SPEECH FIRST

APRIL 2025

CRITICAL CONDITION:
How Medical Schools are Forcing DEI Orthodoxy on Future Physicians

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ABOUT SPEECH FIRST

Speech First is a membership association of students, parents, faculty, alumni, and concerned citizens committed to restoring the freedom of speech in higher education through advocacy, education, and litigation. Launched in 2018, Speech First is dedicated to preserving the free and open discourse essential to a comprehensive education and counteracting the increasingly toxic censorship culture in higher education.

LETTER FROM THE BOARD

As the Trump administration slashes and burns its way through Washington DC, Diversity/Equity/Inclusion policies – or DEI – have become a top target for budget cuts and program rescissions. Traits like race, ethnicity, and gender have been prioritized over merit and excellence, while diversity of thought and experience have been sidelined. Over the past few decades, this ideology has manifested throughout society through programs like affirmative action admissions policies in schools and race-restricted funding and grants – often at the behest of federal and state policymakers.

The stakes for these policies are particularly high in the medical field, where excellence of care – not immutable characteristics – remain patients' top priority. Indeed, polling conducted in 2024 revealed that 62 percent of respondents said that providers shouldn't consider racial justice when determining treatments, while 61 percent of respondents disapproved of a toolkit from the American College of Surgeons that encouraged doctors to consider a patient's race and identity when providing care. In addition, 59 percent of respondents felt that state-owned hospitals and medical schools that "impose rules and promote and provide services based on race, gender identity, and sexuality" should not receive taxpayer funding.

Speech First decided to investigate this phenomenon, and discovered that frighteningly, these policies in medicine begin far earlier than the doctor's office; race- and gender-conscious policies are inculcated into America's future physicians and surgeons beginning in medical school. Our investigation into 50 medical schools across the country found that nearly all mandate commitments to DEI and gender ideology; many institutions encourage physicians to treat patients differently based on race, and students are being taught to view their responsibilities not in terms of patient care but as agents of social change. Free

speech and open inquiry within medical schools are also under assault; students may face consequences for publicly disagreeing with the incorporation of social justice teachings, leading many to suppress dissenting opinions fearing professional repercussions. A well-rounded education should foster diverse viewpoints and rigorous scientific inquiry, rather than a singular ideological perspective.

This ideological tilt raises serious concerns not only about the future of medical education, but also about the quality of care that patients can expect. By embedding these perspectives into the curriculum, medical schools risk producing healthcare professionals who may be more attuned to social issues than to the scientific and clinical competencies required for effective patient treatment. Curriculum should prioritize essential medical training to ensure that future physicians are equipped with the knowledge and skills necessary to provide high-quality care – NOT ideological conformity.

We are honored to release this report, and look forward to working alongside policymakers to restore the integrity of medical education. Thank you for your support of Speech First in this endeavor.

Nicole Neily
Board Chairman
Speech First

EXECUTIVE SUMMARY

Medical students and faculty are pressured to conform to leftist ideological frameworks under the banner of diversity, equity, and inclusion (DEI). And through mandatory courses, rotations, orientations, statements, and policies, medical schools enforce adherence to DEI principles.

This ideological conformity is required not only of students but also of faculty, who are often tasked with serving as enforcers of these mandates. Such requirements create a top-down ideological climate in medical schools that stifles individual freedom and intellectual diversity.

Commitments to DEI have become a standard feature across medical schools nationwide, encompassing three key demands:

1. **Anti-Racism:** Students are required to adopt a worldview that frames whites as inherently racist and physicians as agents of social reform, tasked with addressing historical injustices against minority groups.

2. **Gender Ideology:** Students must commit to affirming gender identity as superseding biological sex, with required practices such as performing or supporting gender-affirming medical procedures—even for children. Policies and mandatory rotations ensure that dissenting views are silenced.

3. **Weight Inclusivity:** Under a social justice framework, students are trained to approach obesity through sensitivity guidelines that deny the link between weight and health. Physicians are pressured to prioritize affirming obese patients' experiences over addressing underlying health concerns.

This report utilizes public records from FOIA requests filed in Fall 2024 and open source information from 54 medical schools, encompassing every top medical school in each state that has a public medical school. The findings reveal the pervasive nature of DEI mandates in medical education and its detrimental effects.

In response, this report calls for urgent action to restore open inquiry, intellectual diversity, and free expression in America's medical schools. Speech First offers the following recommendations for lawmakers and members of the public seeking to combat these coercive practices:

- Prohibit mandatory inclusion of DEI for obtaining a medical degree.
- Ensure public medical schools prioritize science-based teachings over ideologies rooted in DEI.

- Educate medical students on the principles of free speech and intellectual diversity during orientation programs, aiming to reduce self-censorship and administrative or classroom coercion.

The future of medical education depends on rejecting ideological mandates and recommitting to the foundational principles of open inquiry and scientific rigor.

CENSORSHIP AT MEDICAL SCHOOLS IGNITED THIS INVESTIGATION

From orientation to graduation, students at four-year institutions are inundated with messages about "diversity, equity, and inclusion" (DEI). While DEI is often presented as fostering a climate of inclusivity, it actually suppresses diverse opinions and meaningful discourse by prioritizing identity politics and critical theory over genuine learning. This ideology frames society as a system of oppressors versus the oppressed, teaching that white men are inherently oppressors while minority groups and women are perpetually oppressed. Like a contagion, this doctrine has now spread beyond four-year programs, infiltrating even the most rigorous and prestigious educational paths—medical schools.

Countless exposés have scrutinized individual curricula and requirements at medical schools across the nation. One example is the "public health critical race praxis" (PHCRP), which, as reported by John Sailer, formerly at the National Association of Scholars, views society as fundamentally characterized by racism.[1]

This view has reshaped the research priorities at major institutions such as the University of California, San Francisco (UCSF), which has implemented extensive anti-racism policies and created a dedicated Task Force on Equity and Anti-Racism in Research. Such DEI initiatives are now the norm in many medical schools. The University of Michigan Medical School's Anti-Racism Oversight Committee Action Plan, for instance, integrates DEI and intersectionality concepts into the curriculum, using Ibram X. Kendi's book Stamped from the Beginning as a basis.

Similarly, the University of North Carolina School of Medicine's task force calls for integrating social justice into its curriculum and training students in political advocacy. And most recently, the University of California, Los Angeles's medical school was found to cut corners to achieve racial diversity, with May 2024 headlines calling it a "failed medical school."[2]

This ideology not only saturates medical institutions to an exhausting degree but also poses serious threats to free speech for anyone daring to challenge it.

In August 2020, for example, Dr. Norman Wang, a University of Pittsburgh professor, became the center of controversy after publishing a peer-reviewed article that questioned affirmative action in medical education. Wang argued that racial preference programs were ineffective at achieving diversity and legally questionable.[3] His article sparked swift retaliation from the University of Pittsburgh and its medical partner, the University of Pittsburgh Medical Center (UPMC). Wang was removed from his teaching role, barred from interacting with students, and accused of racism and scientific misconduct.[4]

He was not given a chance to defend himself before the journal retracted his article. In response, Wang filed a lawsuit claiming his free speech rights were violated, exposing a troubling overlap between Pitt and UPMC in silencing dissent.

Similarly, Dr. Allan M. Josephson, a child psychiatrist at the University of Louisville, faced professional backlash for expressing views on transgender ideology.[5]

After speaking at a 2017 Heritage Foundation panel, where he criticized transitioning treatments for children, Josephson was demoted from his leadership position despite a stellar record. His contract was not renewed in 2019, prompting him to file a federal lawsuit against the university, alleging violations of his First and 14th Amendment rights. Josephson has since spoken out about the emotional toll of his experience and the dangers of universities prioritizing ideological conformity over academic freedom.

The challenges faced by Wang and Josephson are not isolated, however. Dr. Stanley Goldfarb of the University of Pennsylvania also criticized medical schools for adopting "anti-racism" policies that, in his view, prioritize diversity over merit and weaken healthcare quality.[6]

Goldfarb's critiques have drawn sharp backlash, including public censure and calls for his removal. Undeterred, he founded Do No Harm, an organization focused on resisting what he calls the "woke" takeover of medical education.

These cases illustrate a growing trend in U.S. medical schools where dissent is suppressed. Speech First initiated this report to fill a gap in research—no comprehensive study has examined the widespread imposition of DEI principles, including anti-racism, gender ideology, and weight inclusivity, across medical education.

The report presents extensive evidence involving students and faculty, showing how DEI shapes medical schools' missions, curricula, and even students' thoughts and professional behavior. This should raise urgent concerns about academic freedom, viewpoint discrimination, and the erosion of scientific rigor and medical excellence—threatening the future quality of healthcare in the United States.

FINDINGS & METHODOLOGY

CENSORSHIP TAKES MANY FORMS

Our investigation uncovered that the DEI mandate in U.S. medical schools manifests in various forms and is best understood as an extension of critical theory. Rooted in a Marxist framework, critical theory reinterprets societal structures as systems of oppression, dividing people into oppressors and oppressed based on race, gender, and weight in the case of medical schools. Medical schools apply the DEI lens throughout the entire educational experience, enforcing ideological conformity through a range of coercive practices.

These practices include requiring DEI statements in student admissions and faculty job applications, integrating DEI principles into Hippocratic oaths, and embedding them in orientations, training programs, courses, and clerkships.

Through these methods, medical schools enforce three core beliefs:

1. **Racial Justice:** Medical schools instruct students to view their role as future physicians as social agents responsible for addressing and correcting historical injustices, particularly through racial considerations in patient care. Within this framework, race becomes a central factor in treatment, and, under this paradigm, the definition of racism is expanded, with micro-aggression training required or encouraged. This training aims to help students recognize and avoid subtle or unintentional comments perceived as discriminatory.

2. **Gender Ideology:** Medical schools increasingly prioritize self-declared gender identity—distinct from biological sex—requiring physicians to affirm patients' gender identities in all aspects of care. This approach is reinforced during clerkships and rotations, where students are trained to provide social, medical, and surgical treatments that align with gender identity. The influence of gender ideology also shapes institutional policies, including expanded harassment policies that prohibit "misgendering," defined as addressing or referring to individuals based on their biological sex rather than their self-identified gender.

3. **Weight Inclusivity:** Obesity is framed within the DEI framework by teaching medical students to view overweight patients as oppressed. From a social justice perspective, weight is treated as separate from health, discouraging the consideration of obesity as a medical condition. This

ideology often permeates medical schools through reading materials, with some institutions even suggesting specific language models for students to use when interacting with obese patients, including overly sensitive language or trigger warnings.

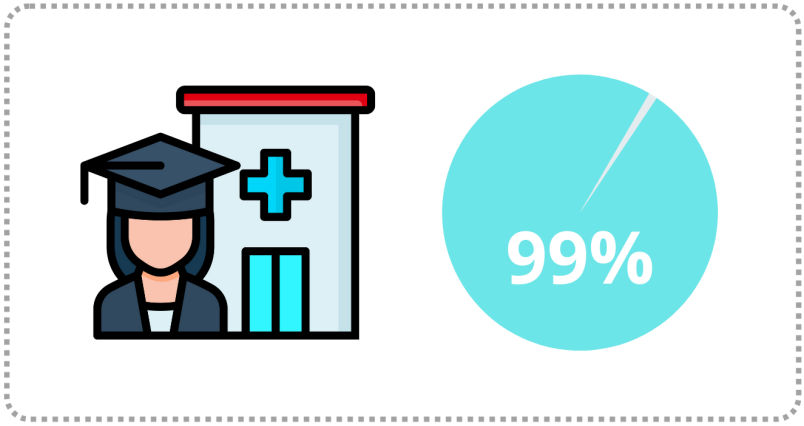
In this framework, students are not solely trained to practice medicine but are compelled—through policies, forced statements, and curricular mandates—to adopt a role as social justice advocates. These ideological requirements reshape the purpose of medical education, prioritizing activism over scientific rigor and patient-centered care.

SCHOOL SELECTION

This report offers a comprehensive overview using data from 54 public medical schools across the United States. Speech First investigated the top public medical school in each state, excluding Maine, Delaware, Alaska, and Wyoming, which lack public medical schools.

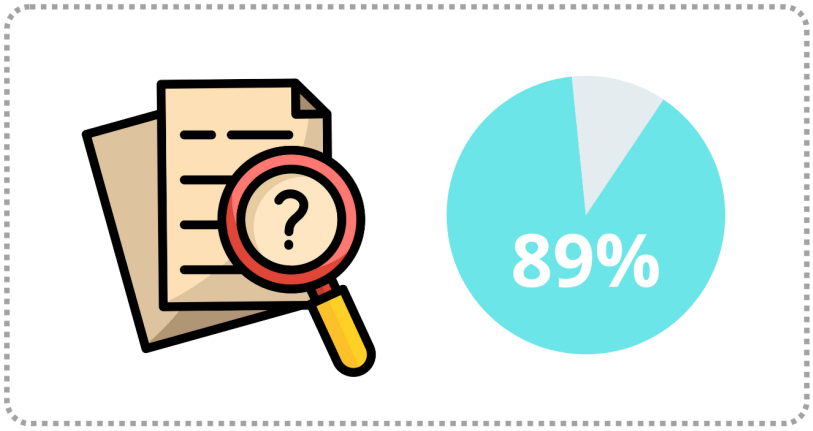
KEY FINDINGS:

1. **99% of all medical schools investigated mandate commitments to racial justice.**



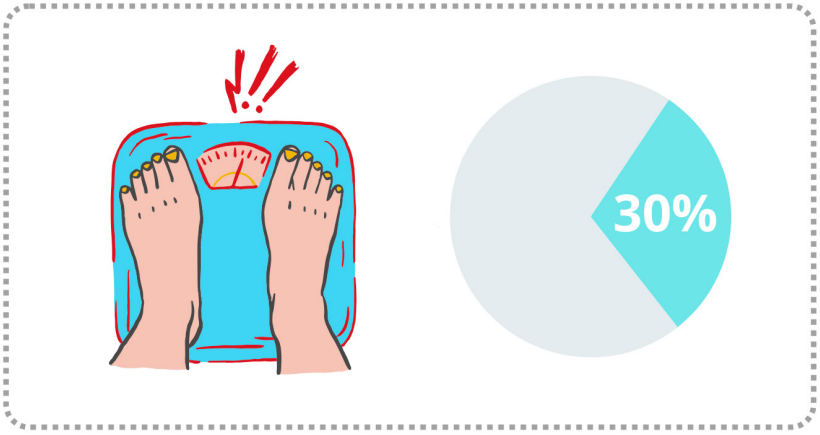
A medical school is considered to promote racial justice ideology if it mandates statements, orientations, trainings, or courses emphasizing systemic oppression of racial minorities, the purported privilege of white individuals, and the notion that racial identities are central to medical care.

2. 89% of all medical schools investigated mandate commitments to gender ideology.



A medical school is considered to promote gender ideology if its curriculum, orientation materials, or student guidelines require students to affirm a patient's gender identity by using chosen pronouns and supporting social, medical, or surgical transitioning or if its harassment policies prohibit misgendering.

3. 30% of all medical schools investigated mandate commitments to weight inclusivity.



A medical school is considered to promote weight inclusivity if it de-emphasizes weight loss as a health goal, replaces terms like "obesity" with non-stigmatizing language such as "people with larger size," and frames weight concerns as tools of oppression rather than health indicators. Often tied to a social justice framework, this approach prioritizes avoiding "fatphobia" over addressing established correlations between weight and health risks, potentially undermining evidence-based medical training.

RACIAL JUSTICE MANDATE IN DETAIL

The push to enforce racial justice ideology begins as early as the admissions process, where medical schools use race-based questions to evaluate applicants' alignment with diversity, equity, and inclusion (DEI) principles. A 2022 report from Do No Harm revealed that 72 percent of the top 50 medical schools, including 80 percent of the top 10, ask applicants probing questions about their views on DEI topics.[7] Recent findings suggest that little has changed since that report's release.

From admissions to residency, medical schools subject students and faculty to ideological pressure, often through mandatory DEI statements and microaggression training. These requirements serve as political litmus tests, alienating those who dissent.

At the core of this ideology is the assumption that white men are inherently privileged, while black patients require different treatment based on systemic racism and perceived power imbalances.

DEI STATEMENTS FOR STUDENTS

Records from the University of Missouri show that it asks applicants how they will contribute to the diversity of the medical school and the practice of medicine.

1. **How they will contribute to the overall diversity of the medical school and the practice of medicine, and**

2. **How they will foster an inclusive learning environment at the medical school and within the medical field.**

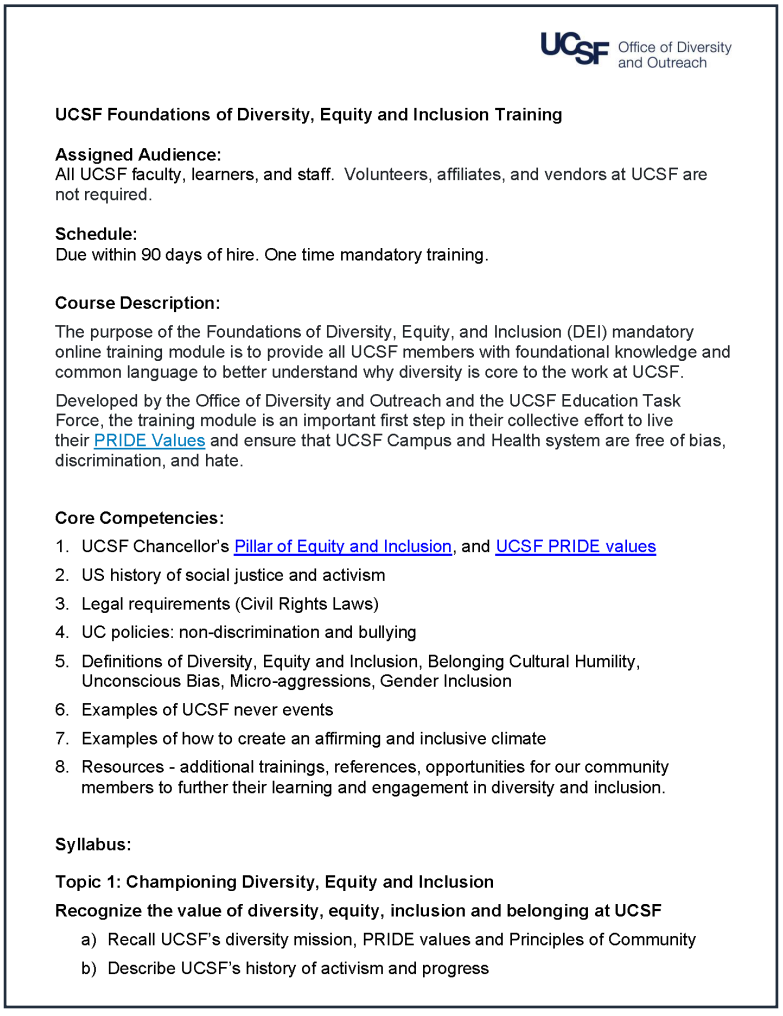
Documents from University of Nevada, Reno School of Medicine (UNR), also reveal that its applicants must submit an essay addressing their views on race—under the guise of words such as "diverse, underserved, and vulnerable populations." The prompt reads: "Describe how your education and experiences have prepared you to deliver culturally sensitive care to diverse, underserved, and vulnerable populations."

Such questions are a political litmus test, which answering with a counter cultural view would no doubt affect one's prospects at getting admitted. As National Review reported, medical schools weed out applicants who are insufficiently devoted to the leftist creed of Diversity, Equity, and Inclusion (DEI).[8]

Students may hesitate to challenge DEI initiatives, not only because academic success often hinges on accepting its underlying assumptions, but also due to the pervasive, top-down enforcement of racial justice ideologies. Faculty are similarly evaluated on their compliance with this orthodoxy, facing pressure to align with these principles to secure and maintain employment. In some cases, candidates are even judged on their past and proposed contributions to advancing racial diversity, further entrenching the ideology within academic institutions.

FACULTY DEI GUIDELINES & REQUIREMENTS

Records obtained from the University of California-San Francisco, for example, detail its (UCSF) Preventing Harassment & Discrimination Training for Supervisors and Faculty. This training emphasizes recognizing DEI and faculty at UCSF are required to actively promote DEI within the university community, participating in programs focused on diversity awareness, bias recognition, cultural competency, and gender inclusion, as outlined in the accompanying documentation:



UCSF Office of Diversity and Outreach

UCSF Foundations of Diversity, Equity and Inclusion Training

Assigned Audience:
All UCSF faculty, learners, and staff. Volunteers, affiliates, and vendors at UCSF are not required.

Schedule:
Due within 90 days of hire. One time mandatory training.

Course Description:

The purpose of the Foundations of Diversity, Equity, and Inclusion (DEI) mandatory online training module is to provide all UCSF members with foundational knowledge and common language to better understand why diversity is core to the work at UCSF.

Developed by the Office of Diversity and Outreach and the UCSF Education Task Force, the training module is an important first step in their collective effort to live their PRIDE Values and ensure that UCSF Campus and Health system are free of bias, discrimination, and hate.

Core Competencies:

1. UCSF Chancellor's Pillar of Equity and Inclusion, and UCSF PRIDE values
2. US history of social justice and activism
3. Legal requirements (Civil Rights Laws)
4. UC policies: non-discrimination and bullying
5. Definitions of Diversity, Equity and Inclusion, Belonging Cultural Humility, Unconscious Bias, Micro-aggressions, Gender Inclusion
6. Examples of UCSF never events
7. Examples of how to create an affirming and inclusive climate
8. Resources - additional trainings, references, opportunities for our community members to further their learning and engagement in diversity and inclusion.

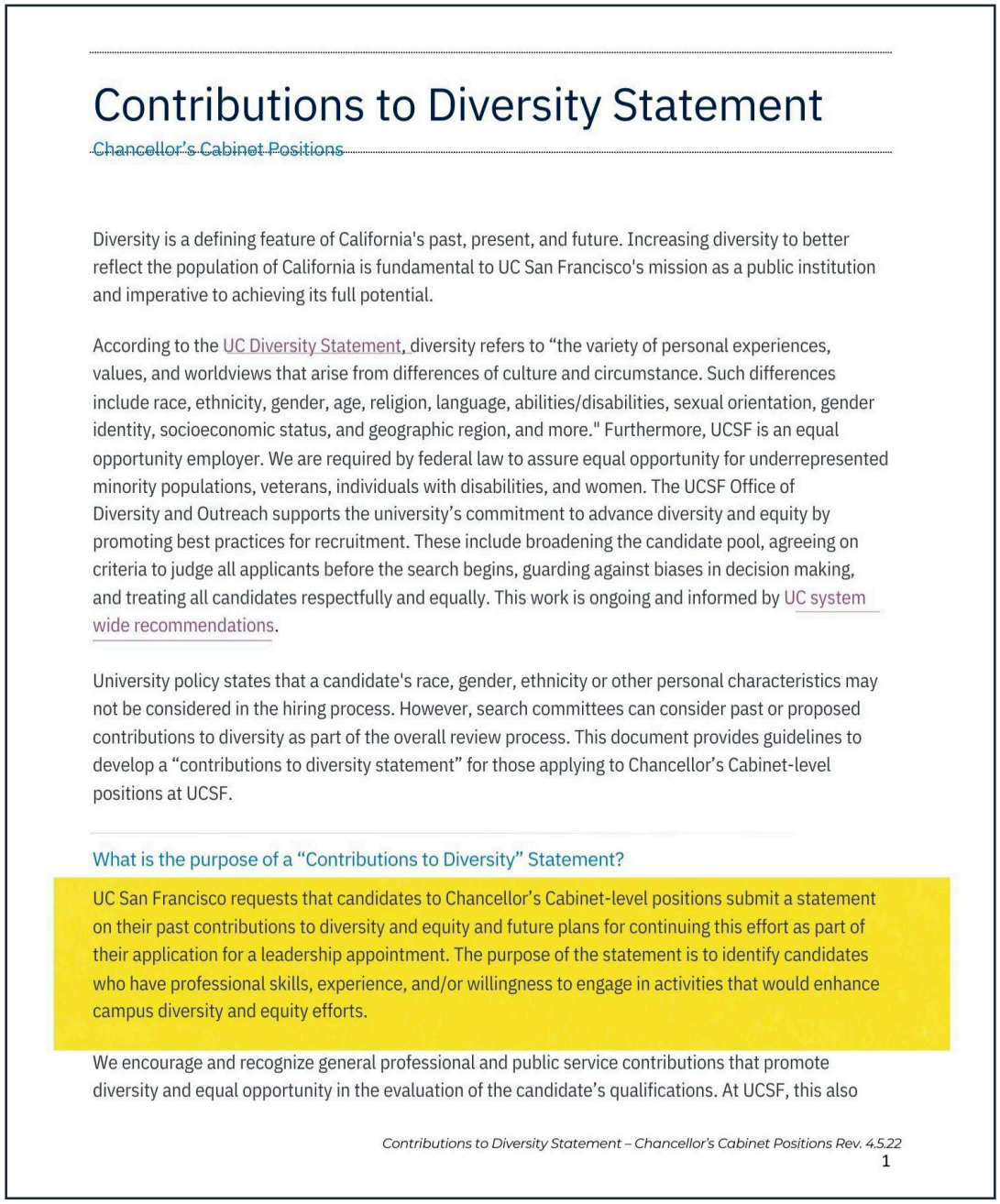
Syllabus:

Topic 1: Championing Diversity, Equity and Inclusion

Recognize the value of diversity, equity, inclusion and belonging at UCSF

a) Recall UCSF's diversity mission, PRIDE values and Principles of Community
b) Describe UCSF's history of activism and progress

Additionally, faculty candidates must submit a Contributions to Diversity Statement detailing their past contributions, activities, and future plans for advancing DEI in alignment with UCSF's mission and values. This statement is required to cover mentoring, committee service, inclusive management, recruitment and retention efforts, and other relevant activities, as shown in the document below:



Contributions to Diversity Statement

Chancellor's Cabinet Positions

Diversity is a defining feature of California's past, present, and future. Increasing diversity to better reflect the population of California is fundamental to UC San Francisco's mission as a public institution and imperative to achieving its full potential.

According to the UC Diversity Statement, diversity refers to "the variety of personal experiences, values, and worldviews that arise from differences of culture and circumstance. Such differences include race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, gender identity, socioeconomic status, and geographic region, and more." Furthermore, UCSF is an equal opportunity employer. We are required by federal law to assure equal opportunity for underrepresented minority populations, veterans, individuals with disabilities, and women. The UCSF Office of Diversity and Outreach supports the university's commitment to advance diversity and equity by promoting best practices for recruitment. These include broadening the candidate pool, agreeing on criteria to judge all applicants before the search begins, guarding against biases in decision making, and treating all candidates respectfully and equally. This work is ongoing and informed by UC system wide recommendations.

University policy states that a candidate's race, gender, ethnicity or other personal characteristics may not be considered in the hiring process. However, search committees can consider past or proposed contributions to diversity as part of the overall review process. This document provides guidelines to develop a "contributions to diversity statement" for those applying to Chancellor's Cabinet-level positions at UCSF.

What is the purpose of a "Contributions to Diversity" Statement?

UC San Francisco requests that candidates to Chancellor's Cabinet-level positions submit a statement on their past contributions to diversity and equity and future plans for continuing this effort as part of their application for a leadership appointment. The purpose of the statement is to identify candidates who have professional skills, experience, and/or willingness to engage in activities that would enhance campus diversity and equity efforts.

We encourage and recognize general professional and public service contributions that promote diversity and equal opportunity in the evaluation of the candidate's qualifications. At UCSF, this also

Contributions to Diversity Statement – Chancellor's Cabinet Positions Rev. 4.5.22

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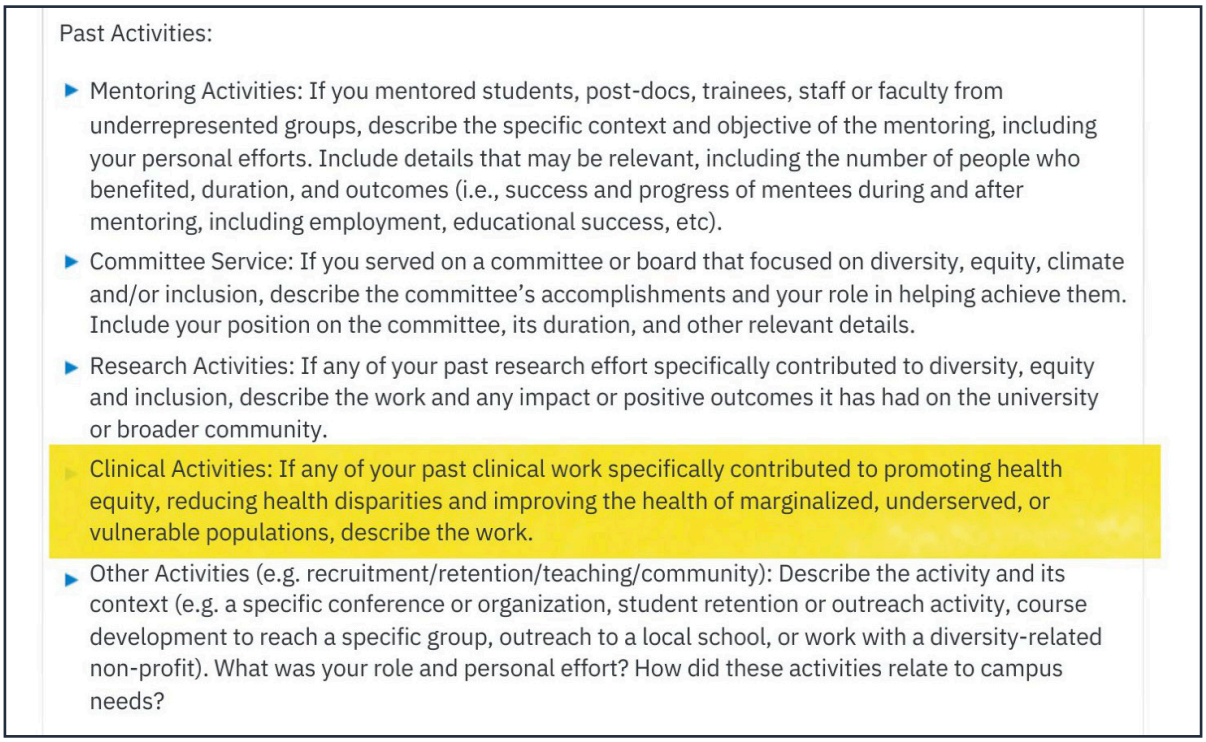
DEI in Clinical Activities must be included, the university explains:



Past Activities:

- Mentoring Activities: If you mentored students, post-docs, trainees, staff or faculty from underrepresented groups, describe the specific context and objective of the mentoring, including your personal efforts. Include details that may be relevant, including the number of people who benefited, duration, and outcomes (i.e., success and progress of mentees during and after mentoring, including employment, educational success, etc).
- Committee Service: If you served on a committee or board that focused on diversity, equity, climate and/or inclusion, describe the committee's accomplishments and your role in helping achieve them. Include your position on the committee, its duration, and other relevant details.
- Research Activities: If any of your past research effort specifically contributed to diversity, equity and inclusion, describe the work and any impact or positive outcomes it has had on the university or broader community.
- Clinical Activities: If any of your past clinical work specifically contributed to promoting health equity, reducing health disparities and improving the health of marginalized, underserved, or vulnerable populations, describe the work.
- Other Activities (e.g. recruitment/retention/teaching/community): Describe the activity and its context (e.g. a specific conference or organization, student retention or outreach activity, course development to reach a specific group, outreach to a local school, or work with a diversity-related non-profit). What was your role and personal effort? How did these activities relate to campus needs?

Moreover, faculty members seeking presidential cabinet positions must demonstrate a history of "Inclusive Management." One document asks, "What have you done to promote the staff members in your group," suggesting that faculty in management roles are expected to advance employees based on race or, as the university states, "underrepresented groups."

includes advancing equitable access and diversity in research, education, health promotion, and clinical services.

Are there any guidelines for writing a statement?

The Contributions to Diversity Statement should describe your past experience, activities, and future plans to advance diversity, equity and inclusion, in alignment with UC San Francisco's mission. If you do not have substantial past experiences we recommend focusing on future proposals in the statement as a developed and substantial plan is expected for all Chancellor's Cabinet-level candidates.

Past Experience:
Describe any past experience or background that has made you cognizant of inequities and challenges faced by historically underrepresented groups. Examples of *past activities* relevant to Chancellor's Cabinet positions include:

- Mentoring Activities: If you mentored individuals from underrepresented groups, describe the context and objective of the mentoring, including your personal efforts. Include details that may be relevant, including the number of people who benefited, duration, and outcomes (i.e., success and progress of mentees during and after mentoring, including employment, educational success, etc).

- Committee Service: If you served on a committee or board that focused on diversity, equity, climate and/or inclusion, describe the committee's accomplishments and your role in helping achieve them. Include your position on the committee, its duration, and other relevant details.

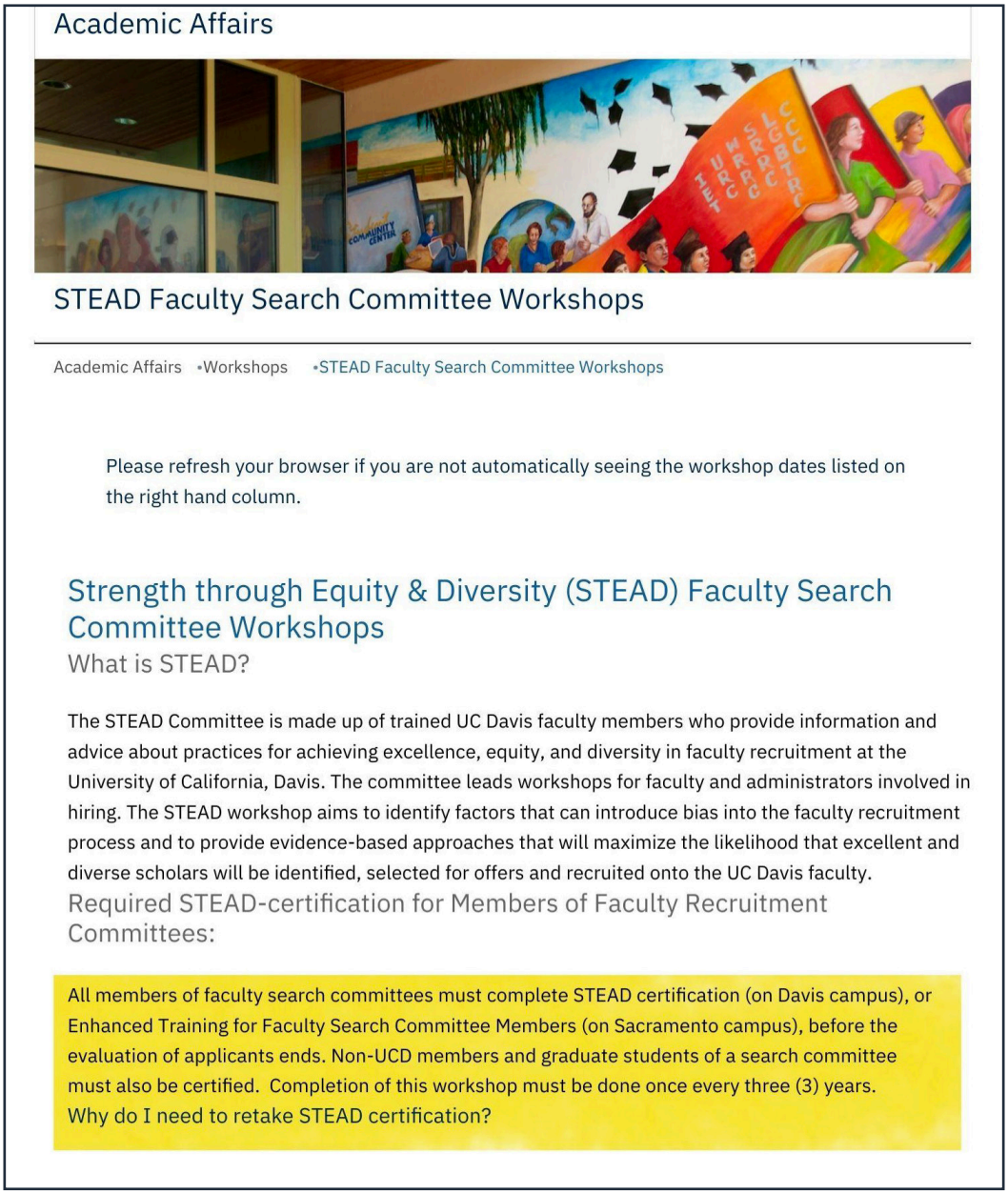
Inclusive Management:

- Promotion of staff members - What have you done to promote the staff members in your group? (i.e. professional development for underrepresented groups or in support of growth in their area of expertise)
- Fostering an inclusive environment. Activities that help in promoting a more inclusive work environment, for example:
  - Creating opportunity for underrepresented employees to attend conferences, serve in university wide committees, join Employee Resource Groups and/or participate in panels regarding their unit's work or the organization's mission thus increasing their visibility and value to UCSF.
  - Increasing awareness and understanding about diversity, equity and inclusion (DEI) and its value for your entire organization (sponsoring, leading and/or participating in DEI training with your direct and indirect reports. Establishing and practicing common language/techniques that are appropriately responsive to conflicting opinions, unconscious bias, micro-aggressions and other potential challenges that may occur in your organization).

UCSF is not the only institution within the UC system mandating commitments to DEI.

In fact, every school in the system has some form of DEI requirements for its faculty. UC Davis, Faculty Recruitment Committees, for example, must be STEAD certified. The STEAD Committee (Strength through Equity & Diversity) consists of faculty

members dedicated to introducing considerations of diversity and equity into the recruitment process, thereby increasing the likelihood that 'diverse' scholars will be selected for positions at UC Davis, as the pamphlet below details.



Academic Affairs

STEAD Faculty Search Committee Workshops

Academic Affairs •Workshops •STEAD Faculty Search Committee Workshops

Please refresh your browser if you are not automatically seeing the workshop dates listed on the right hand column.

Strength through Equity & Diversity (STEAD) Faculty Search Committee Workshops

What is STEAD?

The STEAD Committee is made up of trained UC Davis faculty members who provide information and advice about practices for achieving excellence, equity, and diversity in faculty recruitment at the University of California, Davis. The committee leads workshops for faculty and administrators involved in hiring. The STEAD workshop aims to identify factors that can introduce bias into the faculty recruitment process and to provide evidence-based approaches that will maximize the likelihood that excellent and diverse scholars will be identified, selected for offers and recruited onto the UC Davis faculty.

Required STEAD-certification for Members of Faculty Recruitment Committees:

All members of faculty search committees must complete STEAD certification (on Davis campus), or Enhanced Training for Faculty Search Committee Members (on Sacramento campus), before the evaluation of applicants ends. Non-UCD members and graduate students of a search committee must also be certified. Completion of this workshop must be done once every three (3) years.

Why do I need to retake STEAD certification?

Like UCSF, individuals seeking faculty positions at UC Davis are required to submit DEI statements as part of their application. Demonstrating support for anti-racism and having contributed in some way to minority communities significantly enhances a candidate's chances of securing a faculty position.

UCDAVIS

Academic Affairs

Guidelines for Writing a Statement of Contributions to Diversity, Equity, and Inclusion

Academic Affairs •Diversity •Statements of Contributions to Diversity, Equity and Inclusion

Guidelines for Writing a Statement of Contributions to Diversity, Equity, and Inclusion

As part of the application process, applicants seeking faculty positions at UC Davis are required to submit a statement about their past, present, and future contributions to promoting equity, inclusion, and diversity in their professional careers. You may have worked, for example, with members of communities or local organizations, in politics, or with university constituents such as students, staff, or faculty to further the goals of equity and inclusion. We respect and recognize such activities as consonant with our mission at UC Davis: to advance the human condition through improving the quality of life for all, using a framework that connects its land-grant history to a transformative vision for the 21st century.

In evaluating Statements of Contributions to Diversity, Equity, and Inclusion, search committees often consider the applicant's:

- Awareness of inequities and challenges faced by underrepresented minority students and faculty;
- Track record (commensurate to career stage) of activities that reduce barriers in education or research for underrepresented minority students and faculty;
- Vision and plans for how their work will continue to contribute to UC Davis' mission to serve the needs of our diverse state and student population and create an inclusive campus

UC Davis shares the university's commitment to excellence and equity in every facet of its mission. University policy governing faculty appointment and promotion states that contributions in all areas of faculty achievement that promote equal opportunity and diversity should be given due recognition in the academic personnel process, and they should be evaluated and credited in the same way as other faculty achievements. These contributions can include efforts to advance equitable access to

This top down mandate permeates the nation.

The University of Illinois-Chicago's (UIC) DEI manual for faculty states that "all College of Medicine faculty, regardless of track or rank, are expected to demonstrate a commitment to Diversity, Equity and Inclusion (DEI)."

Page 17 of its 23-page faculty manual further details this DEI commitment: "Given that diversity, equity and inclusion are foundational at UIC, all faculty hired after August 16, 2021 must include in their dossiers a personal statement on their philosophy, commitment, and work to promote diversity, equity, and inclusion at UIC."[9]

Page 18 outlines examples of how faculty can demonstrate their commitment.

language, culture, religion, and socioeconomic status, particularly when those similarities and differences are used as a basis for unfair advantage and inequity. UIC has a firm commitment to providing access to groups that have been historically under-represented, excluded, marginalized, or otherwise discriminated against in higher education.

Equity: Equity work assumes that we don't all start from the same place and attempts to address this imbalance by working towards providing equality of opportunities and pursuing the elimination of disparate outcomes for members of historically marginalized populations (by race, gender, disability, sexuality, etc). Equity work requires reducing or eliminating the institutional, social, financial and physical barriers that create and reinforce inequalities.

Inclusion: Refers to the process whereby different groups feel welcome and valued in a given environment. In an inclusive environment, people feel that they are seen, that they belong, that their voice counts, that they have leverage, and that they are able to participate in decisions that impact their lives. Building inclusive environments often requires redesigning curricula and creating innovative learning environments, rethinking pedagogy, and mentoring intentionally and holistically.

Diversity, equity and inclusion practices may vary considerably by discipline and unit. The guidelines below are intended to assist individual faculty, units, and committees in implementing and evaluating faculty contributions.

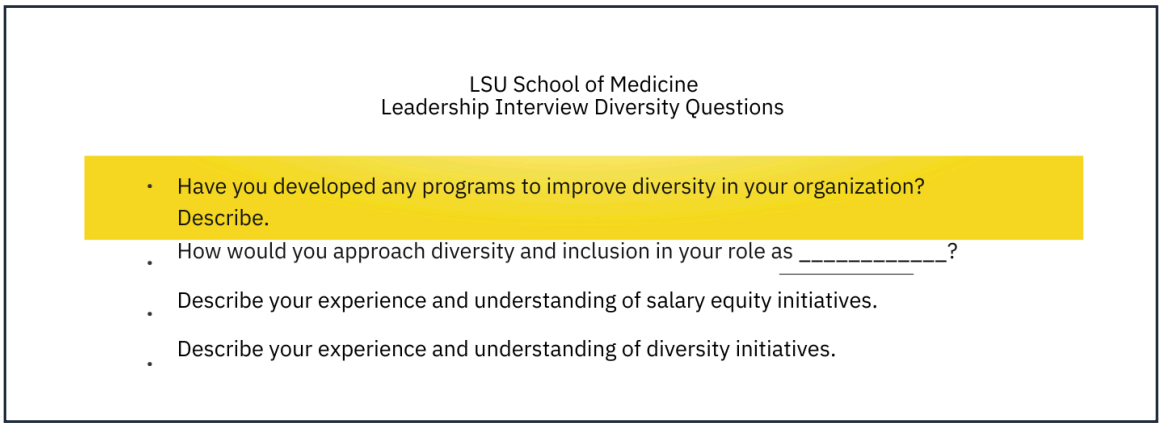
RESEARCH

Examples of scholarship, research or creative activity related to institutional diversity, equity and inclusion might include:

- Research in a faculty member's area of expertise that involves inequalities or barriers for inclusion for underrepresented groups.
- Leading or participating in a research group that addresses diversity, equity and inclusion.
- Research that addresses issues such as race, gender, diversity, equity and inclusion.
- Studying patterns of participation and advancement of women and minorities in fields where they are underrepresented.
- Studying racial, ethnic, rural/urban and sex-/gender-based differences in medical conditions or diseases.
- Studying socio-cultural issues confronting underrepresented students in graduate and medical school career development and curricula.
- Evaluating programs, curricula, and teaching strategies designed to enhance participation of underrepresented students in medical and graduate education.
- Research that addresses health disparities, educational access and achievement, political engagement, economic justice, social mobility, civil and human rights.
- Research that addresses questions of interest to communities historically excluded by or underserved by higher education.
- Establishing or supporting the creation of new academic initiatives in diversity, equity and inclusion.

Striking, however, is the extent to which DEI mandates are being employed. It's even happening in the deep South, where DEI is unexpected to appear.

Documents from Louisiana State University (LSU), for instance, include materials such as the "LSU School of Medicine Leadership Interview Diversity Questions," one of which asks, "Have you developed any programs to improve diversity in your organization? Describe." Although the documents do not offer detailed insight into the weight placed on these contributions in leadership decisions, it is clear that these considerations play a role in the medical school's selection process.



LSU School of Medicine
Leadership Interview Diversity Questions

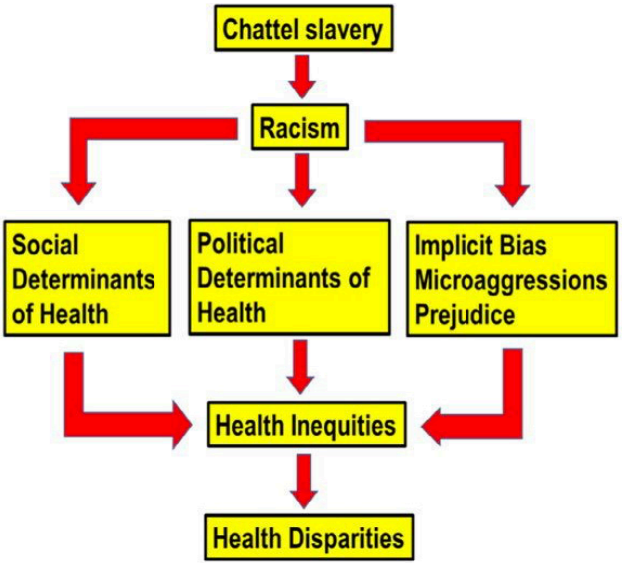
- Have you developed any programs to improve diversity in your organization? Describe.
- How would you approach diversity and inclusion in your role as _____?
- Describe your experience and understanding of salary equity initiatives.
- Describe your experience and understanding of diversity initiatives.

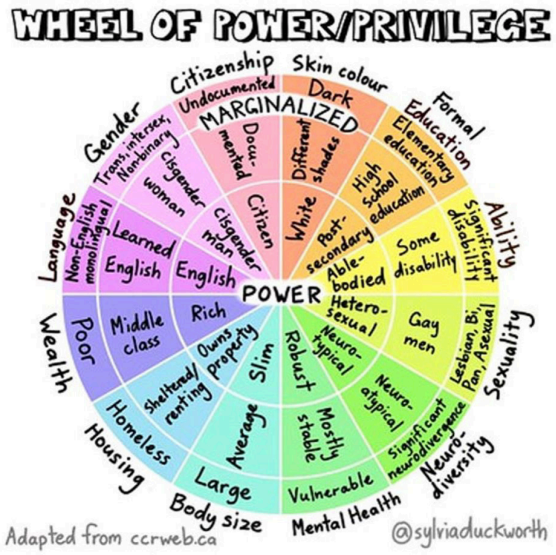
When faculty members are required to commit to DEI to secure and retain their positions, it creates a chilling effect that permeates the entire institution. Professors, anxious about jeopardizing their careers, may refrain from expressing dissenting opinions or engaging in open debates, thereby constraining the breadth of academic discourse.

This oppressive environment is particularly harmful to students. Faculty, constrained by policies that enforce these commitments, may suppress alternative viewpoints and dissent from students. This undermines the educational experience and fails to properly equip future physicians. Alarmingly, this ideological influence is already shaping the future, extending beyond medical schools and influencing actual physician practices.

MICROAGGRESSION TRAINING

The University of Connecticut School of Medicine (UConn), requires its "Implicit Bias and Microaggressions" course. In this training, as seen in documents obtained by Speech First, students are taught to avoid microaggressions, which include everyday comments or actions that reflect so-called unconscious bias—otherwise known as racism. The course, which is integrated into multiple medical departments and

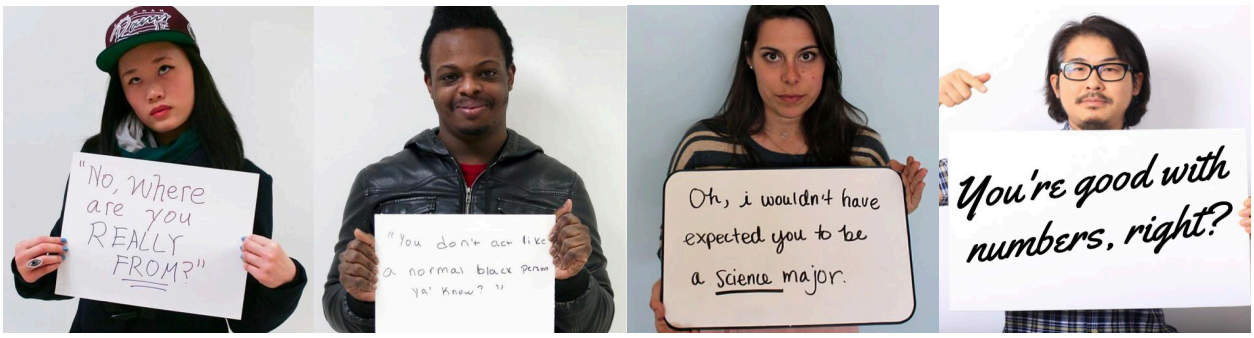




offers continuing medical education (CME) credits, emphasizes that white privilege is a structural force that perpetuates health inequities. It even uses tools like the Wheel of Power/Privilege to frame white men as the most powerful societal group, implicitly casting them as the oppressors in all social interactions.

The course also includes over-simplified portrayals of microaggressions, such as an image of an Asian woman being distressed by questions about her origins, suggesting that such questions are inherently racist.

Another image shows a black man reacting negatively to the statement, “You don’t act like a normal black person,” implying that white people harbor expectations for black individuals to conform to certain stereotypes. (Additional examples include a scenario in which white men are portrayed as surprised by a female science student, and another suggesting that it would be racist to assume an Asian man excels in mathematics).



Microaggressions are classified into three categories: micro-assaults, micro-insults, and microinvalidations. They are viewed as repetitive manifestations of implicit bias—otherwise called racism—affecting, primarily, black people.

To address implicit bias, students are required to maintain a two-week journal documenting their "assumptions and associations" to enhance self-awareness and gain insight into their innate racism.

Even when terms like "microaggression" do not explicitly appear in training modules, the underlying themes persist. For example, Oklahoma State University's School of Medicine (OSU) incorporates this under the banner of cultural competency and racial sensitivity. The OSU curriculum includes courses such as Culture & Medicine: CLME 8981, which require students to analyze health disparities through a racial lens and reflect on events like the 1921 Tulsa Race Massacre. These courses subtly reinforce the same divisive frameworks, ensuring that race remains a focal point throughout students' training.

4. Personal Reflection Paragraph

   The purpose of this assignment is to encourage you to reflect on what you have learned or contemplated from the video *The Hidden History of Tulsa, OK (Black Wall Street) 1921*.

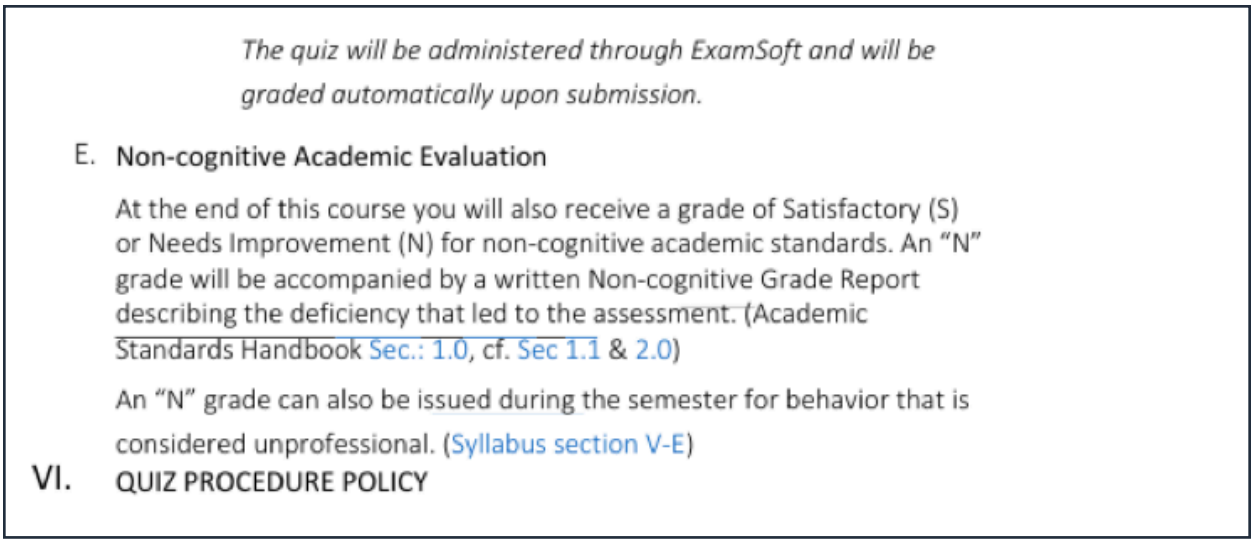
   Details for this assignment can be found in the activity guide, Personal Reflection Paragraph, in Leo.

   This assignment is due by noon on August 25th.

   It is worth 4 points.

5. Take Home Quiz

   There will be one take-home quiz that covers In-class lectures, course videos, and the Tulsa Race Massacre video. Material only presented in the CDC online course and the Worlds Apart video presentations will not be included. While this quiz is "open book" and take-home, it is not a collaborative quiz. Please work independently and do not share your answers with others.



The quiz will be administered through ExamSoft and will be graded automatically upon submission.

E. **Non-cognitive Academic Evaluation**

At the end of this course you will also receive a grade of Satisfactory (S) or Needs Improvement (N) for non-cognitive academic standards. An "N" grade will be accompanied by a written Non-cognitive Grade Report describing the deficiency that led to the assessment. (Academic Standards Handbook Sec.: 1.0, cf. Sec 1.1 & 2.0)

An "N" grade can also be issued during the semester for behavior that is considered unprofessional. (Syllabus section V-E)

VI. **QUIZ PROCEDURE POLICY**

Such mandates create a chilling effect, discouraging students from questioning or speaking out against these standards. To avoid being labeled as biased or unfit to practice medicine, students feel pressured to conform to this belief.

Dissenting such curriculum standards has proven fatal to students' in previous years—knocking them out of medical school, in fact.

Kieran Bhattacharya, a former University of Virginia medical student, was banned from campus and labeled a threat after questioning a microaggression presentation during a 2018 panel.[10] Bhattacharya, skeptical of the concept, asked for clarification on whether only marginalized groups could experience microaggressions. When he pointed out contradictions in the presentation, the panelists, including Assistant Dean Beverly Cowell Adams, clashed with him. Soon after, Bhattacharya's questions were flagged by a faculty member as "antagonistic," leading to a formal concern. The university initiated a disciplinary process, requiring Bhattacharya to undergo psychological evaluation before returning to class. His refusal to accept vague accusations led to a suspension for "aggressive behavior," and UVA police ordered him to leave campus.

HIPPOCRATIC OATHS

Hippocratic Oaths, which differ from school to school, have been modified to reflect DEI values.

Take, for instance, the University of Minnesota Twin Cities Medical School's oath for the class of 2026. This oath, obtained by Speech First, demands that students approach the profession of medicine through an explicitly anti-racist lens.

2022: Class of 2026 Oath

With gratitude, we, the students of the University of Minnesota Twin Cities Medical School Class of 2026, stand here today among our friends, families, peers, mentors, and communities who have supported us in reaching this milestone. Our institution is located on Dakota land. Today, many Indigenous people from throughout the state, including Dakota and Ojibwe (ooh-*jib*-way), call the Twin Cities home; we also recognize this acknowledgment is not enough.

We commit to uprooting the legacy and perpetuation of structural violence deeply embedded within the healthcare system. We recognize inequities built by past and present traumas rooted in white supremacy, colonialism, the gender binary, ableism, and all forms of oppression. As we enter this profession with opportunity for growth, we commit to promoting a culture of anti-racism, listening, and amplifying voices for positive change. We pledge to honor all Indigenous ways of healing that have been historically marginalized by Western medicine. Knowing that health is intimately connected to our environment, we commit to healing our planet and communities.

We vow to embrace our role as community members and strive to embody cultural humility. We promise to continue restoring trust in the medical system and fulfilling our responsibility as educators and advocates. We commit to collaborating with social, political, and additional systems to advance health equity. We will learn from the scientific innovations made before us and pledge to advance and share this knowledge with peers and neighbors. We recognize the importance of being in community with and advocating for those we serve.

We promise to see the humanity in each patient we serve, empathize with their lived experiences, and be respectful of their unique identities. We will embrace deep and meaningful connections with patients, and strive to approach every encounter with humility and compassion. We will be authentic and present in our interactions with patients and hold ourselves accountable for our mistakes and biases. We promise to communicate with our patients in an accessible manner to empower their autonomy. We affirm that patients are the experts of their own bodies and will partner with them to facilitate holistic wellbeing.

We will be lifelong learners, increasing our competence in the art and science of medicine. We recognize our limits and will seek help to bridge those gaps through interprofessional collaboration. We will prioritize care for the mind, body, and soul of not only our patients, but of our colleagues and selves. With this devotion, we will champion our personal wellness and bring the best versions of ourselves to our profession. We will support one another as we grow as physicians and people.

Similarly, the University of Connecticut School of Medicine recently updated its Hippocratic Oath to reflect DEI ideology. According to an image shared by Do No Harm, the revised oath includes commitments such as:

"I will work actively to identify and mitigate my own biases so as to treat all patients and coworkers with humility and dignity. I will strive to promote health equity. I will actively support policies that promote social justice and specifically work to dismantle policies that perpetuate inequities, exclusion, discrimination, and racism."[11]

Oath of Hippocrates

Beginning my journey as a lifelong member of the medical community...

I solemnly pledge myself to the service of humanity and to maintain humility as I carry out this service.

I will strive to uphold the best ideals of the medical profession.

I will commit myself to being a lifelong learner.

I will carry on a legacy of mentoring all learners.

I will respond to medical myths with evidenced based information and without judgment.

I will practice my profession with conscience and accountability.

I will make the health of my patient my first consideration.

I will respect patient vulnerability and maintain patient confidentiality.

I will respect my colleagues from all fields and disciplines.

I will welcome and value input from all team members.

I will work actively to identify and mitigate my own biases so as to treat all patients and coworkers with humility and dignity.

I will strive to promote health equity.

I will actively support policies that promote social justice and specifically work to dismantle policies that perpetuate inequities, exclusion, discrimination and racism.

I will use my medical knowledge to uphold human rights.

I will promote respect for human life.

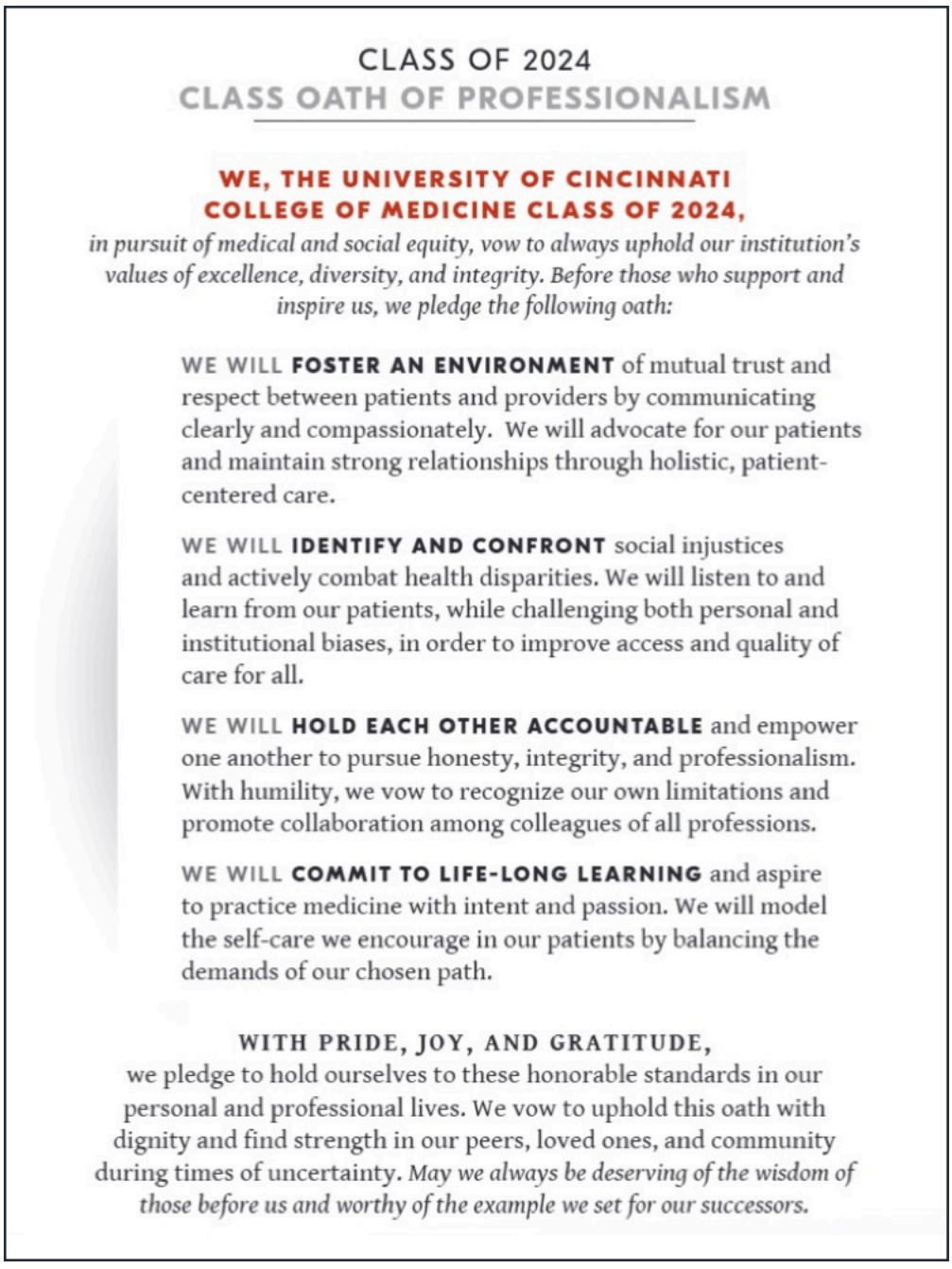
I will promote wellness and resilience in others. I will uphold my own physical, mental and emotional health.

I make these promises sincerely, freely and upon my honor.

Gold Humanism Honor Society

The White Coat Ceremony was designed by The Arnold P. Gold Foundation as a way to welcome new students into the medical profession and to set clear expectations regarding their primary role as physicians by professing an oath. Today, the Ceremony emphasizes the importance of compassionate care as well as scientific proficiency. The mission of the Gold Humanism Honor Society (GHHS) is to recognize individuals who are exemplars of humanistic patient care and who can serve as role models, mentors, and leaders in medicine. The Society currently has over 21,000 members in training and in practice.

This trend isn't confined to these schools. In the Midwest, the University of Cincinnati's medical school also integrates DEI principles into its oaths. The class of 2024 pledged to "identify and confront social injustices and actively combat health disparities, while challenging both personal and institutional biases." The class of 2025 went even further, committing to "acknowledge the historical injustices" of the medical profession. The class of 2027 is now required to "tailor care to the needs of our community and recognize historical inequities to prevent further injustices toward those who are marginalized." See the obtained records below:



CLASS OF 2024

CLASS OATH OF PROFESSIONALISM

WE, THE UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE CLASS OF 2024,

in pursuit of medical and social equity, vow to always uphold our institution's values of excellence, diversity, and integrity. Before those who support and inspire us, we pledge the following oath:

WE WILL **FOSTER AN ENVIRONMENT** of mutual trust and respect between patients and providers by communicating clearly and compassionately. We will advocate for our patients and maintain strong relationships through holistic, patient-centered care.

WE WILL **IDENTIFY AND CONFRONT** social injustices and actively combat health disparities. We will listen to and learn from our patients, while challenging both personal and institutional biases, in order to improve access and quality of care for all.

WE WILL **HOLD EACH OTHER ACCOUNTABLE** and empower one another to pursue honesty, integrity, and professionalism. With humility, we vow to recognize our own limitations and promote collaboration among colleagues of all professions.

WE WILL **COMMIT TO LIFE-LONG LEARNING** and aspire to practice medicine with intent and passion. We will model the self-care we encourage in our patients by balancing the demands of our chosen path.

WITH PRIDE, JOY, AND GRATITUDE,

we pledge to hold ourselves to these honorable standards in our personal and professional lives. We vow to uphold this oath with dignity and find strength in our peers, loved ones, and community during times of uncertainty. *May we always be deserving of the wisdom of those before us and worthy of the example we set for our successors.*

CLASS OF 2025
CLASS OATH OF PROFESSIONALISM

WE, THE UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE CLASS OF 2025,

vow to promote equity, foster trust, and drive innovation in service to others. Before those who support and inspire us, we hereby swear these truths:

WE WILL **COMBAT HEALTHCARE DISPARITIES** by confronting our biases, amplifying marginalized voices, and valuing diverse perspectives.

WE WILL **ACKNOWLEDGE THE HISTORICAL INJUSTICES** of our profession while providing care with transparency and cultural humility.

WE WILL **TREAT OUR PATIENTS AS EQUAL PARTNERS** in their care while respecting their identities and autonomy.

WE WILL **SERVE WITH COMPASSION** by actively listening and responding to the holistic needs of our patients and their communities.

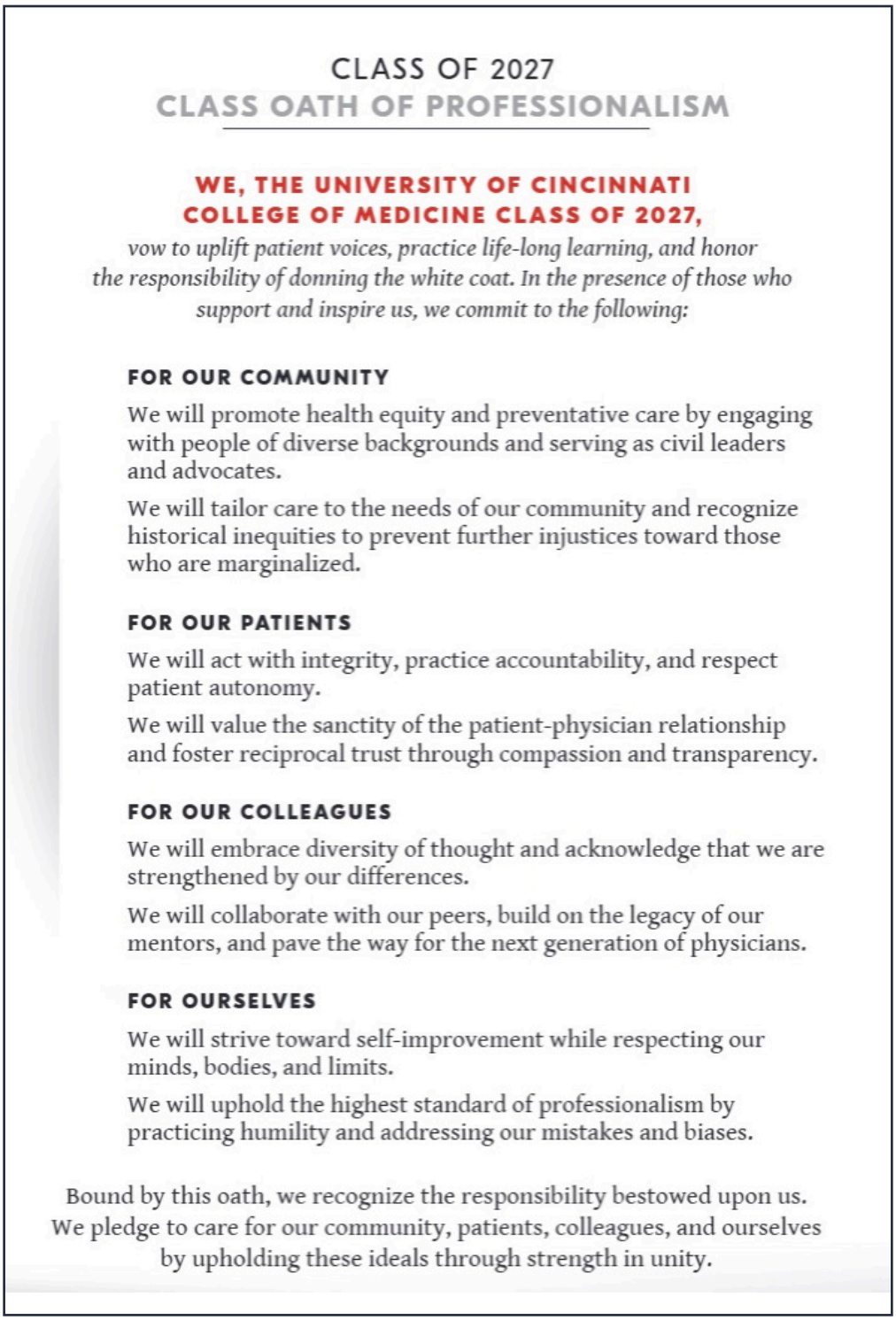
WE WILL **EVOLVE WITH THE EVER-CHANGING ART OF MEDICINE** as disciplined learners and dedicated researchers.

WE WILL **CULTIVATE A SPIRIT OF INCLUSION** by fostering collaboration, humility, and respect within the medical profession.

WE WILL **RECOGNIZE THAT OUR MINDS AND BODIES ARE FALLIBLE** and will work to maintain our health to uphold the highest standard of care.

IT IS A PRIVILEGE
to champion the values outlined in this oath throughout our personal and professional lives.

May we dedicate ourselves to embodying these ideals through strength in unity.



CLASS OF 2027

CLASS OATH OF PROFESSIONALISM

WE, THE UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE CLASS OF 2027,

vow to uplift patient voices, practice life-long learning, and honor the responsibility of donning the white coat. In the presence of those who support and inspire us, we commit to the following:

FOR OUR COMMUNITY

We will promote health equity and preventative care by engaging with people of diverse backgrounds and serving as civil leaders and advocates.

We will tailor care to the needs of our community and recognize historical inequities to prevent further injustices toward those who are marginalized.

FOR OUR PATIENTS

We will act with integrity, practice accountability, and respect patient autonomy.

We will value the sanctity of the patient-physician relationship and foster reciprocal trust through compassion and transparency.

FOR OUR COLLEAGUES

We will embrace diversity of thought and acknowledge that we are strengthened by our differences.

We will collaborate with our peers, build on the legacy of our mentors, and pave the way for the next generation of physicians.

FOR OURSELVES

We will strive toward self-improvement while respecting our minds, bodies, and limits.

We will uphold the highest standard of professionalism by practicing humility and addressing our mistakes and biases.

Bound by this oath, we recognize the responsibility bestowed upon us. We pledge to care for our community, patients, colleagues, and ourselves by upholding these ideals through strength in unity.

Ostensibly, these changes promote inclusivity and address historical inequities, but such ideological mandates actually compromises the universal principles of medical care, raising a real concern that professional objectivity is being overtaken by institutional activism.

GENDER IDEOLOGY MANDATE IN DETAIL

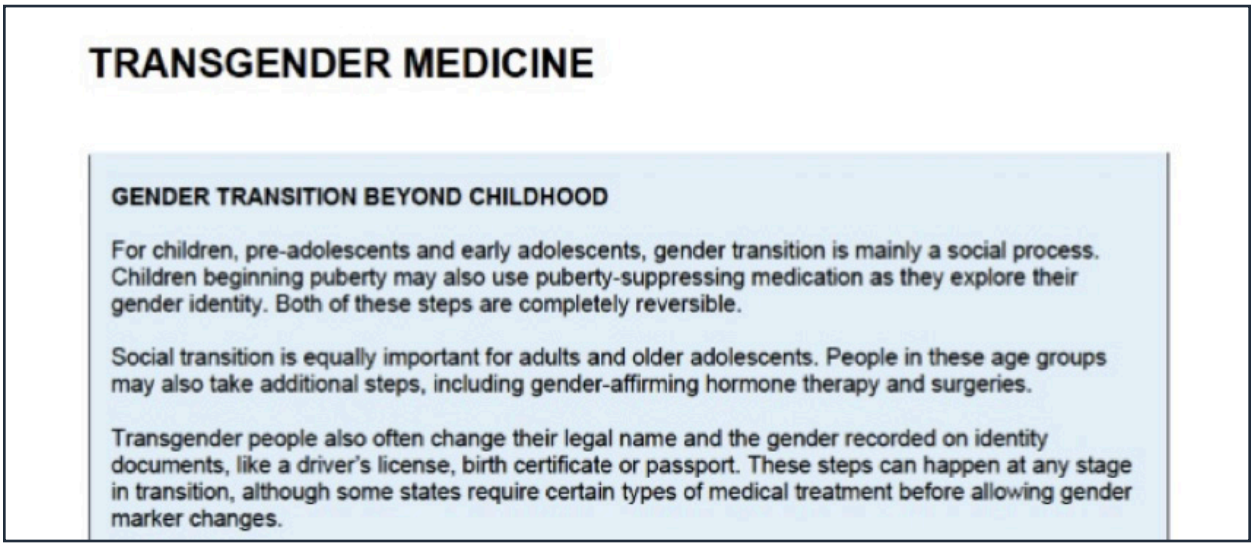
Medical schools nationwide are embedding gender ideology into courses, clerkships, and policies, requiring students to affirm patients' gender identities. This includes using chosen pronouns, supporting social or medical transitions, and recognizing gender identity over biological sex. Harassment policies enforce this, with students risking violations for failing to use correct pronouns, such as calling a biological male a man if they identify as a woman. This gender-affirming framework prioritizes social justice over clinical rigor, pressuring students to align patient care with identity politics, often undermining scientific and medical principles.

ORIENTATIONS AND CLERKSHIPS

The University of Arizona requires experience on transgender medicine.

Students are instructed that gender transitioning in children is normal, beginning with social changes in pre-adolescence and progressing to puberty-suppressing medications. The top-down imposition of this narrative leaves little room for students to question its validity or explore alternative perspectives, effectively censoring debate on the long-term implications of these interventions.

Here is what some of this instruction for medical students look like:



TRANSGENDER MEDICINE

GENDER TRANSITION BEYOND CHILDHOOD

For children, pre-adolescents and early adolescents, gender transition is mainly a social process. Children beginning puberty may also use puberty-suppressing medication as they explore their gender identity. Both of these steps are completely reversible.

Social transition is equally important for adults and older adolescents. People in these age groups may also take additional steps, including gender-affirming hormone therapy and surgeries.

Transgender people also often change their legal name and the gender recorded on identity documents, like a driver's license, birth certificate or passport. These steps can happen at any stage in transition, although some states require certain types of medical treatment before allowing gender marker changes.

COMMON STEPS IN GENDER TRANSITION

	Examples	Ages	Reversibility
Social transition	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, restrooms and other facilities	Any	Reversible
Puberty blockers	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early Adolescents	Reversible
Gender-affirming hormone therapy	• Testosterone (for those assigned female at birth) • Estrogen plus androgen inhibitor (for those assigned male at birth)	Older Adolescents (as appropriate) Adults	Partially Reversible
Gender-affirming surgeries	• "Top" surgery (to create a male-typical chest shape or enhance breasts) • "Bottom" surgery (surgery on genitals or reproductive organs) • Facial feminization surgeries	Older Adolescents (as appropriate) Adults	Not Reversible
Legal transition	Changing gender and name recorded on birth certificate, school records and other documents	Any	Reversible

(Murchison *et al.* 2016)

TRANSGENDER MEDICINE

PUBERTY BLOCKERS IN YOUTH WITH GENDER DYSPHORIA

Gonadotropin-releasing hormone agonists (GnRH agonists) are pharmaceutical hormones that suppress the release of LH and FSH from the pituitary gland. This then stops testosterone from being released from the testes, and estrogen from being released from the ovaries. Without exposure to the sex hormones, the body does not undergo the pubertal changes associated with them. These medicines were originally developed to treat children with precocious puberty. They are very safe, well studied, very effective, and very expensive.

In cases of precocious puberty, GnRH agonists continue to suppress puberty until the medications are stopped, at which point pubertal changes will resume. When used for children with gender dysphoria, GnRH agonists "pause" puberty allowing children additional time to explore their gender identities and minimizing gender dysphoria associated with natal puberty changes. Additionally, by not being exposed to one's own sex hormones, gender-affirming (cross-sex) hormone therapy is even more effective at achieving the desired physical appearance in gender transition with the use of cross-sex hormones.

In adults, GnRH agonists were developed as treatment for certain sex hormone-sensitive cancers, like prostate cancer, to prevent the patient from being exposed to hormones that can increase cancer growth. They are also used to suppress endogenous sex hormone production in an adult individual undergoing gender-confirming hormonal transition. By suppressing the patient's production of sex hormones, administering cross hormone therapy for transition is more effective.

Leuprolide: Intramuscular injection that is given on either a monthly or every 3 month basis. Often the patient or family members are taught how to administer this shot at home.

Histrelin: Small implant inserted under the skin of the upper arm, which slowly releases histrelin over a period of one year. The unit must be replaced on a yearly basis by a surgeon.
https://www.transactiveonline.org/resources/youth/puberty-blockers.php

Adolescents are **eligible** and ready for **GnRH agonist treatment** if they:

1. Fulfill DSM V or ICD-10 criteria for gender dysphoria.
2. Have experienced puberty to at least Tanner stage 2.
3. Have (early) pubertal changes that have resulted in an increase of their gender dysphoria.
4. Do not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment.
5. Have adequate psychological and social support during treatment, AND
6. Demonstrate knowledge and understanding of the expected outcomes of GnRH agonist treatment, cross-sex hormone treatment, and sex reassignment surgery, as well as the medical and the social risks and benefits of sex reassignment.

Adolescents are **eligible** for **cross-sex hormone treatment** if they:

1. Fulfill the criteria for GnRH treatment, AND
2. Are 16 yr or older.

Readiness criteria for adults eligible for cross-sex hormone treatment are the same as those for adolescents.

[Adapted from the Endocrine Society Clinical Practice Guidelines (Hembree *et al*., 2009)]

Similarly, at the University of Missouri, gender ideology is woven into orientation materials, such as seen in the video "What Doctors Should Know About Gender Identity."[12] This lecture video ostensibly aims to educate students on addressing transgender patients' needs, but steers them toward affirming identities, evening setting up a scenario where a biological male identifying as a woman could have a gynecological exam. Students are subtly coerced into ideological conformity with emotionally charged narratives such as that if physicians do not affirm patients identities the patient will commit self harm.

This pattern of coercion extends beyond orientation materials.

At the University of Texas at Austin (UT-Austin) Dell Medical School, students are required to adopt specific practices, including the use of preferred pronouns, such as non-binary options like "Ze" or "E." These practices are presented as essential professional competencies. Records obtained by Speech First reveal mandatory materials from the "LGBT Equity Center" and courses emphasizing the importance

of affirming gender care. Below is a list, provided to students by the medical school, detailing the language they are instructed to use:

Developing Outstanding Clinical Skills
DOCS Year 1

The University of Texas at Austin
Dell Medical School

- "What pronouns do you use?" *(NOTE: Do not say "prefer," as name/pronouns are not a preference but an identity [see table]).*
- *OR* rather than running the risk of getting a response of "what do you mean?" Or even an answer such as "what are pronouns?" you can preface the question with a method known as "normalizing" (a method that will be re-visited in other history-taking areas). "Normalizing" indicates that a behavior or preference is not being judged.
  - Example: "Many of my patients like to be referred to by words that do not have gender connotations, such as 'they' rather than 'he' or 'she.' What would you like me to use for you?"
- You could also say, "I use the pronouns [she/he] and [her/him], what pronouns do you use?"

Table – Pronouns

Subject	Object	Possessive	Reflexive	Pronunciation
She	Her	Her/Hers	Herself	She, her, hers, herself
He	Him	His	Himself	He, him, his, himself
They	Them	Their/Theirs	Themselves	They, them, theirs, themselves
Ze	Hir	Hir/Hirs	Hirself	Zee, here, heres, hereself
Ze	Zir	Zie/Zirs	Zirself	Zee, zere, zeres, zereself
E	Em	Eir/Eirs	Eirself, Emself	Ee, em, airs, airself, emself

- Discuss *WHEN* to ask about name and pronoun use:
  - Many practitioners feel that asking about pronoun usage is better left to the Social History, when more personal questions tend to lead to more of a relationship with the patient – as opposed to asking at the top of the interview.

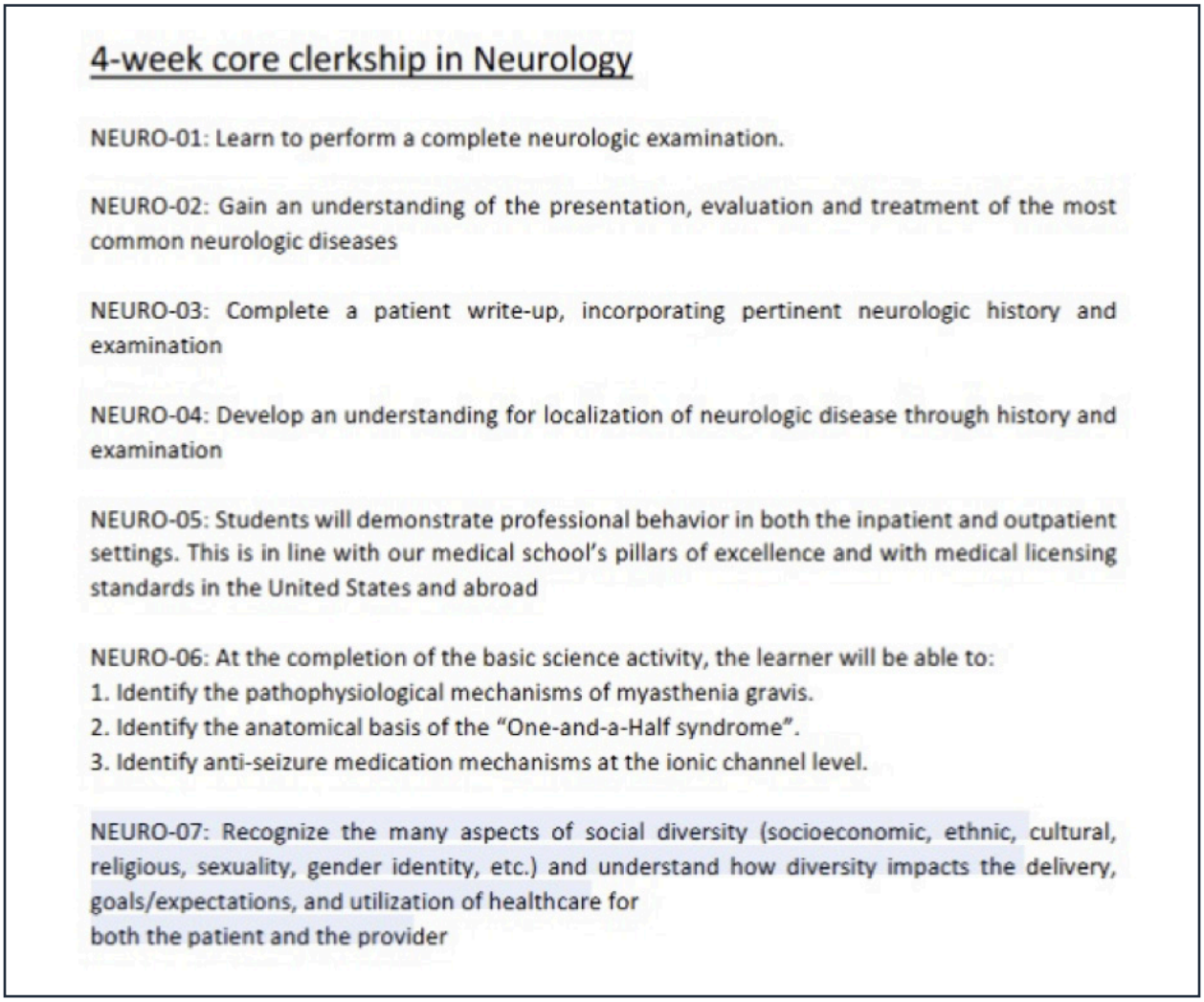
The pros and cons of this can be discussed with the group. *(NOTE: there is no one answer).*

Mentor Notes

- This activity raises awareness to the fact that not all patients prefer traditional gender-based pronouns. Many students are already comfortable with using gender-neutral pronouns in non-healthcare settings.
- Despite the titles of various videos, this is not strictly a trans patient issue: pronoun usage should be determined for *all* patients.
- You can discuss not only the issues covered in the video, but also share your own insight based on experiences in caring for trans and/or gender-fluid patients, if applicable.

Subtle forms of coercion also appear in clerkships.

The University of North Dakota's neurology clerkship, for example, includes "gender-affirming" objectives.



4-week core clerkship in Neurology

NEURO-01: Learn to perform a complete neurologic examination.

NEURO-02: Gain an understanding of the presentation, evaluation and treatment of the most common neurologic diseases

NEURO-03: Complete a patient write-up, incorporating pertinent neurologic history and examination

NEURO-04: Develop an understanding for localization of neurologic disease through history and examination

NEURO-05: Students will demonstrate professional behavior in both the inpatient and outpatient settings. This is in line with our medical school's pillars of excellence and with medical licensing standards in the United States and abroad

NEURO-06: At the completion of the basic science activity, the learner will be able to:
1. Identify the pathophysiological mechanisms of myasthenia gravis.
2. Identify the anatomical basis of the "One-and-a-Half syndrome".
3. Identify anti-seizure medication mechanisms at the ionic channel level.

NEURO-07: Recognize the many aspects of social diversity (socioeconomic, ethnic, cultural, religious, sexuality, gender identity, etc.) and understand how diversity impacts the delivery, goals/expectations, and utilization of healthcare for
both the patient and the provider

Across the country, medical schools are embedding gender-ideology frameworks into their courses and clerkships. Students must confront and adhere to these ideas in order to pass and advance in their education and careers, leaving little space for dissent. This mandate not only discourages opposition but also intersects with expanded harassment policies, which now include compliance with this ideology.

HARASSMENT POLICIES

At some medical schools, students who question or critique gender-affirming treatments risk being accused of violating harassment policies, which often explicitly address "misgendering." This term, refers to using pronouns or terms inconsistent with an individual's declared gender identity.

For instance, Oregon Health and Science University classifies "misgendering" as harassment under its official policy. A student who refers to a biological woman identifying as a man as "she" or "her," for example, could face disciplinary action for violating these guidelines.

Harassment

Harassment is a form of discrimination, and is unwelcome verbal or physical conduct based on a protected characteristic that is sufficiently severe or pervasive that it substantially interferes, or is likely to substantially interfere, with an individual's employment, education or access to university programs, activities, or opportunities, and would have such an effect on a reasonable person who is similarly situated.

Harassment may include, but is not limited to, severe or pervasive verbal statements or nonverbal or physical conduct, graphic or written statements, threats, slurs, symbols (including symbols of racist violence such as burning crosses and nooses), microaggressions (negative prejudicial slights and insults toward any individual or group), and mis-gendering (when a person is referred to using a pronoun, form of address or other language that is inconsistent with the gender in which they identify).

Other universities, while less explicit, adopt similarly restrictive policies.

Ohio State University's Student Mistreatment Policy and Reporting document includes provisions against verbal remarks that conflict with a person's gender identity, categorizing such actions as mistreatment. A copy of this policy is provided below:

Section 13: Student Mistreatment Policy and Reporting

STANDARDS OF CONDUCT IN THE TEACHER-LEARNER RELATIONSHIP AND ABUSES OF THIS RELATIONSHIP

A Climate of Mutual Respect

The OSU College of Medicine has as a core value the provision of a climate of mutual respect in the teaching and learning environment. It is committed to promoting a mistreatment-free environment for all students, staff, volunteers, and physicians. The College maintains its commitment to prevent student mistreatment through education, by providing support for victims, and by responding with corrective action. In this way, the College assures an educational environment in which students, staff, volunteers, and physicians may raise and resolve issues without fear of intimidation or retaliation. The College is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner.

Mistreatment may be defined as "treatment of a person that is either emotionally or physically damaging; is from someone with power over the recipient of the damage; is not required or not desirable for proper training; could be reasonably expected to cause damage; and may be ongoing." This includes verbal (swearing, humiliation), emotional (neglect, a hostile environment), sexual (physical or verbal advances, discomforting humor), and physical harassment or assault (threats, harm). To determine if something is mistreatment, one should consider if the activity or action is damaging, unnecessary, undesirable, ongoing, or could reasonably be expected to cause damage.

The following are examples only and are not meant to be inclusive of all types of mistreatment. Furthermore, these examples may not always constitute mistreatment given a specific situation. For example, while "unwanted sexual advances" are clearly an example of sexual harassment, "being stared at" does not always constitute sexual harassment.

Verbal

- Yelling or shouting at a student
- Humiliation or putdown (e.g., disparaging remarks about being in medicine)
- Racial, ethnic, gender identity, or sexual orientation discrimination (e.g. slurs, jokes, prejudiced remarks)
- Non-constructive criticism
- Threatening to hit or to cause harm to others

Emotional

- Being assigned work duties for the purpose of punishment rather than education
- Having others take credit for your work (e.g., papers, projects, clinical work, or research)
- Creation of a hostile environment
- Exclusion from formal or informal learning settings

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These policies foster an environment where even respectfully questioning a patient's gender transition can result in punitive measures, effectively silencing alternative perspectives. By enforcing a rigid framework around gender dysphoria and transitioning, medical schools suppress free speech and hinder the critical debate essential for advancing patient care and fostering innovation in medical practice.

WEIGHT INCLUSIVITY MANDATE IN DETAIL

Under the banner of DEI, weight inclusivity is the third most prominent initiative Speech First found imposed on medical students. It influences how physicians advise patients on weight management and shapes the approach to treating weight-related health issues.

SUGGESTIVE LANGUAGE

At UT-Austin, the second year of the "Developing Outstanding Clinical Skills" (DOCS) program emphasizes this weight inclusivity, arguing that weight-loss strategies foster a "culture of shame."

The program promotes health solutions that purportedly avoid weight stigma, incorporating videos and articles addressing so-called "weight bias." A screenshot from one of these videos illustrates that UT-Austin medical students are instructed to avoid stigmatizing language, opting for euphemisms like "people with larger size" instead of terms like "overweight" or "obese."

Weight Stigma Explainer WFPC 2020

Trigger warnings offered to medical students serve as examples of how they should speak to patients before introducing a discussion on eating disorders, and, as the file below shows, students are instructed to allow patients to opt out of being weighed and are taught to ask permission before even discussing a patient's weight:

Developing Outstanding Clinical Skills
DOCS Year 2

The University of Texas at Austin
Dell Medical School

- Review the PowerPoint presentation and have it ready to share during the session

Learning Activities:

6:00 - 6:05pm **Session Overview (Learning Objectives slide 2)**

6:05 - 6:35pm **Check-In**
- This is a time for mentors to check-in with students about their experiences on clerkships and how they are doing overall

6:35 – 7:45pm **Weight Stigma in the Clinical Setting**
Part A: Facilitated discussion – what is the scope of the problem, why are we having this discussion
- *Slide 4: Weight Stigma Is Harmful*
  - *****TRIGGER WARNING RE: WEIGHT DISCUSSION, EATING DISORDERS, ETC*****
  - Begin with asking students to describe what weight stigma is and how weight stigma can harm people's health
  - Refer to key points on next page for additional discussion points
- *Slide 5: Visual Exercise*
  - How might a patient with a larger body feel when interacting with each of these common clinical elements?
  - Notice how the chairs have fixed armrests – this makes the chair difficult to access for people with larger bodies
  - Think back to doctor's offices – often patients are weighed in the hallway or somewhere semi-public
    - Also consider if patients are asked whether they would like to be weighed
    - Notice the blood pressure cuffs – are exam rooms equipped with appropriately sized blood pressure cuffs and are these cuffs used for patients with larger bodies in order to ensure an accurate BP reading?
  - These are examples of how the built environment can perpetuate stigma or create felt stigma for people with larger bodies
- *Slide 6-12: Pre-Work Videos and Pre-readings*
  - What stood out to you from the videos and pre-readings? What surprised you?
  - Reflections on selected quotes from the medical student-authored article
  - Reflections on E66.01 Our Culture of Shame article

REQUIRED READING

On the West Coast, similar practices were observed. At UCLA, for example, the "Structural Racism and Health Equity" course includes the concept of "fatphobia," which frames concerns about weight and body size as a form of discrimination or oppression, according to records we received.

One required reading is an article by Marquisele Mercedes, recounting a traumatic experience when, at 13, a pediatric emergency physician performed a non-consensual pelvic exam.

Mercedes attributes this experience to medical fatphobia and argues that fatphobia is a systemic issue, especially for "fat black girls." She critiques the medicalization of fatness, labeling terms like "obesity" as tools of violence against fat bodies—again this is required reading. Mercedes even traces the origins of fatphobia to Enlightenment-era race science, associating fatness with blackness and inferiority.

Further, she takes aim at weight loss efforts, arguing they are harmful "obesity prevention" strategies. Instead, she calls for recognizing fat people as experts of their own experiences and urges resistance against oppressive medical and cultural narratives that dehumanize them. This reading, comes with a trigger warning, noting that it contains descriptions of sexual assault by a healthcare provider and other forms of medical violence.

Like other initiatives under the DEI banner, this too is spreading across medical schools nationwide.

INSTITUTIONAL ADOPTION

The University of Vermont is attempting to "reimagine" nutrition with its program named the Weight-Inclusive Nutrition (WIN) Research Group. It's worth quoting their definition of weight inclusivity in full:

> A weight-inclusive approach to health contends that weight is not an important indicator of health, people of all sizes can be healthy, and it is not possible for everyone to reach a 'normal' weight. In this approach, weight is not seen as a health behavior, so health/nutrition interventions are not designed to impact one's weight, but rather to encourage health behaviors such as rejecting diet culture, eating a wide variety of food, listening to one's hunger/satiety cues, respecting one's body, and moving one's body in a way that feels good.[13]

Additionally, a source link to the Weight-Inclusive Nutrition Research Group's main page, in part titled "What's Wrong With the 'War on Obesity?'" refers to advocates of weight loss as "anti-obesity proponents."[14]

Maintaining the oppressed-versus-oppressor tone common in much of the group's research, it asserts: "The 'war on obesity' has resulted in unwarranted surveillance and regulation by governments and society of people's bodies and behaviors … Such surveillance and regulation are inequitably experienced by women, the poor, and minorities, and therefore result in greater inequalities in health."

While there may be some truth in this, as the resource claims, it should not go unnoticed that the report also asserts that weight has no bearing on health. One of its core principles is "Advocating that health and well-being cannot be defined by body mass index, body weight, waist circumference, or percentage body fat."

CONCLUSION

Speech First launched this report to offer an in-depth analysis of how DEI mandates have become deeply embedded in nearly every top medical school in the United States. Through public records requests and information gathered from multiple sources, our investigation reveals a concerning trend within America's medical institutions.

From admission through residency, medical students face a barrage of messages asserting that all white individuals are inherently racist, all men are privileged, and that, in order to rectify historical injustices, minority groups must receive preferential treatment. They are also pressured to adhere to gender ideology, where the only acceptable response to patients questioning their gender is to socially, medically, or surgically alter their identity. The concept of weight inclusivity, now part of the DEI agenda, further suggests that obese patients are oppressed and that students should affirm weight status as a result of societal oppression rather than individual choices.

These ideological impositions are enforced through mandatory statements, oaths, orientations, trainings, and clerkships. Faculty members also face significant pressure to conform, with their job security and professional advancement contingent upon alignment with the prevailing orthodoxy. This creates a stifling environment where diverse opinions are suppressed and meaningful discourse is discouraged.

As evidenced by the documents obtained from medical schools, adherence to this ideology is often rewarded. For faculty, this can mean promotions or elevated roles within university leadership. For students, it means advancing through medical school and progressing in their careers, regardless of their personal beliefs.

In light of these findings, it is critical that medical education be reexamined. Freedom from ideological conformity must remain a core principle of medical training, ensuring that future physicians are equipped not only with the skills to provide effective, evidence-based care but also with the intellectual freedom to treat all patients with respect, regardless of race or gender identity. Physicians should have the ability to explore a full range of treatment options for patients who experience gender dysphoria, without being pressured into a singular, ideologically driven approach to care.

Legislative action is essential to protect students from ideological indoctrination. Speech First advocates for the following legislative measures to protect students from coercive practices in medical school programs:

- Banning the mandatory inclusion of ideological activism courses, such as critical race theory and DEI, as prerequisites for earning a medical degree.
- Ensuring that medical curricula prioritize science-based teachings and clinical practice over politically driven health ideologies.
- Educating students on the importance of free speech, intellectual diversity, and open inquiry during orientation programs to combat self-censorship and prevent coercive practices in academic and administrative settings.

By enacting these measures, we can begin to restore the integrity of medical education and ensure that future healthcare providers are prepared to deliver the highest quality of care based on sound, evidence-based principles.

ENDNOTES

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