

August 2, 2020

Dear Leadership of Montefiore Health System & Albert Einstein College of Medicine:

We are writing this letter to give our support to White Coats 4 Black Lives in their mission to dismantle racism in medicine and promote the health, well-being, and self-determination of Black and Indigenous people, and other people of color (BIPOC). We specifically write in support of our Black community of students, residents, fellows, faculty, and colleagues at Albert Einstein College of Medicine (Einstein) and Montefiore Health System (MHS).

The communities that we jointly serve and the communities that many of us belong to are being hit hard by two crises - COVID-19 and police violence - with the common roots of structural racism and systemic inequality. The recent and continued racially motivated police brutality and the lack of accountability for misconduct are a tragic reminder that racism is part of the foundation of America. Racism is both a "complex system of social & political pulleys and levers," and it is a cultural disease. It is the core of each act of civilian policing of Black and brown people in every facet of life - whether that is in the street, in healthcare, in education, or in housing. It is the upstream cause of the many injustices Black & brown people continue to face today.

We are outraged by the tragic deaths of George Floyd, Breonna Taylor, Tony McDade, and Rayshard Brooks due to police violence, adding to a list that seemingly grows by the day. We are devastated by the disproportionate COVID-19 related deaths of Black and brown people over the past few months. We are grieving the loss of our many patients and our peers. We are committed to standing with Black Americans, Indigenous people, and other communities of color who continue to battle against socio-economic and political injustices.

These injustices are nothing new. MHS and Einstein have a tradition of using medicine as a vehicle for social justice in the long fight for equity alongside the communities they serve in the Bronx.

Montefiore outpatient providers care for patients across the Bronx, including those living in the poorest congressional district in the United States. Our clinics have borne witness to the impact of racism, healthcare disparities, and socioeconomic inequalities on the people of the Bronx over the decades of their existence. The COVID-19 pandemic has shone a spotlight for the greater public to see the inescapable inequities and inequalities that have led to the morbidity and mortality that we see daily in our primary care practice. The mass casualties underscore the disproportionate amount of Black and brown people living in public housing and homeless shelters. Over 40% of public housing and shelter residents are Black, while Black Americans make up only 13% of the general population and 19% of all household members.¹ The COVID response has reminded us that Black and brown bodies have been treated as expendable

¹U.S. Department of Housing and Urban Development. Public Housing: Image Versus Facts. Accessed June, 29, 2020. <https://www.huduser.gov/periodicals/ushmc/spring95/spring95.html#:~:text=Forty%2Deight%20percent%20of%20public,percent%20of%20all%20renter%20households>

through the sacrificing of Black and brown people deemed as “essential” workers, who have had increased daily risk of exposure through use of public transportation in addition to the jobs they hold. During the pandemic, roughly 84% of largely minority neighborhoods continued to work outside of the home during the shelter-in-place order -- devastatingly higher than the citywide average of 8%.² And yet, the true impact of COVID-19 on our minority communities is still unknown due to unacceptable gaps in data³ and the lack of reasonable access to quality healthcare and COVID-19 testing. Our marginalized Bronx community is made further vulnerable by many factors based in additional historical injustices, such as unacceptably high levels of air pollution, suggested to increase the rates of COVID-related hospitalizations and deaths.⁴ We call for action by MHS and Einstein to help move our communities to an era in which race is no longer a predictor of life outcomes.

Institutions of higher education and hospital systems both play roles in perpetuating patterns of inequity and violence, as they remain sites for the reproduction of white supremacy and racist oppression within curricula and institutional guidelines. Until only 2018, the statue of James Marion Sims stood in Central Park glorifying the “father of modern gynecology” who “perfected” his “brilliant technique” by repeatedly conducting painful experimental surgeries on enslaved Black women. In that same year, we were devastated by the hateful posts uncovered on a white supremacist site written by one of our own Montefiore radiology residents. We are calling on Einstein and MHS to help uproot the weeds of white supremacy from medicine. We call on our colleagues and leaders to actively dismantle the ingrained systemic racism in medical institutions which take form in both overt and discrete actions, teachings, and ideas, and to hold our colleagues, trainees, educators, and staff accountable for misconduct at every level.

We are at a pivotal moment in time. Black students and residents have taken on the burden of raising awareness around issues of social injustice and pushing for social change, despite only making up 5% of the physician workforce.⁵ We believe that we must act deliberately and intentionally in order to create truly benevolent institutions in which all students and residents can learn and thrive. We affirm our commitment to anti-racism in the ways we teach, learn, assess, treat, and govern. We acknowledge that accomplishing such goals requires that MHS and Einstein leadership also take this stance, in order for true systemic change to occur.

² Leigh D, Kelly J.. WABC-TV. Data finds low income, minorities left homes at height of pandemic. May 24, 2020. Accessed June 29, 2020. <https://abc7ny.com/low-income-minority-neighborhood-coronavirus-update-nyc/6204770/>

³ Opiel R, Gebeloff R, Lai K, Wright W, Smith, M. The Fullest Look Yet at the Racial Inequity of Coronavirus. *The New York Times*. July 5, 2020.

⁴ Wu X, Nethery R, Sabath M, Braun D, Dominici F. Exposure to air pollution and COVID-19 mortality in the United States: A nationwide cross-sectional study. Harvard T.H. Chan School of Public Health. April 24, 2020. Accessed June 29, 2020. <https://projects.iq.harvard.edu/covid-pm>.

⁵ Association of American Medical Colleges. Percentage of all active physicians by race/ethnicity, 2018. Accessed June 29, 2020. <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>

The following action items are some ways in which MHS and Einstein leadership can join in our commitment to anti-racism through systemic and structural change.

- 1.) We call for action to move our communities into an era in which race is no longer a predictor of life outcomes.
 - **Invest in Expansion of Access to Healthcare Services**
 - i.) We have witnessed a dramatic decrease in access to outpatient clinics in part due to lack of full personal protective equipment for staff. While allocation of scarce resources prioritizing hospital personnel is understandable in a pandemic, we fear our patients are becoming sicker from inadequately addressed chronic conditions and subsequently becoming more vulnerable to life-threatening complications of COVID-19 as a result of poor access to primary care services. Additionally, a substantial decrease in childhood immunizations seen citywide stokes fears of resurgence of vaccine-preventable diseases. Prioritize and continue investment in expanding outpatient access to care for our communities, to address both COVID-19 and decompensating chronic conditions, through appropriate supply of PPE and equitable access to testing and screening. Provide transparency for the methods of PPE distribution, particularly to Montefiore outpatient clinics.
 - ii.) One in 1500 Black Americans died due to COVID-19. Black Americans are more than twice as likely to die from COVID-19 compared to white Americans, and are more likely to face multiple barriers to healthcare, including lack of insurance.⁶ Access to healthcare is a human right, and every New Yorker should be provided access to comprehensive, universal health coverage. Publicly announce support for universal healthcare in New York via “New York Health Act” universal health care bill (A. 5062/S. 3525) and devote financial resources to lobby for passing of this impactful legislation.
 - **Invest in Expansion of Mental Health & Social Services**

Purposeful action must take place to remedy the impact of generations of bad policy to more meaningfully meet community needs while reducing obstacles to healthy living. Emergency services provided by the NYPD have historically been ill-equipped to productively address needs, and in many instances, have harmed the communities we jointly serve, in the name of social order. Increase investment for expansion and promotion of mental health and social services for Bronx residents as a more appropriate alternative in response to community needs.
 - **Invest in Community Safety**

Unchecked police overreach and use of excessive force towards Black, Indigenous, and Latinx people is in direct opposition to our commitment to

⁶ APM Research Lab. The color of coronavirus: COVID-19 deaths by race and ethnicity in the U.S. June 15, 2020. Accessed June 29, 2020. <https://www.apmresearchlab.org/covid/deaths-by-race>

ensuring the health, safety, and well-being of patients and is a threat to our community. Numerous medical groups including the AMA, AAFP, AAP, APHA, and ACP call racism a public health crisis, and acknowledge the role of police brutality on the health of Black and brown communities. Join these groups in calling racism a public health crisis. Condemn police brutality by releasing a public statement advocating for police reform, as well as an end to police brutality as a cause of preventable death in the United States. Fortify community trust and confidence by outlining the relationship between Montefiore Health System (including Einstein) and the NYPD, and disclose any conflicts of interest that may arise.

- 2.) We call on our colleagues and leaders to actively dismantle the ingrained systemic racism in medical institutions which take form in both overt and discrete actions, teachings, and ideas while holding our colleagues, trainees, educators, and staff accountable for misconduct at every level.
 - **Invest in Cultural Transformation**
 - i.) Racial diversity strengthens the workforce, improves innovation, and should be recognized as an asset for employment. Continue Montefiore’s mission of embracing a diverse workforce and community by prioritizing equitable representation of underrepresented racial and ethnic groups at all levels of leadership, especially in upper executive/officer positions, where executive leadership and department chairs are majority non-Black. Publish a public-facing dashboard with racial and ethnic demographic makeup, as well as other diversity dimensions, for employees at all levels within each department and the institutions as a whole. This can objectively assess diversity while identifying groups that are underrepresented. Include quarterly key performance indicators to measure changes in recruitment, retention, promotion, and overall representation in the workplace over time.
 - ii.) The mythical biologic basis of race continues to tarnish medical education and research, with devastating impacts on the health and well-being of Black, Indigenous, and people of color.⁷ This unfortunate reality must be actively confronted. Implement ongoing education to re-train medical faculty and staff to halt further undue and unrecognized harm against patients who are Black, Indigenous, and people of color.
 - iii.) Every member of MHS and Einstein leadership must be committed to anti-racism, and this shift will help ensure that anti-racist policies are enacted on a larger scale. In order to challenge the perpetuation of racism in clinical encounters and research initiatives, invest in training for

⁷ Vyas, D, Eisenstein, L, Jones, D. Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms. N Engl J Med. 2020. DOI: 10.1056/NEJMms2004740.

students and staff at every level on implicit bias, microaggressions, structural competency, trauma-informed care, and de-escalation strategies. This will only be effective if it is done in conjunction with a commitment from leadership on dismantling structural and systemic causes of racism.

iv.) White fragility, white privilege, and white supremacy function to uphold systems of oppression and interfere with the ability to truly represent all healthcare workers. Organizational leaders should invest in education and evaluation of how leadership, policies, and procedures can unintentionally perpetuate racial inequities.

○ **Invest in Review of Accountability Structures**

Individual unconscious bias training does not account for the systemic and structural issues that allow biases to be perpetuated in the workplace through overt actions or teachings, or more discrete microaggressions. Identifying these issues can help deconstruct oppressive systems to make for a more inclusive and equitable workplace. Review accountability structures and identify any systemic gaps that may prevent utilization of safe spaces for report and investigation of racism and discrimination in the workplace.

3.) We call on deliberate and intentional action in order to create truly benevolent institutions in which all students and residents can learn and thrive.

○ **Invest in Diversity and Inclusion**

Einstein's Diversity and Inclusion team aims to make transformative, anti-racist change within Einstein including engaging in systems change on many levels. Provide additional financial support for Einstein's Diversity and Inclusion team in their efforts to restructure faculty search and promotions processes, enhance mentoring infrastructure, and make curricular changes to address health equity.

○ **Invest in Shared-Decision Making**

Historically and currently, decision-making occurs primarily at the executive/officer level, controlled by a few members of leadership, who are almost exclusively racially white, cisgender, men. Broaden decision-making processes within Einstein and MHS leadership to promote equitable solutions, while also identifying otherwise hidden casualties of proposed policies and procedures.

○ **Invest in Future Representation**

Young people from marginalized communities such as the South Bronx contribute valuable services to their communities and are far too infrequently represented as healthcare professionals. Physicians and medical school faculty who identify as Black, Indigenous and people of color have an undue burden to mentor and support pre-medical students. Increase ongoing financial support for pipeline programs for underrepresented pre-medical students such as the Bronx/South Bronx Community Health Leaders, Mentoring in Medicine, and Monte HOP to further each program's mission to close the gap in physician workforce disparities.

○ **Invest in the Fight for Racial Justice**

Organizations across the US are doing critical work to dismantle racist policies that hurt our patients, students, faculty, and staff. *Establish a Montefiore matching fund for donations to organizations fighting for racial justice, using suggestions made by White Coats for Black Lives (Einstein chapter) to support advocacy beyond the walls of our institutions.*

As we reaffirm our commitment to anti-racism, we each commit to personal and professional growth by challenging ourselves and our peers in how we may perpetuate racism in everyday life and correct our actions. We can evolve our systems and structures together to best serve our communities, both within our walls and extending into our surrounding neighborhoods.

We ask that you join us in this journey.

We ask for a response to each of the above items from both MHS and Einstein, with a plan in place moving forward to review progress that holds our institutions accountable for transformative change.

We are moved by worldwide mobilizations to end racial inequities in health, economic security, and public safety. We call upon your leadership as we work to faithfully demonstrate that the lives of our Black students, faculty, staff, and administrators matter.

In solidarity,

Over 300 members of your Community of Colleagues, Trainees, Providers, Faculty, and Staff