Lives \(WC4BL\)](#) believes that in addition to promoting diversity and inclusion, academic medical centers (AMCs) must also commit to policies and practices that intentionally promote racial justice.

The Report Card consists of metrics that include but are not limited to, evaluations of an institution's curriculum and climate, student and faculty diversity, policing, racial integration of clinical care sites, treatment of workers, and research protocols. WC4BL relies heavily on the input of local students for the completion of this report. Ultimately, WC4BL hopes that the Racial Justice Report Card will highlight best practices and encourage academic medical centers to direct their considerable power and resources toward addressing the needs of our patients and colleagues of color.

The purpose of this document is to highlight the student generated recommendations determined from the collected metrics. To view the full report please click [<here>](#).

## **RECOMMENDATIONS:**

### *Medical School*

#### *Recruitment and Admission*

Publish an annual report detailing the race, gender, and socioeconomic distribution of the recipients of merit-based financial aid. This is in line with student activist recommendations and meetings with administration in the Fall of 2020.

Incorporate a panel consisting of BIPOC leaders from the greater Los Angeles community during Interview Day that allows prospective students the opportunity to inquire about the current state of healthcare within their communities as well as UCLA's successes and/or failures in the delivery of that healthcare.

### *Curriculum*

Pilot a lecture series for 1st year medical students through which individuals who are currently or have previously been incarcerated in Southern California correctional facilities (Los Angeles Men's Central Jail, Los Angeles North County Correctional Facility, Los Angeles Twin Towers Correctional Facility) may speak to their experiences receiving healthcare.

Establish a Community Leadership Board of no less than ten members from regions within Los Angeles that have historically been underserved by the UCLA Health system that work directly with the medical student body to coordinate

### *Clinical Education*

Actively develop techniques for protecting the privacy and safety of undocumented patients and patients presenting in police or prison custody. Consider using the resources invested in the Mobile Clinic and other student-run care organizations to ensure that all members of the local community have full access to the healthcare they require at the primary teaching hospital and its affiliated clinics.

There is concern that medical students perform a disproportionate amount of their procedural training at county hospitals, where more patients of color and other vulnerable populations seek care. Consider whether there is any infrastructure that can be put in place to hold the school accountable to its goal to standardize clinical care across sites.

### *Treatment of workers*

Consider not incorporating inquiries about a person's history of criminal punishment system involvement in hiring processes for workers at the medical school.

There is a need for more transparency with respect to workers' wages, and to taxes the medical school pays to the local government.

Institutional response to student activism

There is concern about the speed with which the school addresses complaints of injustice/mistreatment. Consider ways to ensure follow up of issues presented in a timely

manner. This effort should be student led in regards to how they would feel best supported by administration re: follow up (ex. Meeting with unaffiliated individual, message indicating receipt, timeline for follow up).

## **Residency**

### ***Recruitment and Admissions***

Compensate residents and faculty for their time and effort to recruit new trainees. To increase the percentage of URM residents, recruitment is a necessary tool, but is an extra time commitment. Residents have busy schedules, so additional pay for time spent outreaching and recruiting residents is a fair way to compensate them for their time.

Include racial and other demographic breakdowns of residency programs easily accessible on the residency website. Currently, this information is not easily accessible, especially if you are only utilizing the residency website to find the racial breakdown of residency programs.

### ***Curriculum***

Incorporate more of a Structural Racism and Health Equity curriculum component to the didactics given to residents. Consider inviting community leaders, social justice advocates, and speakers with lived experiences to diversify the topics and viewpoints shared.

Have a standardized curriculum for didactics given to all the residency programs so there is uniformity in the topics. Developing a standardized curriculum for all residency programs ensures a baseline understanding for all residents. One barrier to ensuring a standardized curriculum is the varying resident schedules. If most of these are lunchtime didactics, residents working overnight may be unable to attend. One way to mitigate this is by recording these didactic sessions and making them available to all residents.

### ***Clinical Education***

Create protected time off for residents to attend training on how to properly care for patients from different backgrounds with empathy and cultural compassion. These trainings should be taken seriously and a standardized evaluation of their comprehension for the subject should be done on an on-going basis.

### ***Trainee Affairs***

Create standard practice of oversight over trainees that applies to all training sites. Within county hospital sites and clinics, there should be a standard practice that the attending should see the patient at least once before deciding what the patient care plan should be, and the

attending should remain adequately present for support throughout provision of all care and procedures.

## ***Hospital***

### ***Physical Space***

The UCLA health system does not specifically acknowledge the contributions of alumni and health care workers of color in physical spaces. The Ronald Reagan UCLA Medical Center is titled after the 40th US president of the United States, who alongside being known to have [implicitly racist beliefs](#), was known to partake in explicitly racist policy measures such as the expansion of The War on Drugs (which disproportionately incarcerated Black and Brown individuals) and Reaganomics (which eliminated many publicly funded programs supporting minority communities). These actions had crippling repercussions for communities of color. Some students and faculty of color therefore refuse to refer to the hospital as Reagan, but rather refer to the hospital as UCLA Medical Center. Communication took place between student leaders and BIPOC hospital administration regarding the possibility of renaming and unfortunately, this has been a longitudinal goal of many with significant barriers. Though the naming of Ronald Reagan is rooted in an immense financial transaction, consider encouraging students and faculty to refer to the hospital and affiliated structures as UCLA medical center if the hospital is unable to be renamed at this time. The fight for the longitudinal goal of renaming the hospital entirely should remain under consideration.

Consider a vetting process for future naming and an analysis of other honorific building names at DGSOM and UCLA Health.

Consider land grant acknowledgment of Native Peoples for naming of UCLA Health spaces (such as UCLA main campus renaming of [Tongva Steps](#))

### ***Relationship to the Carceral State***

The patients of the hospital are protected from ICE by the same measures that cover the entire UC system. However, this information was not easily accessible through a google search. Notably, even some UCLA staff and faculty were not aware of where the information regarding protective measures and procedures afforded against ICE was housed. It therefore is recommended to more publically inform the patient populations of UCLA aware that the hospital buildings and rooms have protection against ICE. This could potentially encourage patients to seek healthcare prior to an emergent crisis. This could be through posted placards, an official, searchable statement, such as one made by [UC San Francisco](#), or through public advertisement of UC policy VIA QR code on public transportation.

### *Treatment of Workers*

Bearing in mind that “inquiry about persons’ history criminal punishment system involvement is necessary for patient safety”, certain measures could be put in place to uphold this priority while also addressing concerns of potential employment discrimination. The recommendation is to ensure that the process for conducting background checks is fully transparent and in compliance with the California Fair Chance Act (AB 1008). Furthermore, establishing a procedure for potential hires to challenge “failed” background checks would ensure that eligible individuals are not passed over for employment.

In addition to providing hospital staff with living wages, it is recommended to support equitable access to their place of employment. Ways that this could be achieved include:

- The provision of free transportation access, via Los Angeles Metropolitan Transportation, to employees residing in communities outside of Westwood.
- Regular contribution to housing assistance funds to enable employees to reside closer to their place of employment.

\*\*Workers unions remained hesitant to speak to student representatives and cited concerns that “nothing would be done” after voicing concerns for this report. This could potentially be indicative of a larger issue regarding workers' concerns being dismissed. More information will be required for future reports including whether workers feel their concerns are adequately addressed.

### *Patient care*

Around a third of Los Angeles County residents are enrolled in Medi-Cal, and Black and Latino populations represent a large percentage of these patients ([7% and 49% respectively](#)). Through collateral information gathered from faculty and staff, UCLA Health in a technical sense accepts Medi-Cal FFS in all departments. However, in practice, many Medi-Cal FFS patients are transitioned to Medi-Cal Managed Care plans with which UCLA Health is [contracted](#) to enroll a limited number of patients for primary care. This becomes even more complex for specialty care which is often limited to one time insurance authorizations with limited and often poor follow-up for complex conditions. Unfortunately, this means many patients representative of the Los Angeles community go unseen. Approximately 2-3% of UCLA’s outpatient clinic patients and 20-25% of hospitalized patients are enrolled in a Medi-Cal plan. Many students, trainees, staff and faculty alike have been advocating for an increase in these numbers. UCLA Health should continue initiatives to increase the number of Medi-Cal patients meaningfully cared for by our healthcare system.



Continue work to track patient restraint data by demographic to ensure there are no gross differences between populations being restrained.

Recommend signs welcoming patients regardless of immigration status (in addition to race, religion, culture, sexuality, gender, etc.) as per UCLA Health Policy . Additionally, this could take place as an online campaign. This would increase visibility of UCLA HEDI values to patients and encourage them to seek care at UCLA facilities.

*Research:*

Students on multiple fronts attempted to acquire information regarding BIPOC communities in the UCLA research spaces. Unfortunately, either this information is not housed or it is not easily accessible to students. Research is one of the main progressors of healthcare, however historically, it has been misused to the detriment of disenfranchised groups. In other ways, research studies have historically been less accessible to underrepresented groups who might depend on innovative care or who are not accounted for in studies. Though UCLA Health met the required research metrics, without publicly available information regarding how race is used or accounted for in research projects, it is difficult to prevent misuse. Information regarding race and research at UCLA should be housed and accessible for accountability. This could be accomplished through a Social Justice Research Hub.

- Such an undertaking could include different projects throughout the UCLA health system that have a focus on social determinants of health, health justice, race, gender, sexuality, immigration, or health disparities. This would not only allow for the UCLA Health system to publicly demonstrate the work that is being done, but also allows for accountability within the UCLA community.
- This could additionally serve as a recruitment hub for underrepresented patient groups to studies who may not otherwise know how to access these health impacting studies. In turn, this increases the diversity of UCLA Health studies and recruitment

Educate research investigators on race as being a social construct rather than an innate biological trait as a part of mandated training.