



July 17, 2025

Harmeet K. Dhillon  
Assistant Attorney General  
Civil Rights Division  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530

**Request for Investigation and Enforcement Action into Illegal DEI Practices at Johns Hopkins University School of Medicine**

Dear Assistant Attorney General Dhillon:

America First Legal Foundation (“AFL”) is a national, nonprofit organization committed to upholding the rule of law and advancing equal protection of the law for all Americans.

We write to request an immediate investigation and enforcement action against Johns Hopkins University (“Johns Hopkins”) for its systemic, intentional, and ongoing discrimination within its School of Medicine on the basis of race, sex, ethnicity, national origin, and other impermissible, immutable characteristics under the pretext of “diversity, equity, and inclusion” (“DEI”) in open defiance of federal civil rights laws, controlling Supreme Court precedent, and Executive Orders issued by President Donald J. Trump.

As the home of one of the nation’s preeminent medical institutions and the largest recipient of federal funding among American universities,<sup>1</sup> Johns Hopkins University bears a heightened responsibility to comply with the Constitution and federal law. Yet in brazen defiance, it has embraced a discriminatory DEI regime as a core institutional mandate, systematically infusing race and other identity-based preferences into medical school admissions, scholarships, faculty hiring, academic curricula, residency programs, and governance. Far from advancing “equity,” Johns

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<sup>1</sup> Vimal Patel, *John Hopkins Gets the Most Federal Money, but Now Much of It Is at Risk*, N.Y. TIMES (June 26, 2025), <https://perma.cc/45DZ-47DG>.

Hopkins' DEI practices, often cloaked in euphemisms such as “inclusive excellence” or “health equity,” entrench illegal preferences and penalize students and faculty for their immutable traits.

Even more concerning is the university's calculated effort to evade the Supreme Court's ruling in *Students for Fair Admissions, Inc. v. President & Fellows of Harvard College* (“SFFA”).<sup>2</sup> Rather than dismantle the discriminatory admissions infrastructure it shared with Harvard and the University of North Carolina, Johns Hopkins moved the goalposts. It engineered an upstream recruitment system that favors and pre-filters applicants to achieve predetermined demographic outcomes before the admissions process even begins. By targeting specific racial and ethnic groups through race-based outreach and pathway programs, the School of Medicine shapes its applicant pool to achieve racially preferred results without having to consider race as an explicit admissions factor. This is not compliance. It is circumvention and achieves the very racial balancing the Supreme Court struck down as “patently unconstitutional.”<sup>3</sup>

The use of DEI-based discrimination in medical education isn't just illegal, it's especially indefensible. No sector demands greater adherence to merit and objectivity than medicine, where decisions made by physicians can mean the difference between life and death. Patients place their lives in the hands of physicians, and the public must be able to rely on a healthcare system where those entrusted with medical care are selected based on objective qualifications such as academic excellence and clinical competence, not identity metrics masquerading as merit. Any healthcare admissions practice that elevates race, sex, or other protected traits over merit undermines the integrity of the profession, the quality of the U.S. physician workforce, and endangers public trust in the medical system itself.

Johns Hopkins' discriminatory practices are not a theoretical concern. They violate civil rights laws and, by prioritizing race over merit, create public safety risks. No institution committed to ethical medicine can tolerate practices that prioritize appearance over competence or identity over skill.

Accordingly, AFL respectfully requests that the Department of Justice (“DOJ”) initiate a formal investigation into Johns Hopkins' School of Medicine and pursue an enforcement action against the university under Title VI of the Civil Rights Act of

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<sup>2</sup> 600 U.S. 181 (2023).

<sup>3</sup> *Id.* at 223.

1964 and Title IX of the Education Amendments of 1972. DOJ must additionally coordinate with the Department of Education’s Office for Civil Rights (“OCR”) to open an investigation using its regulatory authority set forth in 34 C.F.R. § 104.61, and with the Department of Health and Human Services’ (“HHS”) Office for Civil Rights (“OCR”) to enforce Title VI, Title IX, Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Affordable Care Act, given HHS/OCR’s jurisdiction over medical schools as federally funded health programs. Immediate federal oversight and corrective enforcement are not only warranted—they are necessary.

### **I. Federal Law Requires Johns Hopkins to Terminate Its Discriminatory Practices Based on Race, Sex, Ethnicity, and Other Impermissible Characteristics**

As a recipient of federal financial assistance, Johns Hopkins is bound by Title VI of the Civil Rights Act of 1964, which unequivocally prohibits discrimination on the basis of “race, color, or national origin” in any program or activity receiving federal funds.<sup>4</sup> Similarly, Title IX of the Education Amendments of 1972 bars discrimination “on the basis of sex” in “any education program or activity” receiving federal funds.<sup>5</sup> Section 1557 of the Affordable Care Act incorporates these protections and applies them squarely to health education institutions, including medical schools.<sup>6</sup>

President Trump’s recent Executive Orders reaffirm and extend these statutory protections. On January 21, 2025, President Trump signed Executive Order No. 14151, titled “Ending Racial and Wasteful Government DEI Programs and Preferencing,” which categorically prohibits the use of any structures, policies, or practices that rely on race, skin color, ethnicity, national origin, or other impermissible, immutable characteristics to guide institutional decision-making.<sup>7</sup>

President Trump subsequently issued Executive Order No. 14173, titled “Ending Illegal Discrimination and Restoring Merit-Based Opportunity,” rescinding the Biden administration’s DEI directives and requiring federal agencies to enforce long-standing civil rights laws uniformly, combat illegal DEI preferences, policies, and programs, and condition federal grants and contracts on certification that recipients,

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<sup>4</sup> 42 U.S.C. § 2000d *et seq.*

<sup>5</sup> 20 U.S.C. § 1681(a).

<sup>6</sup> 45 C.F.R. § 92.4.

<sup>7</sup> Exec. Order No. 14,151, 90 Fed. Reg. 8339 (Jan. 29, 2025) <https://perma.cc/4XZP-KB4S>.

including public institutions like Johns Hopkins, do not engage in such discriminatory practices.<sup>8</sup>

These Executive Orders make clear that publicly funded institutions have no lawful basis for maintaining DEI programs. They assign federal agencies the affirmative obligation to withhold funds and pursue enforcement against any institution that engages in unlawful discrimination by conditioning benefits, penalties, or access to programs on protected characteristics. That prohibition applies regardless of the terminology used. Whether labeled “DEI” or rebranded under euphemisms such as “inclusive excellence,” “institutional equity,” “health equity,” “cultural humility,” or “community engagement,” any creative terminology intended to evade or conceal noncompliance with these Executive Orders is patently unlawful. Changing the name does not change the illegality: “this wolf comes as a wolf.”<sup>9</sup>

On February 14, 2025, the U.S. Department of Education’s OCR issued a Dear Colleague Letter clarifying the nondiscrimination obligations of institutions receiving federal funds under the Equal Protection Clause of the Fourteenth Amendment, Title VI of the Civil Rights Act of 1964, and other applicable federal civil rights laws.<sup>10</sup> This letter reaffirmed that institutions receiving federal funds may not engage in racial classifications, stereotyping, or preferences in any aspect of their operations.<sup>11</sup> Accompanying the letter was a Frequently Asked Questions (“FAQ”) document explaining how OCR interprets the Supreme Court’s decision in *SFFA*<sup>12</sup> in the context of race-based classifications, preferences, and stereotypes prohibited under Title VI.<sup>13</sup>

While several federal courts have issued preliminary injunctions temporarily prohibiting the Department of Education’s OCR from enforcing the Dear Colleague Letter and accompanying FAQ,<sup>14</sup> the principles articulated therein are not novel. They rest squarely on controlling Supreme Court precedent and long-standing federal civil rights law. Accordingly, nothing prohibits the Department of Education from taking immediate action consistent with those legal authorities.

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<sup>8</sup> Exec. Order No. 14173, 90 Fed. Reg. 8633 (Jan. 31, 2025), <https://perma.cc/8ASH-GVED>.

<sup>9</sup> *Morrison v. Olson*, 487 U.S. 654, 699 (1988) (Scalia, J., dissenting).

<sup>10</sup> *Dear Colleague Letter: Students for Fair Admissions v. Harvard and University of North Carolina*, U.S. DEP’T OF EDUC. (Feb. 14, 2025), <https://perma.cc/T4YA-TYFP>.

<sup>11</sup> *Id.*

<sup>12</sup> 600 U.S. 181 (2023).

<sup>13</sup> *Frequently Asked Questions About the Prohibition of Racial Preferences and Stereotypes Under Title VI of the Civil Rights Act of 1964*, U.S. DEP’T OF EDUC., <https://perma.cc/P8C4-QTF3>.

<sup>14</sup> Dear Colleague Letter, *supra* note 10.

### A. DEI in Medical School Accreditation

The Department of Education plays a significant role in regulating medical schools through oversight of accrediting agencies and federal funding. For example, the Department of Education grants recognition to the Liaison Committee on Medical Education (“LCME”), which oversees the “accreditation of programs of medical education leading to the M.D. degree in the United States in institutions that are themselves accredited by regional accrediting organizations.”<sup>15</sup>

The LCME is jointly sponsored by the American Medical Association and the Association of American Medical Colleges (“AAMC”),<sup>16</sup> entities that actively promote DEI-based discrimination in medicine, including the recruitment of underrepresented students, residents, fellows, faculty, and staff.<sup>17</sup> The AAMC, in particular, encourages institutions like Johns Hopkins to adopt these discriminatory practices.<sup>18</sup> LCME accreditation is a critical prerequisite for medical schools to access federal benefits, including Title VII funding and participation in the United States Medical Licensing Examination.<sup>19</sup> This gives the Department of Education not only oversight but significant leverage. Notably, LCME’s recognition by the Department is subject to renewal and expires in 2028.<sup>20</sup> That recognition and its privileges should accompany a corresponding duty to comply with federal law.

On May 6, 2025, HHS issued its own Dear Colleague Letter directed at medical schools that receive federal financial assistance, warning that racial classifications, stereotyping, or preferences in admissions and training, whether explicit or obscured by DEI euphemisms, violate Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, and the Equal Protection Clause.<sup>21</sup> The letter emphasized that discrimination against any racial group, including White, Jewish, and Asian students is unlawful regardless of the terminology used.<sup>22</sup>

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<sup>15</sup> *About the LCME*, LIAISON COMM. ON MED. EDUC., <https://perma.cc/SBR4-2FVM>.

<sup>16</sup> *Id.*

<sup>17</sup> *American Medical Association Resident and Fellow Section*, AM. MED. ASS’N, <https://perma.cc/44V5-F2NT>; see also *Activism Over Meritocracy: How the Association of American Medical Colleges is Corrupting Medical Education with Endless DEI Ideology*, DO NO HARM, <https://perma.cc/HV3Y-24PN>.

<sup>18</sup> *Id.*

<sup>19</sup> *About the LCME*, *supra* note 15.

<sup>20</sup> *Recognition of the LCME by the U.S. Department of Education and the World Federation for Medical Education (WFME)*, LIAISON COMM. ON MED. EDUC., <https://perma.cc/SV6J-HTV8>.

<sup>21</sup> *Nondiscrimination Requirements for Medical Schools on the Basis of Race, Color, and National Origin pursuant to Students for Fair Admissions, Inc. v. President & Fellows of Harvard Coll.*, 600 U.S. 181 (2023), U.S. DEP’T OF HEALTH & HUM. SERVS., <https://perma.cc/856S-GGCD>.

<sup>22</sup> *Id.*

HHS warned that seemingly neutral programs may, upon closer inspection, function as vehicles for race-based decision-making in violation of federal law. For example, medical schools may not rely on application materials, such as “personal statements, writing samples, or extracurricular activities,” to deduce an applicant’s race and then apply differential treatment.<sup>23</sup> Nor may DEI programs grant advantages or impose burdens based on assumptions tied to racial identity rather than individual merit. Such practices not only contravene civil rights laws but also foster a racially hostile environment that deprives students of equal participation in academic life.<sup>24</sup>

HHS further advised all medical schools “to: (1) ensure that all policies, procedures, and practices are fully consistent with applicable federal civil rights laws; (2) discontinue the use of any criteria, tools, or processes that serve as substitutes for race or are intended to advance race-based decision-making; and (3) cease reliance on third-party contractors, clearinghouses, or data aggregators that engage in prohibited uses of race.”<sup>25</sup> Medical schools that do not comply with federal law are subject to investigation and “measures to secure compliance,” that could affect their continued eligibility for federal funding.<sup>26</sup>

Federal regulations are unambiguous: unlawful discrimination occurs when individuals are treated differently or denied access to participation, benefits, advancement, or other opportunities because of their race, color, or national origin.<sup>27</sup> Accordingly, by continuing to operate a discriminatory DEI framework that conditions access to admissions, scholarships, residencies, and other opportunities on protected characteristics, Johns Hopkins School of Medicine has flouted the legal requirements of Title VI and the Equal Protection Clause.

## **II. Johns Hopkins School of Medicine Maintains an Illegal DEI Framework**

Johns Hopkins has not merely preserved its discriminatory DEI framework—it has entrenched, expanded, and openly celebrated it as a cornerstone of its institutional identity. Rather than complying with civil rights laws, Johns Hopkins has

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<sup>23</sup> *Id.*; see also 600 U.S. at 230 (“[U]niversities may not simply establish through application essays or other means the regime we hold unlawful today.”).

<sup>24</sup> *Id.*

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

<sup>27</sup> 34 C.F.R. § 100.3(b).

constructed an expansive DEI infrastructure that prioritizes race, sex, national origin, ethnicity,<sup>28</sup> and other impermissible, immutable traits over merit. These identity-based preferences are embedded across the School of Medicine’s curriculum, admissions, clinical, and administrative operations.

*A. DEI is a Governing Ideology at Johns Hopkins, Not a Passive Ideal*

On its website, Johns Hopkins openly states that it “considers diversity as one of the core components of medical education” and is “committed to supporting learners via one-on-one mentoring, recruitment and retention of a diverse student body, and sponsoring activities to increase diversity.”<sup>29</sup> These statements are not mere aspirations. They reflect institutional mandates actively enforced throughout every department within the School of Medicine through policy and administrative oversight.

The School of Medicine operates an Office of Diversity, Inclusion, and Health Equity<sup>30</sup> led by the Senior Associate Dean for DEI.<sup>31</sup> This office serves as the primary hub for implementing race, sex, and other identity-based preferences in admissions, training, and faculty development. Its mission is to “recruit, promote, retain, and engage those underrepresented in medicine” and to “achieve health equity for the most vulnerable populations.”<sup>32</sup>

This office operates in lockstep with the university-wide Office of Diversity, Equity, and Inclusion, led by Vice Provost for Diversity and Inclusion and Chief Diversity Officer Katrina Caldwell,<sup>33</sup> who oversees DEI initiatives across the entire university and its \$250 million investment in DEI initiatives through the “Second Roadmap

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<sup>28</sup> We note that Johns Hopkins University School of Medicine may use “ethnicity” as a proxy for race or national origin in its program design and classification schemes. While “ethnicity” is not protected under Title VI, national origin is. Where institutions use ethnicity to indirectly achieve national origin-based distinctions or racial outcomes, such practices may still violate federal law and applicable Executive Orders. *See* 42 U.S.C. § 2000d; *see also* U.S. Dep’t of Just., Title VI Legal Manual 30–31 (2023).

<sup>29</sup> *Office of Diversity, Inclusion and Health Equity: School of Medicine Diversity*, JOHNS HOPKINS MED., <https://perma.cc/PQM6-CUL8> (hereinafter “School of Medicine Diversity”).

<sup>30</sup> *Office of Diversity, Inclusion, and Health Equity*, JOHNS HOPKINS MED., <https://perma.cc/96M4-GLN5>.

<sup>31</sup> *Diversity and Inclusion Points of Contact for the School of Medicine*, JOHNS HOPKINS MED., <https://perma.cc/MEQ9-K5RZ>.

<sup>32</sup> Office of Diversity, Inclusion, and Health Equity, *supra* note 30.

<sup>33</sup> *Office of the Provost: Contact the Office*, JOHNS HOPKINS UNIV., <https://perma.cc/3LL6-F8BH>.

Diversity Strategic Plan.”<sup>34</sup> According to Caldwell’s LinkedIn profile, her responsibilities include shaping “university-wide curriculum, infrastructure, policies, and programs” and aligning initiatives such as “hiring, student recruitment and success, staff advancement, and community engagement to the university’s diversity strategic plan.”<sup>35</sup> Caldwell previously served on Johns Hopkins’ “Diversity Leadership Council,”<sup>36</sup> with a directive to position “diversity as one of the university’s key competitive advantages.”<sup>37</sup> The Diversity Leadership Council is a group of 60 members from all nine divisions across Johns Hopkins, including the School of Medicine.<sup>38</sup> This council promotes race-based recruitment and retention efforts, “Diversity Innovation Grants,” organizes an annual Diversity and Inclusion conference, and advises university leadership on DEI matters.<sup>39</sup>

This governing framework traces back decades and is deeply entrenched within the institution. In 2002, the Department of Medicine established a Diversity Council to “promote increased recruitment, retention, and advancement of faculty, fellows, and residents from groups under-represented in medicine” and to “promote an inclusive environment across the department.”<sup>40</sup> In 2015, Johns Hopkins launched a \$50 million Faculty Diversity Initiative to recruit individuals who “substantially contribute to diversity and inclusive excellence,”<sup>41</sup> followed by its “Roadmap on Diversity and Inclusion”<sup>42</sup> in 2016,<sup>43</sup> and an expanded version in 2021.<sup>44</sup> These early initiatives laid the foundation for a broader institutionalized framework that still governs every aspect of medical education and administration at the School of Medicine.

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<sup>34</sup> *Realizing Our Promise: The Second JHU Roadmap on Diversity, Equity, and Inclusion*, JOHNS HOPKINS UNIV., <https://perma.cc/3U5R-Y9YH>.

<sup>35</sup> *Katrina Caldwell, Ph.D.*, LINKEDIN, (last visited July 6, 2025), <https://perma.cc/4SE2-NPMC>.

<sup>36</sup> *Diversity Leadership Council*, JOHNS HOPKINS UNIV., <https://perma.cc/HC46-UFYT>.

<sup>37</sup> LINKEDIN, *supra* note 32.

<sup>38</sup> Diversity Leadership Council, *supra* note 36.

<sup>39</sup> *Id.*

<sup>40</sup> *Diversity Council of the Department of Medicine*, JOHNS HOPKINS MED., <https://perma.cc/2ZNW-P8CW>.

<sup>41</sup> *FDI 2.0 Funding Initiatives*, JOHNS HOPKINS UNIV., <https://perma.cc/RKM7-HFEH>.

<sup>42</sup> *Roadmap on Diversity and Inclusion*, JOHNS HOPKINS UNIV., <https://perma.cc/B7R9-LDSN>.

<sup>43</sup> *JHU Roadmap on Diversity and Inclusion*, JOHNS HOPKINS UNIV., Diversity at JHU, (Oct. 2016) <https://perma.cc/3L9N-ESRR>.

<sup>44</sup> *Realizing Our Promise: The Second JHU Roadmap on Diversity, Equity, and Inclusion*, *supra* note 34.

*B. Johns Hopkins' DEI Directives are Operationalized Through Diversity Councils, Offices, and DEI Initiatives*

If “equality” exists anywhere at Johns Hopkins School of Medicine, it is in the institution’s consistent application of discrimination across every level of the academic hierarchy—from student admissions to faculty hiring and curriculum development.

Diversity Councils representing the Office of Diversity, Inclusion, and Health Equity are embedded within each entity of the School of Medicine and act as local enforcement arms for Johns Hopkins’ central DEI bureaucracy.<sup>45</sup> Their responsibilities include:

- Implementing “diversity goals and best practices.”
- Advancing diversity, inclusion, health equity, cultural, linguistic, and spiritual competence.
- Developing a “pipeline of diverse talent.”<sup>46</sup>

This commitment is data-driven. Johns Hopkins collects and publishes demographic composition reports tracking the race, sex, and ethnicity of undergraduate and graduate students, faculty, and staff.<sup>47</sup> These reports are published by the Office of the Provost and guide hiring, admissions, and advancement decisions.<sup>48</sup>

Faculty at the School of Medicine are subject to the same discriminatory practices that pervade every level of the institution. Through its Faculty Diversity Initiative and accompanying five-year recruitment policy, Johns Hopkins explicitly prioritizes hiring individuals “underrepresented in medicine” (“URiM”) over others who may be equally or more qualified.<sup>49</sup> Leadership appointments, student admissions, grant opportunities, and committee roles are all filtered through a lens that considers race and ethnicity as decisive factors in selection.

According to its official DEI Statement of Principles, Johns Hopkins asserts that both the university and the nation have “breached the ideals of justice” by discriminating

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<sup>45</sup> *Office of Diversity, Inclusion and Health Equity: Diversity Councils*, JOHNS HOPKINS MED., <https://perma.cc/C6YP-29J3>.

<sup>46</sup> *Id.*

<sup>47</sup> *JHU Composition Reports*, JOHNS HOPKINS MED., <https://perma.cc/BK6T-MSR3>.

<sup>48</sup> *Id.*

<sup>49</sup> *Goal: Increase Diverse Faculty Leadership Representation by Individuals from Underrepresented in Medicine and Science [URiMS] a 5-year period in the School of Medicine [SOM]*, JOHNS HOPKINS MED., <https://perma.cc/FB3Q-E79H>.

on the basis of race, sex, ethnicity, gender identity, and other factors—historical wrongs the institution “as a leading research university” remains responsible for remedying through ongoing discrimination.<sup>50</sup> They are, in essence, using historical discrimination to justify present discrimination.

Examples of unlawful preferential treatment abound:

- The House Staff Diversity and Inclusion Council exists to “create a diverse and inclusive environment for residents from all Johns Hopkins Medicine residency training programs,” “advance principles of DEI,”<sup>51</sup> and enhance “the experience” of “underrepresented in medicine” residents, “LGBTQIA+,” and other “historically minoritized community members.”<sup>52</sup> In practice, residency programs are shaped around group identity, with favoritism extended to residents with specific characteristics that have no bearing on professional skill, medical competency, or ethical judgment.
- Programs such as “Diversity University,”<sup>53</sup> the “Doctoral Diversity Program,”<sup>54</sup> and the School of Medicine’s Pathway initiatives<sup>55</sup> extend advantages for medical school hopefuls based exclusively on race, sex, ethnicity, and other identity-based characteristics.
- The Johns Hopkins Center for Health Equity serves as a key instrument for embedding the university’s broader DEI agenda into healthcare institutions, policy development, and academic research.<sup>56</sup> Its stated mission is to make “healthcare institutions more equitable, communities more engaged, and health policies and practices more effective in eliminating disparities in health and healthcare in Baltimore, the United States, and globally.”<sup>57</sup> The Center’s guiding values—“achieving health equity,” and “social justice,”<sup>58</sup>—are political objectives, not indicators of clinical competence or medical excellence.

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<sup>50</sup>*Johns Hopkins University Statement of Principles on Diversity, Equity, and Inclusion*, JOHNS HOPKINS UNIV., <https://perma.cc/3UDC-26R4>.

<sup>51</sup> *House Staff Diversity and Inclusion Council*, JOHNS HOPKINS MED., <https://perma.cc/R5MW-XKUE>.

<sup>52</sup> *Id.*

<sup>53</sup> *Office of Diversity, Inclusion, and Health Equity: Diversity University*, JOHNS HOPKINS MED., <https://perma.cc/4YBS-ZFN3>.

<sup>54</sup> *Doctoral Diversity Program*, JOHNS HOPKINS MED., <https://perma.cc/DLB3-38TW>.

<sup>55</sup> *Pathways Program*, JOHNS HOPKINS MED., <https://perma.cc/N6P9-X44V>.

<sup>56</sup> *Center for Health Equity*, JOHNS HOPKINS CTR. FOR HEALTH EQUITY, <https://perma.cc/ZG6R-683W>.

<sup>57</sup> *Id.*

<sup>58</sup> *Id.*

### *C. Johns Hopkins Has Replaced Medical Training with Ideological Indoctrination*

DEI is not confined to hiring and admissions. It is embedded directly into the curriculum and medical training across all departments. The School of Medicine operates Diversity University, an indoctrination program that promotes race-based training.<sup>59</sup> Diversity Innovation Grants fund projects like the Gender Affirming Closet, which provides Johns Hopkins affiliates access to free gender-related clothing, accessories, and makeup, and seeks to build a “community of under-represented minority scientists at all levels.”<sup>60</sup>

Through its Inclusive Excellence and Educational Development Program, Johns Hopkins trains students in “microaggressions,” cultural humility, and “unconscious bias in hiring”<sup>61</sup>—ideological concepts that have nothing to do with merit.

The Johns Hopkins Underserved in Medical Professions (“JUMP”) program offers additional support and opportunities for minority pre-med students and alumni pursuing careers in the health professions, provided they serve “culturally diverse and economically underserved communities.”<sup>62</sup>

The institution’s Equity Statement embeds these priorities throughout the School of Medicine.<sup>63</sup> In a promotional video, Johns Hopkins staff call viewers to “acknowledge, actively address, and work toward effectively managing [...] negative biases.” It calls everyone to “stand against discrimination and oppression in all their forms,” while paradoxically embedding a framework that actively discriminates on the basis of race, sex, and other protected traits.

The video is narrated in part by Dr. Sherita Golden, who served as Johns Hopkins’ Chief Diversity Officer at the time. Dr. Golden later stepped down following backlash from a newsletter in which she labeled White, Christian, heterosexual males as “privileged.”<sup>64</sup> However, she remains a professor of endocrinology and metabolism at the School of Medicine.

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<sup>59</sup> Diversity University, *supra* note 53.

<sup>60</sup> *Diversity Innovation Grants*, JOHNS HOPKINS UNIV., <https://perma.cc/LK4S-LK9Q>.

<sup>61</sup> *Inclusive Excellence Education and Development*, JOHNS HOPKINS UNIV., <https://perma.cc/H3Y5-N69W>.

<sup>62</sup> *Johns Hopkins Underserved in the Medical Professions*, JOHNS HOPKINS UNIV., <https://perma.cc/SD9L-GSYN>.

<sup>63</sup> *The JHM Equity Statement*, JOHNS HOPKINS MED., <https://perma.cc/DRR9-YYWZ>.

<sup>64</sup> Alyssa Guzman, *Johns Hopkins Chief Diversity Officer Steps Down Months After Calling Men, White People ‘Privileged,’* N.Y. POST (March 6, 2024), <https://perma.cc/HA78-PQFM>.

Johns Hopkins is not training the next generation of physicians. It is indoctrinating them. It is not producing excellence; it is enforcing ideology. And it is not improving the American healthcare system. It is infiltrating it with an activist agenda that prioritizes identity over merit, division over unity, and allegiance to a political cause over commitment to clinical excellence.

This is as dangerous to patients as it is illegal.

### III. Johns Hopkins Continues to Violate *SFFA*

Johns Hopkins' admissions process flouts the Supreme Court's ruling in *SFFA* by employing a "holistic review process" that prioritizes race over merit.<sup>65</sup> In *SFFA*, the Court ruled that the race-based admissions policies at Harvard and the University of North Carolina ("UNC") violated the Equal Protection Clause of the Fourteenth Amendment and made clear that "eliminating racial discrimination means eliminating all of it."<sup>66</sup>

In its opinion, the Court rejected "amorphous" goals such as "diversity" and "equity" as insufficient to justify racial classifications, emphasizing that any use of race must satisfy strict scrutiny and have a "logical end point."<sup>67</sup> It made clear that race-based preferences or penalties are unconstitutional, even if adopted to remedy past disparities, and that policies rooted in racial stereotypes cannot stand.<sup>68</sup> Because Title VI of the Civil Rights Act bars the same conduct in federally funded programs as the Equal Protection Clause does for state actors, *SFFA* applies with full force to private institutions like Johns Hopkins University.<sup>69</sup>

#### *A. Johns Hopkins Medicine Embraces the Very Rationale for Race-Based Admissions the Court Rejected*

Johns Hopkins openly embraces the justifications for race-based admissions the Court rejected in *SFFA*. On its admissions webpage, the School of Medicine states that it seeks candidates who "evidence" five specific "characteristics," one of which is "Diversity,"<sup>70</sup> suggesting race and related traits are independently weighted factors

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<sup>65</sup> *SFFA*, 600 U.S. 181.

<sup>66</sup> *Id.* at 206.

<sup>67</sup> *Id.* at 210–14.

<sup>68</sup> *Id.* at 226–27.

<sup>69</sup> *Id.* at 289–90 (Gorsuch, J., concurring).

<sup>70</sup> *Prerequisites, Requirements, and Policies*, JOHNS HOPKINS MED., <https://perma.cc/LS4F-Q2KG>.

in the selection process. This approach mirrors the unconstitutional use of race-based “tips” or “plusses,” that the Court in *SFFA* expressly prohibited when used to advantage certain racial groups at the expense of others,<sup>71</sup> —a clear violation of Title VI and the Equal Protection Clause.

This discriminatory framework permeates Johns Hopkins’ Office of Medical Student Diversity, which is explicitly committed to the “recruitment and retention” of a “diverse student body.”<sup>72</sup> Likewise, the Diversity Council within its Department of Medicine states that its mission is to “promote increased recruitment” and “retention” of groups that are underrepresented in medicine (“URiM”).

Johns Hopkins adopts the Association of American Medical Colleges’ definition of “underrepresented in medicine,”<sup>73</sup> which refers to “racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.” This includes individuals identifying as “American Indian or Alaska Native; Black or African American; Hispanic, Latino, or of Spanish Origin; or Native Hawaiian or Other Pacific Islander.”<sup>74</sup> By defining underrepresentation exclusively in racial and ethnic terms, the School of Medicine explicitly excludes White and Asian applicants. This is neither race-neutral nor constitutionally permissible.

The use of URiM status parallels the “underrepresented minority” preferences at issue in *SFFA*, where Harvard’s holistic admissions process considered race as a factor in assigning numerical scores, and UNC provided a “plus” based on race, both of which were deemed unconstitutional for treating applicants as members of racial groups rather than individuals. As the Court stated, “[a] tip for one race necessarily works as a penalty against other races.”<sup>75</sup>

The Court also condemned admissions practices grounded in racial stereotypes, including the assumption that applicants of certain races inherently possess distinct minority viewpoints.<sup>76</sup> Johns Hopkins’ use of URiM status does precisely that. It

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<sup>71</sup> *SFFA* 600 U.S. at 294–297; *see also id.* at 298 (“Whatever label the universities use to describe their processes, they intentionally consult race and, by design, their race-based tips and plusses benefit applicants of certain groups to the detriment of others”).

<sup>72</sup> School of Medicine Diversity, *supra* note 29.

<sup>73</sup> *Diversity Council of the College of Medicine*, JOHNS HOPKINS MED., <https://perma.cc/2ZNW-P8CW>.

<sup>74</sup> *Facts Glossary*, ASS’N OF AM. MED. COLLS., <https://perma.cc/R8XW-WXHE>.

<sup>75</sup> *SFFA* 600 U.S. at 293–94.

<sup>76</sup> *Id.* at 219 (quoting *Grutter v. Bollinger*, 539 U.S. 333 (2003)).

presumes that members of racially favored groups offer superior perspectives based solely on their race.

*B. Johns Hopkins’ “Holistic Admissions” Process Fails the Logical End Point Test Required Under Strict Scrutiny*

Johns Hopkins’ race-based admissions practices violate the Equal Protection Clause. In *SFFA*, the Supreme Court made clear that private institutions receiving federal funding, like Johns Hopkins, are bound by the equal protection principles. Any use of race must satisfy strict scrutiny, which requires that the policy be narrowly tailored to serve a compelling public interest.

The Court adopted a “logical end point” test to evaluate whether institutions had a plan to end race-based admissions. Johns Hopkins “holistic” admissions process fails the test required under strict scrutiny.<sup>77</sup> Like Harvard and UNC, Hopkins claims to pursue “meaningful representation of diversity” without using fixed quotas. But in *SFFA*, concluded that such goals still amounted to racial balancing because the schools monitored racial composition year over year and adjusted admissions to achieve preferred racial outcomes.<sup>78</sup> UNC’s program, for example, sought to increase the enrollment of “underrepresented minorities” based on comparisons to their proportion in the general population, a rationale the Court flatly rejected as “patently unconstitutional.”<sup>79</sup>

Johns Hopkins follows the same impermissible model. It prioritizes applicants from groups “underrepresented in medicine,” defined relative to their share of the general population, not through race-neutral criteria. Like UNC, Hopkins offers no measurable justification or temporal endpoint for its race-based practices. Instead, it has institutionalized them, preserving its illegal preferences under the guise of “Diversity.”<sup>80</sup>

Evidence from Johns Hopkins’ institutional reporting confirms that its race-based admissions practices are neither incidental nor limited to the School of Medicine—they are part of a comprehensive, university-wide regime of racial engineering. Each year, Johns Hopkins publishes “composition reports” that disaggregate and monitor the racial, ethnic, and gender makeup of its students, staff, and faculty. The 2024

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<sup>77</sup> *Id.* at 221 (quoting *Grutter*, 539 U.S. at 342).

<sup>78</sup> *Id.* at 221.

<sup>79</sup> *Id.* at 223.

<sup>80</sup> Prerequisites, Requirements, and Policies, *supra* note 70.

Graduate Student Composition Report explicitly tracks year-over-year changes in graduate enrollment by race, sex, and “D-URG” status—a designation for “domestic underrepresented groups” based on race, sex, and ethnicity.<sup>81</sup> The report highlights graduate programs where fewer than 25% of students are from preferred racial groups as falling below “benchmark progress,” and it celebrates departments where racially targeted representation thresholds have been met or exceeded.<sup>82</sup>

This data is used to identify, monitor, and correct so-called underrepresentation, which is defined not by race-neutral standards, but by statistical comparisons to the general population—a practice *SFFA* rejected as unconstitutional racial balancing. Johns Hopkins’ deliberate and systematic tracking of student demographics to achieve preferred racial outcomes is not merely unlawful under *SFFA*; it is the very model of race-based sorting that the Court condemned in the strongest possible terms.

*C. Johns Hopkins School of Medicine Uses a Parallel Pipeline for Racially Preferred Applicants*

These policies do not exist in isolation. Johns Hopkins has constructed a sprawling race-based advantage system to recruit and elevate individuals from preferred racial categories throughout its admissions pipeline. Its “Pathway Programs,” including the Summer Internship Program (SIP), Johns Hopkins CARES,<sup>83</sup> and other initiatives spanning high school<sup>84</sup> through postbaccalaureate levels are expressly designed to “identify, recruit, educate, and develop”<sup>85</sup> “underrepresented students in medicine,”<sup>86</sup> with the stated goal of increasing “diversity and inclusion within the healthcare workforce.”<sup>87</sup> These programs aim to “prepare and inspire” URiM students by reducing barriers to entry and providing additional institutional support. Though not a direct admissions guarantee, these programs offer exclusive access to research opportunities, Medical College Admissions Test (“MCAT”) preparation, physician mentorship, clinical shadowing, and other application-enhancing resources—

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<sup>81</sup> *JHU Report on Graduate Student Composition*, JOHNS HOPKINS UNIV. (Fall 2024), <https://perma.cc/UZ6J-ETPA>.

<sup>82</sup> *Id.*

<sup>83</sup> *Pathway Programs: Hopkins C.A.R.E.S.*, JOHNS HOPKINS MED., <https://perma.cc/VBF6-6Z68>.

<sup>84</sup> *Highschool & Undergraduate Internship Programs*, JOHNS HOPKINS MED., <https://perma.cc/P7WD-N7EU>.

<sup>85</sup> *Id.*

<sup>86</sup> *Pathway Programs*, JOHNS HOPKINS MED., <https://perma.cc/N6P9-X44V>.

<sup>87</sup> *Id.*

opportunities often critical to successful medical school applications—and yet only available to students from racially preferred groups.

While Johns Hopkins claims that some programs are open to students of all backgrounds, the eligibility language, program design, and oversight by diversity offices confirm that these initiatives are race-conscious in both purpose and effect. As the Supreme Court made clear in *SFFA*, such preferences violate federal law by allocating benefits based on race and disadvantaging others in the process.

#### *D. Hopkins Defends Racial Preferences as Core to Its Mission*

Johns Hopkins has not merely maintained these unlawful policies; it actively defends them as part of its institutional mission. In 2020, Johns Hopkins joined 14 other institutions in filing an amicus brief in *SFFA* explicitly endorsing the use of racial “diversity” in the same “holistic admissions” process it continues to employ.<sup>88</sup> The university stated that this filing “reflects its core mission of matriculating students from diverse backgrounds, including underrepresented minorities.”<sup>89</sup>

Johns Hopkins is also a current member of the Association of American Colleges & Universities (AAC&U),<sup>90</sup> which submitted an amicus brief in support of Harvard and UNC’s discriminatory holistic admissions process<sup>91</sup> and is a proponent of rebranding illegal DEI under the “inclusive excellence” framework<sup>92</sup> numerous colleges and universities are using to evade federal law and President Trump’s Executive Orders.<sup>93</sup> In other words, Johns Hopkins does not treat race-based admissions as a temporary remedy but as a permanent feature of its educational model.

As the Court in *SFFA* explained, this kind of open-ended, race-focused admissions structure “effectively assure[] that race will always be relevant ... and that the ultimate goal of eliminating race as a criterion will never be achieved.”<sup>94</sup> By embedding race into its so-called “holistic admissions process,” disguising racial

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<sup>88</sup> *Johns Hopkins, 14 Other Leading Universities File Amicus Brief in Support of Diversity in College Admissions*, JOHNS HOPKINS UNIV.: THE HUB (May 21, 2020), <https://perma.cc/K4JE-C8XR>.

<sup>89</sup> *Id.*

<sup>90</sup> *Current Member List*, ASS’N OF AM. COLLS. & UNIVS., <https://perma.cc/7PRL-T6CZ>.

<sup>91</sup> Press Release, Ass’n of Am. Colls. & Univs., AAC&U Joins 39 Higher Education Organizations in Support of Harvard University and the University of North Carolina-Chapel Hill in Supreme Court Cases (Aug. 2, 2022), <https://perma.cc/9D2F-K5ST>.

<sup>92</sup> *Making Excellence Inclusive: A Framework for Embedding Diversity and Inclusion into Institutional Practices and Policies*, ASS’N OF AM. COLLS. & UNIVS. (2005), <https://perma.cc/4G6X-G3TC>.

<sup>93</sup> Letter from Megan D. Redshaw, Am. First Legal, to the Hon. Harmeet K. Dhillon, Assistant Att’y Gen., U.S. Dep’t of Just. (May 21, 2025), <https://perma.cc/96JV-UDLZ>.

<sup>94</sup> 600 U.S. at 224 (quoting *City of Richmond v. J.A. Croson Co.*, 488 U.S. 469, 495 (1989)).

discrimination as “diversity,” and tracking admissions by URiM categories,<sup>95</sup> Johns Hopkins does precisely what UNC and Harvard did. These practices violate federal law<sup>96</sup> and undermine the merit-based standards essential to medical education, where competence is not symbolic, but a matter of life and death.

*E. Hopkins DEI Personnel Are Actively Implementing Unlawful Identity-Based Recruitment*

As plainly shown on its website, Johns Hopkins employs an entire bureaucratic scheme dedicated to recruiting, retaining, and advancing medical students who are “under-represented in medicine.” Senior administrators publicly admit to “determining strategies” to “enhance URiM medical student recruitment and retention,” recruiting house staff who are “from groups underrepresented in medicine,” and identifying diversity and inclusion barriers that “impact recruitment, retention and advancement, recruitment, training, and critical assignments.”<sup>97</sup> None of this language is ambiguous. These programs are designed to prioritize and prefer individuals based on their race, sex, national origin, ethnicity, and other protected characteristics—precisely the type of discrimination the Supreme Court ruled unlawful.

Nowhere do these DEI job descriptions mention evaluating applicants based on their qualifications, academic merit, or potential to contribute to the field of medicine. Instead, a network of deans and program directors has been tasked with advancing “inclusive excellence” and implementing the “IDARE (inclusion, diversity, anti-racism, and equity) educational strategy, which includes unconscious bias, microaggressions, allyship, [and] anti-oppression.”<sup>98</sup>

White and Asian students—particularly White males—are functionally excluded from consideration under these recruitment and retention mandates. That is not inclusion—it is discrimination.

*F. The Implications of SFFA are Clear*

The *SFFA* decision could not be clearer: public and private institutions alike are forbidden from making admissions decisions based on race, even under the guise of

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<sup>95</sup> *Class Statistics*, JOHNS HOPKINS MED., <https://perma.cc/WZ6C-48N7>; see also *Meet the Class of 2026*, JOHNS HOPKINS MED., <https://perma.cc/3KU5-MCC4>; Note statistics for the class of 2028 post- *SFFA*.

<sup>96</sup> U.S. CONST. amend. XIV, § 1 (Equal Protection Clause); see also 42 U.S.C. § 2000d, *et seq.*

<sup>97</sup> Diversity and Inclusion Points of Contact for the School of Medicine, *supra* note 31.

<sup>98</sup> *Id.*

“diversity” or proxies, euphemisms, or so-called mission-based language that repackage racial preferences. Yet this is precisely what Johns Hopkins is doing. It engineers every aspect of its admissions, training, and hiring pipelines to sort, reward, and penalize individuals based on identity rather than merit. These policies violate Supreme Court precedent, Title VI of the Civil Rights Act, the President’s Executive Orders, and the U.S. Constitution.

#### **IV. Johns Hopkins’ Financial Aid and Scholarship Programs Reinforce the University’s Discriminatory Admissions Outcomes**

Johns Hopkins University School of Medicine has integrated financial aid and scholarship offerings into a broader admissions framework that favors applicants based on race, sex, national origin, ethnicity, and other protected characteristics. While some programs present themselves as race-neutral or based on socioeconomic need, the university’s own statements indicate that financial aid is used to shape the demographic composition of the student body in tandem with its race-based admissions practices. This includes billion-dollar philanthropic gifts, such as the Bloomberg-funded tuition initiative, and a range of scholarships and pathway programs that either explicitly or implicitly condition eligibility to favor certain demographic groups. When viewed together, these policies suggest that financial aid is not administered in a neutral manner but instead functions as a mechanism to subsidize its race-based recruitment and retention practices in direct violation of Supreme Court precedent, Title VI of the Civil Rights Act, and the President’s Executive Orders.

##### *A. How Johns Hopkins is Using ‘Socioeconomic Status’ as a Proxy for Race-Based Admissions to Circumvent SFFA*

In 2021, Johns Hopkins University partnered with Bloomberg Philanthropies to launch the Vivian Thomas Scholars Initiative, a \$150 million effort to “fuel diversity” and “directly address historic underrepresentation in science, technology, engineering, and math (“STEM”) fields.”<sup>99</sup> Johns Hopkins explicitly states that the initiative targets students from Historically Black Colleges and Universities (HBCUs) and Minority-Serving Institutions<sup>100</sup> and recruits them directly through the

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<sup>99</sup> *Johns Hopkins, Bloomberg Philanthropies Announce \$150M Effort to Fuel Diversity in STEM Fields*, JOHNS HOPKINS UNIV.: THE HUB (May 11, 2021), <https://perma.cc/P77F-PT5R>.

<sup>100</sup> *Funding and Scholarships*, JOHNS HOPKINS BLOOMBERG SCHOOL OF PUB. HEALTH, Office of Admissions Services, <https://perma.cc/2M6Y-ZLMA>.

program.<sup>101</sup> Selected students receive full tuition, stipends, health insurance, travel funding, mentorship, and professional development opportunities.<sup>102</sup> The program, administered by the university's Office of Diversity, Inclusion, and Health Equity,<sup>103</sup> is not facially neutral—it is race-conscious by design and grounded in the same rationale the Supreme Court rejected in *SFFA*.<sup>104</sup>

This framework extends beyond graduate education. In 2024, Johns Hopkins University School of Medicine announced a new tuition policy for medical students, enabled by a \$1 billion donation from Bloomberg Philanthropies.<sup>105</sup> The university now offers full tuition coverage to students from families earning under \$300,000 and additional aid for those under \$175,000.<sup>106</sup> While couched as a socioeconomic initiative, this policy operates downstream from the university's discriminatory admissions practices and subsidizes their outcomes. According to Johns Hopkins, nearly two-thirds of all enrolled medical students now qualify under the new financial aid model.<sup>107</sup> But this is not a neutral outcome if discrimination determines the makeup of students receiving aid.

Dean Theodore DeWeese stated the gift will allow the university to enhance “socioeconomic diversity” of the student body<sup>108</sup>—a carefully worded nod to racial transformation through economic proxies. Bloomberg Philanthropies similarly stated the gift would benefit medical students “representing the broadest range of socioeconomic backgrounds.”<sup>109</sup>

It is well recognized that race and ethnicity are inseparable from socioeconomic status. They are “intimately intertwined”<sup>110</sup> and, in terms of stratification, often

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<sup>101</sup> Johns Hopkins, Bloomberg Philanthropies Announce \$150M Effort to Fuel Diversity in STEM Fields, *supra* note 99.

<sup>102</sup> *Id.*

<sup>103</sup> Office of Diversity, Inclusion and Health Equity: Support for Underrepresented Communities, Johns Hopkins Med., <https://perma.cc/53NP-UPHK>.

<sup>104</sup> *Id.*

<sup>105</sup> Johns Hopkins Receives Transformative Bloomberg Philanthropies Investment in Financial Aid for Future Doctor, Nurses, and Research Pioneers, JOHNS HOPKINS UNIV.: THE HUB (July 8, 2024) <https://perma.cc/656W-4W4Z>.

<sup>106</sup> *Id.*

<sup>107</sup> Press Release, Bloomberg Philanthropies, Bloomberg Philanthropies Makes Medical School Free at Johns Hopkins University for Majority of Students (July 8, 2024), <https://perma.cc/4RL3-49Q2>.

<sup>108</sup> Andrew Jack, *How Rich Donors Are Targeting US Medical School Tuition*, FIN. TIMES, <https://perma.cc/NR2G-AJCB>.

<sup>109</sup> Bloomberg Philanthropies Makes Medical School Free at Johns Hopkins University for Majority of Students, *supra* note 107.

<sup>110</sup> *Ethnic and Racial Minorities & Socioeconomic Status*, AM. PSYCHOLOGICAL ASS'N, <https://perma.cc/2AE8-FAL9>.

determine a person’s socioeconomic status.<sup>111</sup> According to the U.S. Census Bureau, wealth and income gaps vary significantly between racial groups,<sup>112</sup> with Black and Hispanic households possessing a fraction of the wealth held by White and Asian households.<sup>113</sup> By leveraging these disparities, Johns Hopkins masks racial preferences behind income thresholds.

Although *SFFA* did not bar universities from considering socioeconomic status, it held that facially neutral means may not be used to achieve unlawful racial ends.<sup>114</sup> *SFFA* emphasized that policies must be narrowly tailored, race-neutral in effect as well as form, and subject to strict scrutiny. Universities may not simply relabel racial preferences as economic ones to maintain a discriminatory status quo, or disguise race-based affirmative action with “socioeconomic affirmative action.” Yet Johns Hopkins has done precisely that.

After *SFFA*, Johns Hopkins publicly affirmed its “commitment to diversity,”<sup>115</sup> and it has done so through a new legal framework. That framework now includes pathway programs, pre-admissions mentorships, and race-prioritized outreach, followed by downstream financial aid that reinforces the racially sorted admissions outcomes. These practices mirror the university’s response to Bloomberg’s earlier \$1.8 billion gift to undergraduate financial aid, which it credited with “transforming the demographic composition” of its student body.<sup>116</sup>

The same logic now governs medical school aid. Because financial aid is awarded after admission, it operates downstream from an admissions process that prioritizes race. This results in a two-tiered system: race-influenced admissions upstream and financial reinforcement downstream. And that framework, as detailed above, is rife with race-conscious preferences that violate *SFFA*, Title VI, and the Equal Protection Clause.

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<sup>111</sup> David R. Williams et al., *Understanding Associations Between Race, Socioeconomic Status and Health: Patterns and Prospects*, 35 HEALTH PSYCHOL. 407 (2016), <https://perma.cc/4KDV-8ZQA>.

<sup>112</sup> U.S. CENSUS BUREAU, *Wealth and Asset Ownership*, <https://perma.cc/XYA7-9JNR>.

<sup>113</sup> David Waddington, *Census Bureau Statistics Measure Equity Gaps Across Demographic Groups*, U.S. CENSUS BUREAU (Sept. 14, 2021), <https://perma.cc/5WBC-VE6N>.

<sup>114</sup> 600 U.S. 181 (2023).

<sup>115</sup> *Johns Hopkins Affirms Commitment to Diversity in Wake of Supreme Court Decision on Race in Admissions*, JOHNS HOPKINS UNIV.: THE HUB (June 29, 2023) <https://perma.cc/744M-Z2VV>.

<sup>116</sup> *Investing in the Next Generation of Leaders in Medicine and Research*, JOHNS HOPKINS UNIV., <https://perma.cc/K4QW-LFJE>; *Johns Hopkins Receives Transformative Bloomberg Philanthropies Investment in Financial Aid for Future Generations of Doctors, Nurses, and Research Pioneers*, JOHNS HOPKINS UNIV.: THE HUB (July 8, 2024), <https://perma.cc/7SNK-T4VF>.

The Greenwood Initiative,<sup>117</sup> also funded by Bloomberg Philanthropies,<sup>118</sup> further illustrates this strategy. The program seeks to “advance racial wealth equity” and address “systemic underinvestment in Black institutions,”<sup>119</sup> which includes “strategic investments such as the Black Wealth Data Center and its Racial Wealth Equity Database.”<sup>120</sup> Though presented as an economic uplift program, Bloomberg openly acknowledges that it funds HBCUs to promote racial representation in medicine, diversifying the medical field and training the next generation of doctors.”<sup>121</sup> These are the same institutions Johns Hopkins partners with through pipeline programs designed to recruit and retain preferred identity groups.<sup>122</sup>

Neither Bloomberg’s goal of strengthening endowments to address rising tuition nor Johns Hopkins’ receipt of such a significant gift is objectionable. What is unlawful is using that funding to prop up racially discriminatory systems. When aid is tied to outcomes shaped by race-based admissions, the funding becomes part of a broader discriminatory framework. Johns Hopkins cannot separate its financial aid model from the discriminatory infrastructure it supports. As the Supreme Court held in *SFFA*, policies that produce discriminatory racial outcomes, even if facially neutral, violate the Equal Protection Clause and Title VI when they are used to perpetuate racial classifications in admissions that disadvantage certain groups or lack a compelling, measurable justification.<sup>123</sup>

Here, Johns Hopkins’ statements confirm that it uses financial aid to transform the composition of its student body, just as it uses race-conscious admissions to determine who receives offers of admission. The two policies are integrated and mutually reinforcing. By funding racially sorted admissions outcomes with facially neutral aid, Johns Hopkins is perpetuating a two-tiered, discriminatory system. That is unlawful under *SFFA*,<sup>124</sup> Title VI of the Civil Rights Act, and the Equal Protection Clause.

Johns Hopkins cannot divorce its funding model from the discriminatory infrastructure it sustains. The university’s use of financial aid to entrench race-based outcomes is not in compliance with the law. It is calculated circumvention,

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<sup>117</sup> *The Greenwood Initiative*, BLOOMBERG PHILANTHROPIES, <https://perma.cc/FH65-CBT7>.

<sup>118</sup> *Johns Hopkins University*, BLOOMBERG PHILANTHROPIES, <https://perma.cc/EXY4-4ND3>.

<sup>119</sup> Press Release, Bloomberg Philanthropies, Bloomberg Philanthropies Announces Largest-Ever Gift to the Nation’s Four Historically Black Medical Schools (Aug. 6, 2024), <https://perma.cc/6FE6-YVK8>.

<sup>120</sup> *Id.*

<sup>121</sup> *Id.*

<sup>122</sup> *Vivian Thomas PhD Scholars*, JOHNS HOPKINS UNIV., <https://perma.cc/BBZ5-SNVN>.

<sup>123</sup> 600 U.S. at 213–214.

<sup>124</sup> *Id.* at 296.

undermining the meritocratic principles essential to both higher education and the practice of medicine. Financial aid may not be weaponized to reward discriminatory admissions. The university's use of aid to lock in race-based outcomes undermines the rule of law, corrupts meritocratic standards, and diminishes public confidence in medical education. This is not equity. It is discrimination by another name—and it must be dismantled.

### *B. Other DEI-Focused Scholarships at Johns Hopkins University School of Medicine*

In addition to embedding DEI principles across its academic and administrative infrastructure, Johns Hopkins' School of Medicine offers several other scholarships and programs<sup>125</sup> that explicitly consider race, sex, national origin, ethnicity, and other identity-based criteria in their eligibility requirements. Representative examples include:

- **Johns Hopkins Medicine International Scholarship Program:** This scholarship provides funding to help non-US resident international medical students with educational costs.<sup>126</sup>
- **Paul B. Rothman, M.D., and Frances J. Meyer, M.D. Merit Scholarship Fund:** The fund was created in 2017 to “recruit and retain” talented medical “students from diverse backgrounds.”<sup>127</sup>
- **Diversity Summer Internship Program:** This is an 8-week program available to undergraduate students interested in biomedical or public health research. Interns work one-on-one with faculty on research projects and attend professional development sessions. This program is only available to students from “underrepresented minority groups” and those from “economically disadvantaged backgrounds” interested in medicine or science.<sup>128</sup>
- **Generation Tomorrow: Summer Health Disparity Scholars:** This program offers mentorship and training in Human Immunodeficiency Virus (“HIV”) and

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<sup>125</sup> *Funding and Scholarships*, JOHNS HOPKINS BLOOMBERG SCHOOL OF PUB. HEALTH, Office of Admissions Services, <https://perma.cc/2M6Y-ZLMA>.

<sup>126</sup> *Office of Financial Aid: Financial Aid Application Process for Non-U.S. Residents Entering Medical School*, JOHNS HOPKINS MED., <https://perma.cc/7VB4-GELW>.

<sup>127</sup> *Scholarships*, JOHNS HOPKINS UNIV., <https://perma.cc/73UB-8CHY>.

<sup>128</sup> *Diversity Summer Internship Program*, JOHNS HOPKINS BLOOMBERG SCHOOL OF PUB. HEALTH., <https://perma.cc/SXZ7-5EG8>.

Hepatitis C Virus (“HCV”) education, testing, and counseling; health disparities, cultural competence, and harm reduction, and is intended for undergraduate students interested in HIV and/or HCV health disparities and their intersection with substance use, violence, mental health, and the “social determinants of health.”<sup>129</sup>

- Health Professions Recruitment and Exposure Program (“HPREP”): HPREP is a racially and ethnically exclusive pathway program operated by the Johns Hopkins chapter of the Student National Medical Association (“SNMA”) targeting only “underrepresented minority high school students.” SNMA’s stated goals include “supporting underrepresented minorities in biomedical research and medicine,” “increasing the number of physicians, scientists, and researchers who are African American/Black or from other racial and ethnic underrepresented groups,” and “eliminating healthcare disparities.” The program immerses participants in science-related activities, clinical shadowing, SAT preparation, and physician-led mentorship, explicitly limiting access based on race and ethnicity. Through partnerships with Baltimore’s MERIT Health Leadership Academy, the program excludes qualified students who do not meet identity-based criteria, in direct tension with civil rights laws prohibiting race-based discrimination in federally funded programs.<sup>130</sup>
- Brotherhood Alliance for Science and Education: This program provides mentorship and career development opportunities exclusively for “underrepresented minority males” to increase “the number of underrepresented minority males in higher education and foster a sense of community empowerment through service.”<sup>131</sup>
- Visiting 4th Year Medical Student Elective Program in Med-Peds: The Johns Hopkins Combined Medicine-Pediatrics Urban Health training program centers its curriculum around social justice activism, instructing residents to “dismantle inequities” and build a “justice-driven society.” The Urban Health Residency identifies eliminating “health inequities” through patient care, advocacy, education, and research as its mission. It explicitly designates DEI as a “core value” of the program and the broader medical school. The program gives preference to students who demonstrate a “commitment to addressing

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<sup>129</sup> *Pathway Programs*, JOHNS HOPKINS MED., <https://perma.cc/PLR7-HYE6>.

<sup>130</sup> *Office of Diversity, Inclusion and Health Equity: Student National Medical Association (SNMA)*, JOHNS HOPKINS MED., <https://perma.cc/7V24-R4W4>.

<sup>131</sup> *Id.*

health care disparities,” prioritizing ideological alignment over clinical or academic excellence.<sup>132</sup>

- Multiple departments, including Pediatrics,<sup>133</sup> Pathology,<sup>134</sup> Otolaryngology,<sup>135</sup> Ophthalmology,<sup>136</sup> and Anesthesiology,<sup>137</sup> offer residency-linked scholarships and clerkships that prioritize URiM students. Some programs, such as the Wilmer Eye Institute’s “Diversity Scholars Program,”<sup>138</sup> seek to establish a “more inclusive workforce” or pair URiM students with faculty mentors while granting exclusive access to research opportunities.<sup>139</sup>

By conditioning scholarship access on race, sex, and sexual orientation, Johns Hopkins Medical School is operating a preferential system that denies equal opportunity in violation of federal law, Supreme Court precedent, and binding executive directives.

## **V. Johns Hopkins’ Residency Program Engages in DEI-Based Discrimination**

Johns Hopkins has transformed its graduate medical education programs into vehicles for discrimination through a comprehensive DEI framework that elevates race, sex, and other protected classifications over individual merit. Applicants who do not fall within the institution’s preferred demographic categories, particularly White males and individuals of Asian descent, are excluded from federally funded opportunities, regardless of qualification.

This discriminatory system is not peripheral to the school’s operations—it is a core institutional priority embedded across Johns Hopkins Medical School and Health System.<sup>140</sup> By Johns Hopkins’ own admission, this integration aligns the medical

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<sup>132</sup> *Urban Health Residency Program: Visiting 4th Year Medical Student Elective Program in Med-Peds*, JOHNS HOPKINS MED., <https://perma.cc/FBT9-NBKD>.

<sup>133</sup> *Pediatric Diversity, Equity, and Inclusion Advocacy Council*, *infra* note 167.

<sup>134</sup> *Residency Program Overview*, JOHNS HOPKINS MED., Pathology, <https://perma.cc/QU34-2ZZX>.

<sup>135</sup> *Otolaryngology-Head and Neck Surgery: Medical Student Clerkships*, JOHNS HOPKINS MED., <https://perma.cc/8QQQ-GLMR>.

<sup>136</sup> Jon Bleiweis, *Mentoring as Our Mission: Enhancing Diversity in the Ophthalmology Pipeline*, JOHNS HOPKINS MED. (Oct. 4, 2021), <https://perma.cc/JZ8Q-3LNT>.

<sup>137</sup> *Johns Hopkins Anesthesiology and Critical Care: Visiting Advanced Elective in Anesthesiology to Promote Health Equity*, JOHNS HOPKINS MED., <https://perma.cc/6JSJ-9P8R>.

<sup>138</sup> Bleiweis, *supra* note 136.

<sup>139</sup> *Id.*

<sup>140</sup> *About Johns Hopkins Medicine*, JOHNS HOPKINS MED., <https://perma.cc/2V4G-HDCC>.

school's operations, planning, and governance with its health system's hospitals and clinical facilities.<sup>141</sup>

As a result, DEI mandates originating in the university, including race- and sex-based recruitment, ideological training, and identity-restricted programs, are carried into clinical settings, residency training sites, and patient-facing care environments throughout the health system. The structure, messaging, and implementation of these programs violate Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, and Executive Order 14173, which collectively prohibit any federally funded entity from treating individuals differently based on race, sex, national origin, or gender.

Across dozens of departments and specialties, Johns Hopkins recruits, trains, and advances residents based not solely on individual merit but on whether they meet the institution's DEI identity metrics. It administers identity-restricted programs, imposes ideological training on residents, uses race and gender as selection criteria, and incentivizes diversity outcomes through national DEI awards.

As with admissions, nearly every major residency program at Johns Hopkins incorporates DEI into its public mission and recruitment strategy. Johns Hopkins' residency programs state explicitly that they seek to recruit individuals who are "underrepresented in medicine," a term that functions as a proxy for race, ethnicity, sex, and gender identity. Faculty members across these programs, including those in leadership, affirm that increasing the number of residents from these identity groups is a central mission.

#### *A. Osler Medical Residency Program*

In an October 2023 YouTube video, Dr. Tinsay Woreta, Associate Program Director of DEI for the Osler Medical Residency program, states the mission of Johns Hopkins is to "recruit under-represented in medicine candidates at all levels within the institution, including to our residency program."<sup>142</sup> She further confirms that Johns Hopkins has built a formal leadership structure to enforce these goals:

"We have a leadership structure at the institution and within the Department of Medicine that highlights Johns Hopkins' strong commitment to Diversity, Equity,

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<sup>141</sup> *Id.*

<sup>142</sup> JOHNS HOPKINS DEPT OF MED., *Inclusive Excellence | Johns Hopkins Osler Medical Residency* (YouTube, Oct. 16, 2023), <https://perma.cc/6TPZ-BESM>.

and Inclusion. This includes a Vice Chair of DEI for the Department of Medicine, an Assistant Vice Chair for Women’s Careers in Academic Medicine, and an Assistant Vice Chair for LGBTQ+ Equity and Education.”<sup>143</sup>

These are not aspirational values. They are operational mandates tied to recruitment, training, and faculty governance, not merit. Residents of the Osler Medical residency program participate in identity-based programming such as quarterly social events for URiM house staff, closed-door forums between underrepresented residents and leadership, and mentorship opportunities based on race, gender, and other identity categories.<sup>144</sup>

### *B. Bayview Internal Medicine Residency Program*

The Bayview Internal Medicine Residency Program received a DEI-specific grant under the Mosaic Initiative to enhance its recruitment of “underrepresented minority” residents.<sup>145</sup> The funding was used to “augment its efforts to attract the most talented underrepresented minority students across the country.”<sup>146</sup> This is blatant discrimination. The program’s website openly celebrates that 25% of its current house staff are from “ethnic and racial groups that are traditionally underrepresented in medicine.”<sup>147</sup> It also advertises a directory of “lesbian, gay, bisexual, or transgendered people that are part of Hopkins,” reinforcing that recruitment is structured around sexual orientation and gender identity.<sup>148</sup>

### *C. Urban Health Program*

The Urban Health Primary Care Track is part of the broader Urban Health Program, which includes the Medicine-Pediatrics, Internal Medicine Primary Care, and Pediatrics Health Equity Tracks.<sup>149</sup> According to its “Diversity, Inclusion, and Belonging” webpage, the Urban Health Residency curriculum prepares “residents to dismantle inequities and build a justice-driven society in which all can flourish.”<sup>150</sup> It

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<sup>143</sup> *Id.*

<sup>144</sup> *Osler Medical Residency: Inclusive Excellence & Wellness*, JOHNS HOPKINS SCH. OF MED., <https://perma.cc/GF84-FUY2>.

<sup>145</sup> *Bayview Internal Medicine Residency Program: About the Program*, JOHNS HOPKINS UNIV. SCH. OF MED., <https://perma.cc/D5G9-E4C3>.

<sup>146</sup> *Id.*

<sup>147</sup> *Id.*

<sup>148</sup> *Id.*

<sup>149</sup> *Urban Health Residency Program: Med-Peds Urban Health Primary Care Residency Program*, JOHNS HOPKINS MED., <https://perma.cc/NH8K-FFUM>.

<sup>150</sup> *Urban Health Residency Program: Diversity, Inclusion & Belonging*, JOHNS HOPKINS MED., <https://perma.cc/9BFL-SSQW>.

showcases the House Staff Diversity Council, Pediatrics Diversity Council, Diversity Council of the Department of Medicine, a Center for Health and Opportunity specifically for “Latinxs,”<sup>151</sup> Johns Hopkins Center for Health Equity, and the Brancati Center that “supports educational programs that promote diversity in the healthcare workforce.”<sup>152</sup>

The Urban Primary Care Track’s mission claims “[d]iversity, inclusion, and anti-racism are central values” of the residency program.<sup>153</sup> Dr. Talia Robledo-Gil is one of these Urban Health Internal Medicine Associate Track Directors who “teaches about racism, implicit bias, and motivational interviewing.”<sup>154</sup> In a promotional video, Robledo-Gil states that her focus is “really on Diversity, Equity, and Inclusion” and feels the “workforce can do better to promote those underrepresented in medicine,” as “we have been historically made up of predominantly cis-gendered, white and privileged trainees.” Another part of Robledo-Gil’s job is to recruit future trainees.<sup>155</sup>

In the same video, Dr. Risha Irvin, Associate Vice Chair for “Diversity & Inclusion” for the Department of Medicine and Chair of the “Diversity Council,” states that the role of the Diversity Council is to “focus on retention, recruitment, and promotion”<sup>156</sup> of diverse residents and faculty. The Council upholds the ideals of “diversity, inclusion, and equity,” and intersects with a “resident diversity council,” yet another layer of discrimination embedded within Johns Hopkins School of Medicine.<sup>157</sup>

#### *D. Emergency Medicine, Dermatology, Anesthesiology, and Critical Care Residency Programs*

The Emergency Medicine Residency Program lists as its top program aim to recruit a “diverse applicant pool,” a goal echoed throughout program materials.<sup>158</sup> The Dermatology residency program “at all times” emphasizes its “core values,” which explicitly include “diversity and inclusion.”<sup>159</sup>

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<sup>151</sup> *Center for Health and Opportunity for Latinxs*, CENTRO SOL, <https://perma.cc/DBX6-RUKG>.

<sup>152</sup> Diversity, Inclusion & Belonging, *supra* note 148.

<sup>153</sup> *Urban Health Primary Care Track*, JOHNS HOPKINS MED., <https://perma.cc/4XVG-BBL9>.

<sup>154</sup> JOHNS HOPKINS DEPARTMENT OF MEDICINE, *Welcome from Leadership | Urban Health Primary Care Track*, (YouTube, Nov. 10, 2022), <https://perma.cc/R8SA-NN7R>.

<sup>155</sup> *Id.*

<sup>156</sup> *Id.*

<sup>157</sup> *Id.*

<sup>158</sup> *Emergency Medicine*, JOHNS HOPKINS MED., <https://perma.cc/B76P-L9QH>.

<sup>159</sup> *Dermatology: Residency Program*, JOHNS HOPKINS MED., <https://perma.cc/9W5B-H3MF>.

Likewise, the Anesthesiology and Critical Care Medicine Training Program affirms that DEI is a “core value” of its training program and welcomes all students, regardless of race or ethnicity,” provided they are “committed to addressing healthcare disparities”—a phrase often used as a proxy for DEI conformity.<sup>160</sup>

The program states that “all applications are carefully considered,” downplaying objective metrics by asserting that “board scores and clinical grades do not in and of themselves paint an accurate picture of an applicant.”<sup>161</sup> Instead, applicants are evaluated using a so-called “scorecard review process,” which the program describes as assessing “the whole individual,” including “a combination of grades, scores, research and clinical experiences, special interests, unique attributes and evidence of true desire to complete training at Johns Hopkins.”<sup>162</sup> This is no different than the holistic review process at issue in *SFFA*—a process that prioritized ideological alignment and race, sex, and other protected characteristics over standardized academic achievement.

#### *E. Gynecology & Obstetrics Residency Program*

The Gynecology and Obstetrics Residency Program echoes these themes. At the core of the educational model is an emphasis on embracing diversity and inclusion as the key to advancing patient-centered care and medical education.<sup>163</sup> While the admissions criteria do not explicitly mention race or diversity as a factor under consideration, the Residency Program uses a “holistic review” process to evaluate applicants, suggesting race, sex, ethnicity, and other identity-based characteristics are considered behind closed doors.<sup>164</sup>

#### *F. Pathology*

The Pathology Residency Program is “deeply committed to diversity, equity, and inclusion” as core values and believes diversity is a “cornerstone” of its program.<sup>165</sup> At Johns Hopkins, pathology trainees deemed “underrepresented in medicine” can “network and fellowship” with URiM trainees and faculty through the institution-wide House Staff Diversity Council.<sup>166</sup> The Pathology Diversity Committee works in

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<sup>160</sup> *Residency–Apply*, JOHNS HOPKINS ANESTHESIOLOGY AND CRITICAL CARE MED., <https://perma.cc/N7GU-QJEA>.

<sup>161</sup> *Id.*

<sup>162</sup> *Id.*

<sup>163</sup> *Gynecology & Obstetrics Residency Program*, JOHNS HOPKINS MED., <https://perma.cc/BAY6-929W>.

<sup>164</sup> *Application Process*, JOHNS HOPKINS MED., <https://perma.cc/CPV2-RMLU>.

<sup>165</sup> *Residency Program Overview*, JOHNS HOPKINS MED. PATHOLOGY, <https://perma.cc/NX7P-REDA>.

<sup>166</sup> *Id.*

parallel to “recruit and retain the next generation of pathologists and laboratory professionals.”<sup>167</sup> On its webpage, the residency program boasts that it received the 2023 “Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award from the Accreditation Council for Graduate Medical Education.”<sup>168</sup>

In a 2019 peer-reviewed article published in *Academic Pathology*, the Johns Hopkins Pathology Department details a discriminatory race-based pipeline program aimed at “increasing” DEI in pathology.<sup>169</sup> This diversity pipeline includes an active outreach program and a funded rotation for URiM and other disadvantaged groups to increase DEI beyond the medical student level.<sup>170</sup>

The department also features a video on its website where faculty publicly align with the Black Lives Matter movement and denounce police violence. The video opens with Black physicians identifying themselves and stating that the violence experienced by victims such as George Floyd, Trayvon Martin, and Ahmaud Arbery could just as easily have been inflicted on them.<sup>171</sup>

### *G. Pediatric Residency Program*

The Pediatrics Residency Program<sup>172</sup> embeds DEI across its entire training model through its Pediatric Diversity, Equity, Inclusion, Advocacy and Council” (“DEIA”).<sup>173</sup> This council is composed of “residents, fellows and faculty dedicated to serving those who belong to underrepresented in medicine, sexual and gender minority, disabled and/or any historically marginalized communities,” provides professional mentorship and social support, and delivers education on “culturally and structurally competent care.”<sup>174</sup> To “promote diversity” within the department, the council participates in “various recruitment efforts.”<sup>175</sup>

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<sup>167</sup> *Id.*

<sup>168</sup> *Id.*; see also *Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award*, ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, <https://perma.cc/9BNK-7XU5>.

<sup>169</sup> Alicia D. Ware, et al., *The “Race” Toward Diversity, Inclusion, and Equity in Pathology: The Johns Hopkins Experience*, 6 *ACAD. PATHOLOGY* (Sept. 8, 2019), <https://perma.cc/MW5P-GC42>.

<sup>170</sup> *Id.*

<sup>171</sup> *Johns Hopkins Physicians Stand With You*, YOUTUBE, Johns Hopkins Medicine, <https://perma.cc/WS7L-6385>.

<sup>172</sup> *The Harriet Lane Pediatric Residency Program*, JOHNS HOPKINS MED., <https://perma.cc/WS7L-6385>.

<sup>173</sup> *Pediatric Diversity, Equity, Inclusion and Advocacy Council: The Harriet Lane Pediatric Residency Program*, JOHNS HOPKINS MED., <https://perma.cc/ELJ7-MVVN>.

<sup>174</sup> *Id.*

<sup>175</sup> *Id.*

Additionally, the Council runs community outreach programs targeting underrepresented students in collaboration with organizations such as MERIT and CentroSOL and hosts Pediatric Grand Rounds focused on DEIA topics. Its “Pathway to Structural Competency” program teaches residents that “racism and social structures,” not biology or behavior, determine health outcomes and must be “dismantl[ed]” to reduce disparities. To drive this home, the residency program provides an educational series that educates trainees about topics “important to diversity, equity, and inclusion.”<sup>176</sup>

#### *H. Otolaryngology–Head and Neck Surgery*

The Johns Hopkins Otolaryngology–Head and Neck Surgery (“OHNS”) Residency Program has a dedicated “Diversity and Inclusion” page,<sup>177</sup> which affirms a departmental commitment to “recruiting and retaining diverse groups of students, residents, faculty and staff.” The department endorses ideological content through videos and media aligned with political movements, including the Johns Hopkins “Equity Statement” denouncing bias and oppression and Black Lives Matter-themed campaigns such as “White Coats for Black Lives” and “Johns Hopkins Physicians Stand with You,” where physicians are filmed kneeling and chanting activist slogans like “say his/her name.”<sup>178</sup>

#### *I. Department of Surgery: Ideological Indoctrination Masquerading as Inclusion*

The Department of Surgery at Johns Hopkins exemplifies how deeply DEI ideology has infiltrated clinical education. The department openly declares that “Diversity and Inclusion” are foundational to its mission.<sup>179</sup> According to its official webpage, the department is committed to “recruiting and retaining diverse groups of students, residents, faculty and staff” and “fostering inclusion” as a condition of academic and clinical excellence.<sup>180</sup>

Indoctrination with DEI ideology is not optional. Residents and faculty are subjected to “implicit bias” education<sup>181</sup> and ongoing DEI modules, including department-wide

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<sup>176</sup> *Id.*

<sup>177</sup> *The Johns Hopkins Otolaryngology–Head and Neck Surgery (OHNS) Residency*, JOHNS HOPKINS MED., <https://perma.cc/LH33-AKH6>.

<sup>178</sup> *Id.*

<sup>179</sup> *Diversity and Inclusion in the Department of Surgery*, JOHNS HOPKINS MED., <https://perma.cc/HJC6-P5AL>.

<sup>180</sup> *Id.*

<sup>181</sup> *JHM Diversity, Inclusion and Health Equity Resources*, JOHNS HOPKINS MED., Medicine Matters, <https://perma.cc/S348-E6Q6>.

grand rounds and lectures on race, identity, and systemic oppression. The department's Diversity Council coordinates these efforts and encourages resident participation in events and programs centered on identity-based outreach, health disparities, and "social justice."

Moreover, the department conducts race-conscious research under the banner of "Healthcare Disparities Research," promoting papers and projects that explicitly categorize patient outcomes by race, sex, and ethnicity.<sup>182</sup> They "investigate these topics" to "shed light on racial disparities in surgery."<sup>183</sup> Rather than focusing on medical variables or individual risk factors, these programs promote the view that demographic identity drives outcomes.

The DEI culture is so deeply entrenched that diversity is framed as a moral and operational requirement across all levels of surgery education. These views are promoted internally and to the public through media, institutional awards, and community outreach programs. These activities are not incidental; they are treated as essential department functions, often with mandatory involvement from residents and fellows. One video featured on the department's webpage, "Black Doctors Matter," signals how far the department has embraced racially charged messaging as part of its official institutional voice.<sup>184</sup> These activities are not incidental; they are treated as essential department functions, often with mandatory involvement from residents and fellows.

Johns Hopkins' residency programs do not operate as merit-based pathways to clinical excellence. They operate as DEI enforcement mechanisms funded with taxpayer dollars. From top to bottom, these programs evaluate and treat applicants, residents, and faculty differently based on race, sex, gender identity, and national origin. The Department of Justice must act immediately to investigate and halt these discriminatory practices.

## **VI. Johns Hopkins is Advancing Discrimination with Federal Funds Through Medical Research**

Johns Hopkins is one of the nation's most prestigious and influential medical institutions. It trains thousands of medical students, residents, and fellows across dozens of accredited programs annually and employs faculty and staff who oversee

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<sup>182</sup> Diversity and Inclusion in the Department of Surgery, *supra* note 180.

<sup>183</sup> *Id.*

<sup>184</sup> *Id.*

clinical care, research, and public health initiatives across the country. It is also among the top recipients of federal funding from HHS. As a standard-bearer for medical education, biomedical research, and healthcare workforce development, Johns Hopkins should be setting a national example of equal treatment under the law. Instead, it is doing the opposite—advancing discriminatory policies that favor certain groups based on their race, color, national origin, ethnicity, or sex, while unlawfully excluding others.

Since 2021, Johns Hopkins has received approximately \$5.63 billion in federal funding,<sup>185</sup> including over \$3.7 billion from the National Institutes of Health.<sup>186</sup> Many of these taxpayer-funded grants support race-based and DEI-driving programs that raise serious concerns under federal laws. Representative examples of grants related to DEI include:

- HHS Project Grant P50DA058619 awards \$5.2 million through June 30, 2028, to fund the “CIRCLE” Center of Excellence, which is explicitly designed to promote “indigenous health equity” in “drug use outcomes.” The grant prioritizes race-based research, training, and outreach and supports culturally framed interventions, promotes the advancement of Indigenous scholars, namely American Indian and Alaska Natives, and aligns with the National Institute on Drug Abuse’s “Racial Equity Initiative,” including equity-driven partnerships and policy recommendations to reduce substance use disparities.<sup>187</sup>
- HHS/NIH grant R01AG077935 awards \$2.3 million through May 31, 2027, to study the “role of structural racism in environmental and health disparities.” The project asserts that Black Americans are at greater risk for cognitive decline than White Americans and attributes disparities in access to green space to “structural racism” and past discriminatory policies. It seeks to measure whether historical redlining and racial residential patterns contribute to dementia risk, and whether neighborhood revitalization efforts unintentionally harm “communities of color” through gentrification. The grant explicitly frames its objectives around race and ethnicity, and partners with

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<sup>185</sup> *The Johns Hopkins University*, USASPENDING <https://perma.cc/963D-DEZ4>.

<sup>186</sup> NAT’L INSTS. OF HEALTH, *NIH Awards by Organization: Johns Hopkins University*, REPORT, <https://perma.cc/KW4J-GYLT> (2021); <https://perma.cc/9MT8-NABE> (2022), <https://perma.cc/F72Y-TCNT> (2023); <https://perma.cc/KPW5-HR98> (2024); <https://perma.cc/VMN2-S92B> (2025) .

<sup>187</sup> *Project Grant (FAIN: P50DA058619)*, USASPENDING, <https://perma.cc/UC96-JHS9> (HHS award).

“environmental justice-oriented organizations” to “explore barriers” to advance “cognitive health equity.”<sup>188</sup>

- HHS grant US54DK137331 obligates \$1.7 million through June 30, 2028, to the Johns Hopkins O’Brien Center (“JHOC”) to address “disparities in kidney health” among “socially marginalized populations.” JHOC works with the Johns Hopkins Center for Health Equity to prioritize research to “ameliorate disparities” rather than focusing on clinical or biological factors. It commits to advancing the careers of early-stage investigators through DEI-driven collaboration and recruitment, includes a summer enrichment program explicitly designed for students from “socioeconomically under-resourced backgrounds,” and makes “recommendations to inform strategies, interventions, and approaches aimed at achieving health equity.”<sup>189</sup>
- HHS Project Grant R01HL164116 obligates \$1.5 million through May 31, 2026, to Johns Hopkins to study the effects of “county-level structural racism” on “hypertension disparities” in Black and White U.S. adults. Researchers aim to quantify how much counties could save in healthcare costs if “structural racism” were eliminated. The study does not focus on improving patient care, reducing clinical risk factors, or strengthening medical access—it focuses on advancing the race-based narrative that disparities are caused not by biology or behavior, but by a racially oppressive system. The results are intended to inform “policy briefs targeted toward county-level executives” nationwide, aiming to reshape health policy around this unproven premise.<sup>190</sup>
- HHS grant US54CA295336 obligates \$1.3 million through August 31, 2029, to fund the Howard-Johns Hopkins Comprehensive Alliance in Cancer Research, Education, and Equity. This grant is a government-sponsored campaign to embed race-based discrimination into cancer care, research, and education. It explicitly prioritizes “historically underserved African Americans” to “advance cancer care and health equity” through race-conscious initiatives in partnership with Howard University and the Sidney Kimmel Comprehensive Cancer Center. Its stated goals include addressing “healthcare disparities in this diverse and significant demographic,” promoting “workforce diversity” by “increasing the number of African American students pursuing cancer research.” It aims to grow the number of investigators conducting “cancer

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<sup>188</sup> *Project Grant (FAIN: R01AG077935)*, USASPENDING, <https://perma.cc/EM5E-BSZ7> (HHS award).

<sup>189</sup> *Project Grant (FAIN: US54DK137331)*, USASPENDING, <https://perma.cc/FZ8G-ZXGG> (HHS award).

<sup>190</sup> *Project Grant (FAIN: R01HL164116)*, USASPENDING, <https://perma.cc/53W7-YHJR> (HHS award).

health disparities” research through race-targeted recruitment and funding. It also seeks to develop and implement initiatives that “contribute to eliminating cancer health disparities” locally and nationally. This is not medicine. It is racial engineering disguised as equity, driven by discriminatory intent, and destined to produce discriminatory outcomes.<sup>191</sup>

- HHS grant K08DK133638 awards nearly \$519,000 to Johns Hopkins through May 31, 2027, to develop a race-based algorithm for the liver transplant waiting list. The project seeks to change how patients are prioritized on the transplant list from one of clinical need to “equity.” According to the grant, the “overarching project goal” is to “improve equity in liver transplant decision-making,” to “develop and internally validate a machine learning-based model” to “assist” transplant teams in evaluating candidates, and to create a “data-driven, equity-focused intervention” for liver transplant evaluation. Johns Hopkins is also designing an equity-based “multicenter pilot implementation trial” for liver transplant evaluation to “address disparities” in the liver transplant listing. In short, Johns Hopkins is using federal funding to alter life-or-death transplant decisions based on race, embedding “equity” into clinical protocols in place of individualized medical need.<sup>192</sup>

Because Johns Hopkins receives federal financial assistance, it is bound by the anti-discrimination provisions of Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, Title IX of the Education Amendments of 1972,<sup>193</sup> and the U.S. Constitution.<sup>194</sup> It is also subject to Executive Orders that prohibit the use of race-, sex-, and identity-based preferences in federally funded programs. These obligations apply across all operations, including admissions, faculty hiring, research, clinical services, and outreach programs.

Executive Order 14151 explicitly directs the heads of federal agencies to review and take action against grantees of federal funds who have used that funding to “provide or advance DEI, DEIA, or ‘environmental justice’ programs, services, or activities since January 20, 2021.”<sup>195</sup> Johns Hopkins School of Medicine has received significant

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<sup>191</sup> *Project Grant (FAIN: US54CA295336)*, USASPENDING, <https://perma.cc/9UVE-5SRZ> (HHS award).

<sup>192</sup> *Project Grant (FAIN: K08DK133638)*, USASPENDING, <https://perma.cc/9DPX-6DQB> (HHS award).

<sup>193</sup> 42 U.S.C. § 2000d, *et seq.*; 20 U.S.C. §§ 1681–1688.

<sup>194</sup> U.S. CONST. art. I, § 8, cl. 1; U.S. CONST. art. II, § 1, cl. 1; *see also South Dakota v. Dole*, 483 U.S. 203, 206–08 (1987).

<sup>195</sup> Exec. Order No. 14151, § 2(ii)(3), *supra* note 3.

federal awards since 2021 and has used those funds to embed DEI ideology into its internal operations, in violation of this directive and other civil rights laws.

Federal grants awarded to Johns Hopkins contain nondiscrimination clauses and conditions that prohibit using federal funds for preferential treatment based on race, sex, or other protected traits. For example, NIH grants incorporate the Civil Rights Restoration Act of 1987, which applies Title VI obligations across the entire institution, not just the specific department or program receiving funding.<sup>196</sup> Despite these obligations, Johns Hopkins' School of Medicine continues to operate programs, initiatives, and institutional frameworks that prioritize individuals based on race, sex, ethnicity, and similar classifications. These practices are not incidental. Johns Hopkins embeds these practices into its grant-funded activities and institutional governance.

## **VII. The Department of Justice Must Consider Investigatory and Enforcement Actions**

The evidence is overwhelming: Johns Hopkins is knowingly using federal funds to operate a system of discrimination that violates the bedrock principles of federal civil rights law, the Constitution, and our nation's fundamental values of fairness and equality. Through its admissions criteria, residency programs, faculty, and student recruiting pipelines, and academic curriculum, Johns Hopkins has institutionalized a framework that favors or disfavors individuals based on traits they're born with and cannot change.

This is not merely a violation of the law. It is a collapse of professional ethics and a betrayal of the medical profession's fundamental obligations. Johns Hopkins is conditioning future physicians to look through a lens of discrimination when making judgments, not a lens of merit, character, or competence. This ideological indoctrination undermines the excellence demanded of those who practice medicine and hold the lives of patients in their hands.

Johns Hopkins is not above the law. Its prestige does not immunize it from accountability. To ensure full and verifiable compliance with federal civil rights laws,

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<sup>196</sup> See 20 U.S.C. § 1687 (2025) (interpreting Title VI and other nondiscrimination provisions under the Civil Rights Restoration Act of 1987); 45 C.F.R. § 83.3 (2025); NAT'L INSTS. OF HEALTH, *NIH Grants Policy Statement* § 4.1.2 (2020), <https://perma.cc/HS33-W78F>. Nondiscrimination clauses in NIH grants to Johns Hopkins prohibit preferential treatment based on protected traits, extending federal nondiscrimination requirements to all operations of an entity receiving federal financial assistance, not just the specific program or activity funded.

Supreme Court precedent, and Executive Orders 14151 and 14173, we respectfully request that the Department of Justice:

1. Initiate a formal investigation into Johns Hopkins University School of Medicine, including its admission policies, recruitment pipelines, residency selection process, faculty hiring practices, academic curriculum, and grant-funded research. This investigation should specifically examine whether Johns Hopkins is unlawfully using socioeconomic status, first-generation status, “underrepresented in medicine” status, or similar demographic surrogates as proxies for race, sex, ethnicity, or national origin, in an effort to circumvent SFFA, federal civil rights laws, and President Trump’s Executive Orders.
2. Require Johns Hopkins to suspend all classifications, preferences, scoring systems, scholarships, admissions pipelines, residency programs, and outreach initiatives that grant or deny opportunities based on race, color, sex, national origin, or other protected characteristics.
3. Require Johns Hopkins to dismantle all DEI-related offices, committees, working groups, and advisory boards that promote or implement discriminatory practices, including those operating under the Center for Health Equity, the Office of Diversity, Inclusion, and Health Equity, and DEI infrastructures embedded within clinical departments and training programs.
4. Obtain a formal, written certification from the President of Johns Hopkins University attesting to full compliance with federal civil rights laws and Executive Orders 14151 and 14173. This certification should include a detailed inventory of all dismantled DEI-related programs, positions, and initiatives.
5. Refer findings to the Department of Health and Human Services, the Centers for Medicare and Medicaid Services, and the Department of Education for enforcement of Title VI, Section 1557, and Title IX, and to suspend federal funding streams currently supporting discriminatory practices.
6. Conduct a comprehensive audit of all federal funding received by Johns Hopkins’ School of Medicine from FY 2021 to present, including all NIH, HHS, or other federal awards supporting DEI-related initiatives. Determine whether these funds have been used to sustain racially or sexually preferential systems. Where violations are found, the DOJ should take immediate steps to suspend,

terminate, or condition future funding in accordance with applicable law and federal enforcement authority.

7. Direct Johns Hopkins to adopt and publicly implement, prior to the start of the next academic year, a formal institutional policy prohibiting all departments, clinical and residency programs, and affiliated entities from granting preferential treatment on the basis of race, sex, or other identity-based characteristics in any academic, clinical, research, or administrative context—not just in name only, but in practice.
8. Examine all pre-admissions “pathway” and mentorship programs, particularly those targeted at high school, undergraduate, or HBCU students, for potential violations of *SFFA* and Title VI. These early pipeline programs are structured to screen, cultivate, and prioritize future applicants based on protected characteristics and serve as illegal workarounds to race-neutral admissions requirements.

Johns Hopkins must understand that prestige does not place it above the law. When a patient is facing a procedure that carries a risk of death, they do not care what their physician looks like. They want to know whether they have the most competent, highly skilled medical physician available—and whether that physician can help them get better or keep them alive.

No institution, regardless of rank or reputation, is entitled to operate a system of federally funded discrimination. Civil rights statutes, Executive Orders, and the United States Constitution apply with equal force to Johns Hopkins as they do to any other institution.

So long as Johns Hopkins admits students to fulfill racial quotas, awards residencies based on race, sex, national origin, or ethnicity rather than ability, uses socioeconomic status as a proxy for race, and substitutes ideological conformity for clinical competence, they’re polluting research and clinical care with bias and prioritizing “equity” over excellence.

Medicine cannot function when ideology is substituted for merit. The consequences are real, and they are measured in lives. We trust this submission will support the DOJ’s oversight and lead to immediate investigation and enforcement action. As the

Supreme Court in *SFFA* made clear, “The Constitution deals with substance, not shadows.”<sup>197</sup> If discrimination persists, so does the violation.

Thank you for your time and attention to this matter.

Sincerely,  
/s/ Megan Redshaw  
America First Legal Foundation

Cc: The Honorable Pamela J. Bondi, Attorney General, U.S. Department of Justice  
The Honorable Robert F. Kennedy Jr., Secretary, U.S. Department of Health and Human Services  
Paula M. Stannard, Acting Director, Office for Civil Rights, U.S. Department of Health and Human Services  
Gregory W. Brown, Deputy Assistant Attorney General, Civil Rights Division, U.S. Department of Justice  
The Honorable Linda McMahon, U.S. Department of Education  
Craig Trainor, Acting Assistant Secretary for Civil Rights, U.S. Department of Education  
The Honorable Andrea R. Lucas, Acting Chair, U.S. Equal Employment Opportunity Commission  
Tiffany R. Write, General Counsel, Johns Hopkins University  
Theodore DeWeese, Dean of Medical School, Johns Hopkins University  
Ronald J. Daniels, President, Johns Hopkins University  
Anthony G. Brown, Attorney General, Maryland

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<sup>197</sup> 600 U.S. at 230 (quoting *Cummings v. Missouri*, 71 U.S. 277, 325 (1867)).

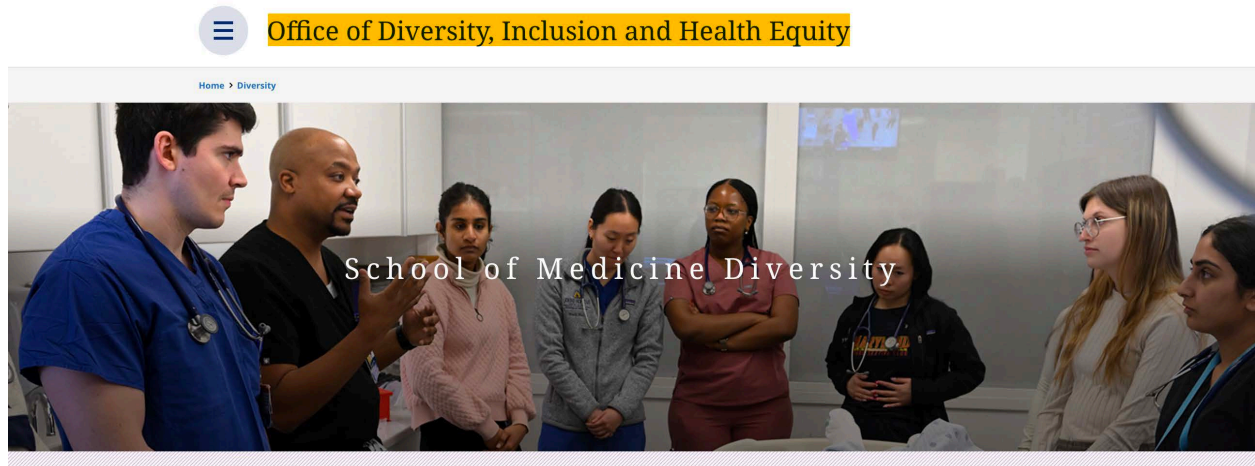
# APPENDIX

<b>Description</b>	<b>Page(s)</b>
Exhibit 1: Office of Diversity, Inclusion and Health Equity	4
Exhibit 2: Support for Underrepresented Communities	5
Exhibit 3: Diversity & Inclusion	6
Exhibit 4: Statement of Principles on Diversity, Equity, and Inclusion	7
Exhibit 5: Diversity Roadmap	8
Exhibit 6: Katrina Caldwell LinkedIn	9
Exhibit 7: How Rich Donors are Targeting U.S. Medical School Tuition	10
Exhibit 8: Faculty Diversity Initiative 2.0 Funding	11
Exhibit 9: Office of Institutional Equity – Training	12
Exhibit 10: Composition Reports	13
Exhibit 11: School of Medicine Goal	14
Exhibit 12: Diversity University	15
Exhibit 13: Courses for Leadership	16
Exhibit 14: Roadmap on Diversity and Inclusion	17
Exhibit 15: Second Roadmap on Diversity, Equity, and Inclusion	18-28
Exhibit 16: Johns Hopkins Report on Graduate Composition 2023/2024	29-35
Exhibit 17: Diversity Council of the Department of Medicine	36
Exhibit 18: Diversity Councils	37-38
Exhibit 19: The Greenwood Initiative	39
Exhibit 20: DEI Award	40
Exhibit 21: Equity Statement	41
Exhibit 22: Health Equity Operations	42
Exhibit 23: Chief Diversity Officer's Digest	43-44
Exhibit 24: House Staff Diversity and Inclusion Council	45
Exhibit 25: Center for Health Equity	46-47
Exhibit 26: M.D. Program Admissions	48-49

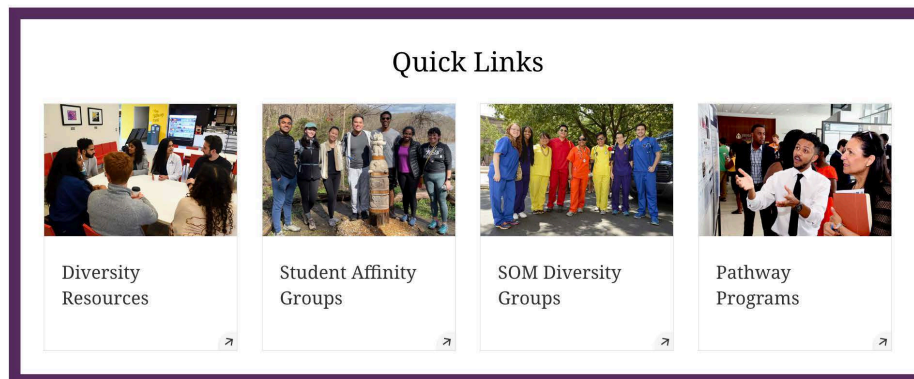
Exhibit 27: M.D. Class Statistics	50-52
Exhibit 28: AAC&U Institutional Members	53
Exhibit 29: AAC&U Support of Harvard and UNC in Supreme Court Case	54
Exhibit 30: Johns Hopkins, 14 other leading universities file amicus brief in support of diversity in college admissions	55
Exhibit 31: Diversity, Inclusion, and Health Equity Resources	56
Exhibit 32: Pathway Programs	57-58
Exhibit 33: Hopkins C.A.R.E.S.	59-60
Exhibit 34: Internship Programs	61
Exhibit 35: Maria Trent, M.D.	62
Exhibit 36: Alejandro Garcia, M.D.	63
Exhibit 37: Nathan Irving, M.D.	64
Exhibit 38: Marquita Genies, M.D.	65
Exhibit 39: Bloomberg Philanthropies	66-67
Exhibit 40: Inclusion, Collaboration, Equity	68
Exhibit 41: SNMA Health Professions Recruitment and Exposure Program	69
Exhibit 42: Student National Medical Association	70-71
Exhibit 43: Visiting 4-Year Medical Student Elective Program for Med-Peds	72
Exhibit 44: Inclusive Excellence Osler Residency	73-74
Exhibit 45: Embracing Diversity	75
Exhibit 46: Med-Peds Urban Health Primary Care Residency Program	76
Exhibit 47: Urban Health Residency Program – Diversity, Inclusion & Belonging	77
Exhibit 48: Diversity Leadership Council	78
Exhibit 49: Center for Health and Opportunity for Latinx	79
Exhibit 50: Anesthesiology and Critical Care Medicine Training Program	80
Exhibit 51: Pediatric Diversity, Equity, and Inclusion Council	81

Exhibit 52: The “Race” Toward Diversity, Equity, and Inclusion in Pathology: The Johns Hopkins Experience	82
Exhibit 53: Pathology Recruitment Committee	83
Exhibit 54: Diversity and Inclusion in the Department of Surgery	84-86
Exhibit 55: Otolaryngology-Head and Neck Surgery	87-88
Exhibit 56: Pediatric Residency Program	89-90
Exhibit 57: Enhancing Diversity in the Ophthalmology Pipeline	91
Exhibit 58: Federal Grants	92-95

# Exhibit 1



The Johns Hopkins University School of Medicine considers diversity as one of the core components of medical education. We are committed to supporting learners via one-on-one mentoring, recruitment and retention of a diverse student body, and sponsoring activities to increase diversity.



# Exhibit 2



## Office of Diversity, Inclusion and Health Equity



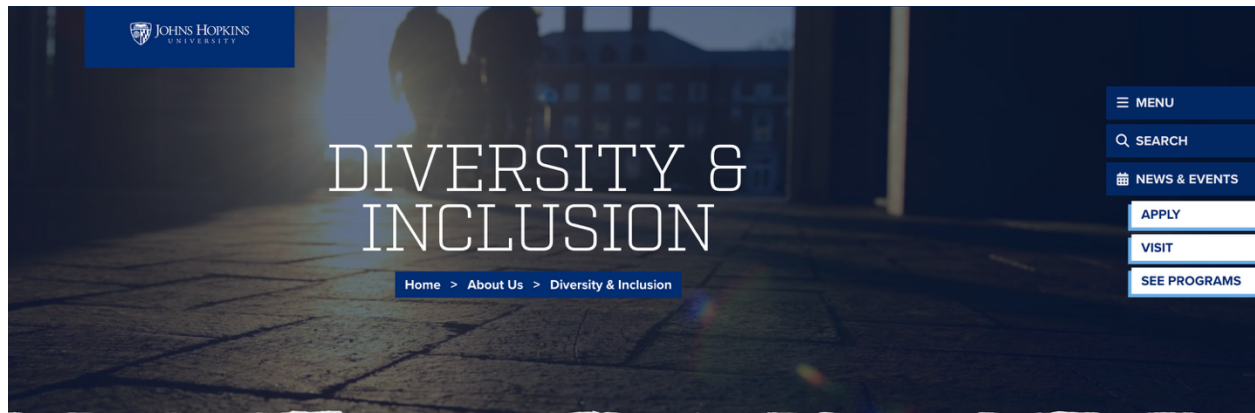
[Home](#) > [Diversity](#)

## Support for Underrepresented Communities

Johns Hopkins Medicine and the Johns Hopkins Health System have many programs in place across all levels of our organization to ensure support for underrepresented communities. These communities are defined as

- Alaska Native
- Asian-Pacific Islander
- Black/African American
- Hispanic/Latino; Native American
- Native Hawaiian
- Individuals with disabilities
- Members of the LGBTQ+ community
- One or more of the racial or ethnic groups listed above

# Exhibit 3



## About Us

University Leadership

Office of the President

Office of the Provost

History & Mission

Gilman's Inaugural Address

## ● Diversity & Inclusion

Notable Alumni

Hopkins in the Community

Hopkins in D.C.

Hopkins Around the World

News from Johns Hopkins

## Academics

## Schools & Divisions

Johns Hopkins University is deeply committed to the dignity and equality of all persons—inclusive of sex, gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, and veteran status.

Our [Office of Diversity and Inclusion](#) serves as stewards of our strategic vision for diversity, equity, and inclusion, [Realizing Our Promise: The Second JHU Roadmap on Diversity, Equity, and Inclusion](#), published in December 2021. Its 24 goals are designed to strengthen and expand our DEI commitments, building on what has worked while digging deeper into areas where progress has been slow.



### The Second JHU Roadmap on Diversity, Equity, and Inclusion

Learning from recent efforts at the university and divisional levels, we are focused on the individual and shared commitment that it will take to realize our full promise as an institution, through the pursuit of our DEI aspirations and a culture of belonging and success for all

# Exhibit 4

## About Us

University Leadership

Office of the President

Office of the Provost

History & Mission

Gilman's Inaugural Address

## ● Diversity & Inclusion

Notable Alumni

Hopkins in the Community

Hopkins in D.C.

Hopkins Around the World

News from Johns Hopkins

## Academics

## Schools & Divisions

## Admissions & Aid

## Research & Faculty

## Campus Life

## Statement of Principles on Diversity, Equity, and Inclusion

At Johns Hopkins we strive to be a model of a pluralistic society in which we acknowledge, embrace, and engage diverse identities, perspectives, and experiences. We seek to build and buttress an inclusive intellectual and physical environment to ensure that all members of our community know with certainty that they belong at Johns Hopkins. And we aspire to equitably share the benefits and burdens of dismantling persistent systemic barriers to individual and communal success.


We believe, fundamentally, that every person has equal dignity and worth, and our unwavering commitment to diversity, equity, and inclusion is rooted in this predicate principle. These core values are essential to our university's academic, research, and public service missions, and bolster our commitment to excellence. Our search for truth and knowledge for the good of humanity depends on bringing the greatest variety of viewpoints and voices to bear on the challenges before us as students, scholars, staff, neighbors, and citizens.

At the intersection of these values is justice. Over the course of history, our nation and university have breached the ideals of justice by discriminating on the basis of race; ethnicity; sex; gender identity and expression; religious belief and observance; disability; socio-economic status; veteran/military status and other factors. We recognize the painful truth that such discrimination has inflicted multigenerational harm and further disenfranchises members of our society. Although our polity and our institution have made meaningful progress, we are by no means past the injury and loss caused by discriminatory practices.

Johns Hopkins assumes its responsibility as a leading research university to work to achieve diversity, equity, and inclusion, and we hold ourselves accountable for our progress through transparency, open communication, and an ongoing, unflinching assessment of met and unmet needs.




# Exhibit 5

**Diversity at JHU**


[OUR COMMITMENT](#)[DIVERSITY LEADERSHIP COUNCIL](#)[FANNIE GASTON-JOHANSSON PROFESSORSHIP](#)[SECOND JHU ROADMAP ON DIVERSITY, EQUITY, AND INCLUSION](#)[RESEARCH](#)[RESOURCES](#)[CONTACT](#)

Johns Hopkins University is deeply committed to the dignity and equality of all persons—inclusive of sex, gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, and veteran status.


### Diversity Roadmap




**REALIZING OUR PROMISE**  
**The Second JHU Roadmap on Diversity, Equity, and Inclusion**  
This Roadmap represents the next iteration of the university's key strategic framework for advancing diversity.



**INSTITUTIONAL GOAL**  
**Statement of Principles on Diversity, Equity, and Inclusion**  
JHU's new institutional statement, based on board input, reflects the continuous evolution of our work and



**FROM THE HUB**  
**University reaches key juncture on Roadmap journey**  
JHU continues the important work it began more than six years ago to make Johns Hopkins a more diverse.






**President Daniels and Provost Kumar**

Diversity of people, thought, experience, and background is fundamental to the mission of this university. We are committed to recruiting a diverse community of faculty, students, and staff, and to cultivating an inclusive environment that supports, fosters and celebrates all the ways in which the broad differences among us make us better.”

A-8

# Exhibit 6



**Katrina Caldwell, PhD**  She/Her · 3rd  
C-suite Executive | Leading Successful Teams | Community Partnerships | Strategic Planning | Program Management | Diversity & Inclusion  
Washington DC-Baltimore Area · [Contact info](#)  
500+ connections

[Connect](#) [Message](#) [More](#)

**About**

I am a passionate and dedicated leader with extensive executive leadership experience, delivering strategic leadership and operational excellence. My focus is driving institutional success through strategic planning, community partnerships, and program development.

Across my 30+ year career, I have committed to advancing excellence and innovation at large institutions.

**KEY ACCOMPLISHMENTS:**

- ✓ Secured and managed a \$250M investment for diversity and inclusion initiatives at Johns Hopkins University.
- ✓ Recognized as one of the Top Women by INSIGHT into Diversity magazine.
- ✓ Received White House Presidential Award for Excellence in Science, Mathematics, and Engineering Mentoring.
- ✓ Led successful institutional accreditation processes, strengthening operational standards.
- ✓ Developed and implemented strategic plans that enhanced organizational impact and efficiency.
- ✓ Managed multi-million-dollar budgets across various institutions, optimizing resource allocation and fiscal health.
- ✓ Developed a community engagement program at the University of Mississippi, matching university resources with local community goals, enhancing stakeholder relationships.
- ✓ Successfully steered teams through complex organizational changes, building capacity for new engagements and stabilizing current functions.

**MY LEADERSHIP STRENGTHS:**

- » Strategic Vision
- » Operational Expertise
- » Collaborative Spirit
- » Inclusive Excellence
- » Data-driven Decision Making
- » Transformational Leadership
- » Radical Transparency
- » Institutional Priorities

## Experience



### Vice Provost for Diversity and Inclusion/Chief Diversity Officer

The Johns Hopkins University · Full-time

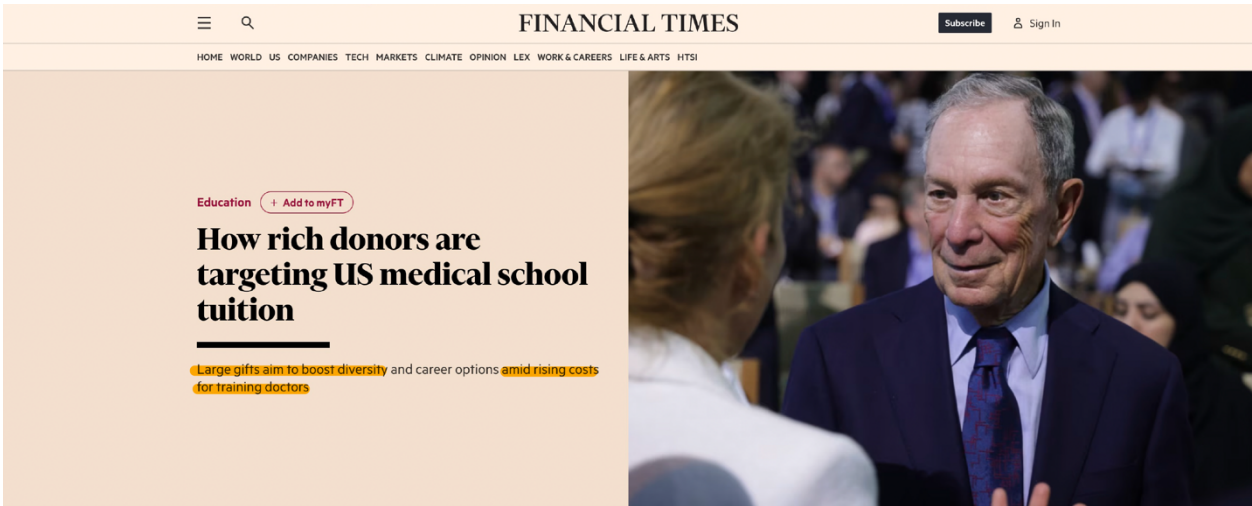
Jul 2020 - Jun 2025 · 5 yrs

Baltimore, Maryland, United States · Hybrid

Provide executive leadership and oversight for the Office of Diversity and Inclusion (ODI) of a large private research institution with a population of 30,000+ students and 27,000 faculty and staff. Shape university-wide curriculum, infrastructure, policies, and programs. Manage operating budget of \$3M and staff of 15.

- Collaborate across divisions to align initiatives like hiring, student recruitment and success, staff advancement, and community engagement to the university's diversity strategic plan.
- Steward \$250M+ investment in DEI initiatives through the Second Roadmap Diversity Strategic Plan.
- Support executive leaders in evaluating the performance of each division's D&I efforts and identifying necessary improvements to ensure commitments are met.
- Develop metrics to track institutional trends and help units increase transparency and accountability.
- Spearhead local community partnerships, including United Way, BUILD community group, and committee for Corporate Sponsorships.
- Represent the university at various community, civic, and professional meetings and conferences.
- Ex-officio co-chair of the University Diversity Leadership Council (DLC) with mandate to position diversity as one of the university's key competitive advantages.
- Co-chaired Middle States Accreditation for Standard Two (Ethics and Integrity).

# Exhibit 7



# Exhibit 8

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[HOME](#)   [STRATEGIC INITIATIVES](#) ▾   [CAREER ADVANCEMENT](#) ▾   [ACCOLADES & ACCLAIM](#) ▾   [MEET THE TEAM](#)

---

## FDI 2.0 Funding Initiatives

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[HOME](#) / [STRATEGIC INITIATIVES](#) / [DIVERSITY, EQUITY, INCLUSION & ACCESSIBILITY](#) / [FDI 2.0 FUNDING INITIATIVES](#)

### Faculty Diversity Initiative 2.0 Funding

#### Our Commitment


Launched in 2015 under the first [JHU Roadmap on Diversity and Inclusion](#), the [Faculty Diversity Initiative \(FDI\)](#) enables and ensures the institution's sustained commitment to attracting and retaining outstanding diverse scholars and teaching faculty.

Now in its second iteration, FDI remains a cornerstone of Johns Hopkins' diversity and inclusion efforts, acknowledging that the composition of our faculty in turn impact the student body, campus climate, research, and pipeline of graduate students. As a key component of the [Realizing Our Promise: The Second JHU Roadmap on Diversity, Equity, and Inclusion](#), FDI 2.0 invests \$50M over the next five years to hire new tenured or tenure-track faculty members who substantially contribute to promoting diversity and inclusive excellence. University administration will contribute \$25 million to match and supplement \$25 million of divisional investment.


To build sustainable pathways for diverse scholars to the professorate, the [Provost's Postdoctoral Fellowship program](#) will work in concert with the [JHU Vivien Thomas Scholars Initiative](#) and the [Fannie Gaston-Johansson Faculty of Excellence program](#). Together, these programs will help us achieve the goal of diversifying faculty at Johns Hopkins.

---

# Exhibit 9

JOHNS HOPKINS  
UNIVERSITY

Office of Institutional Equity

 Search

CONTACT

[Get Help](#) [File a Report](#) [Sexual Misconduct](#) [Discrimination & Harassment](#) [Accommodations](#) [Resources](#) [OIE Team](#)

Training

[HOME](#) / [TRAINING](#)

▼ Online Trainings Through myLearning

▼ Live Training Sessions

▼ Diversity Education Opportunities

▼ Bystander Intervention Training

▼ Materials Used to Train Title IX Coordinators, Investigators, Decision-Makers, and Any Person Who Facilitates an Informal Resolution Process

# Exhibit 10

OUR COMMITMENT

DIVERSITY LEADERSHIP COUNCIL

FANNIE GASTON-JOHANSSON PROFESSORSHIP

SECOND JHU ROADMAP ON DIVERSITY, EQUITY, AND INCLUSION

RESEARCH

RESOURCES

CONTACT

JHU Composition Reports

Our Commitment

Diversity Leadership Council

Fannie Gaston-Johansson Professorship

Second JHU Roadmap on Diversity, Equity, and Inclusion

Research

Resources

Inclusive Excellence Education and Development

Gender Identity Resources

JHU Composition Reports

Contact

Faculty

JHU Report on Faculty Composition 2023-2024 (published 12/24)

JHU Report on Faculty Composition 2020-2021 (published 4/23)

JHU Report on Faculty Composition 2019-2020 (published 7/20)

JHU Report on Faculty Composition 2017-2018 (published 3/19)

JHU Report on Faculty Composition 2015-2016 (published 9/16)

Students

Graduate Students

JHU Report on Graduate Student Composition 2023-2024 (published 12/24)

JHU Report on Graduate Student Composition 2020-21 (published 4/23)

JHU Report on Graduate Student Composition 2019-2020 (published 7/20)

JHU Report on Graduate Student Composition 2016-2017 (published 6/17)

Undergraduate Students

JHU Report on Undergraduate Student Composition 2023-2024 (published 12/24)

JHU Report on Undergraduate Student Composition 2020-2021 (published 4/23)

A-13

# Exhibit 11



## **Goal: Increase diverse faculty leadership representation by individuals from underrepresented in medicine and science (URiMS) a 5-year period in the School of Medicine (SOM)**


### **Future State**

- Adopt a SOM policy for the recruitment of URiMS students, faculty, and leaders
- SOM will continue to seek highly qualified candidates for all positions and comply with EEO law and policy in pursuit of its DEI goals
- The SOM will consistently post jobs in publications or engage in searches through professional organizations that promote diversity and inclusion in the biomedical workforce
- Unconscious bias training will be consistently included in faculty/leader searches, and >75% of JHHS and SOM managers will complete unconscious bias training.
- With the above steps, SOM will endeavor to increase the representation of faculty leaders from URiMS backgrounds over the next five years to address diversity in these positions.


### **Timeline**

- Year 1-Q1 & 2 Obtain internal and SOM approval for the URiMS recruitment policy.
- Year 1-Q 3 & 4 Initiate required activities under the policy for searches in the SOM.
- Year 1-Q 3 & 4 Codify the process for internal and external searches.
- Year 2-Q 1 & 2 Activate department chairs and fellowship directors to proactively recruit from a diverse pool of applicants.
- Year 2-Q 1 – 4 Develop a data-driven monitoring plan to assess hiring and promotion outcomes across levels.
- Years 3-5 Assess progress on outcomes and adjust the strategic approach as needed based on data.

# Exhibit 12

 MENU

SEARCH

 Office of Diversity, Inclusion and Health Equity

Home > Diversity > Resources

## Diversity University

DIVERSITY UNIVERSITY

[Diversity University](#)[Additional Courses by Topic](#)[Courses for Leadership](#)[Training Requests](#)

## Diversity University

We are pleased to launch **Diversity University**, which is meant to be a **one-stop shop and central repository** for your diversity, equity, and inclusion (DEI) educational and learning needs. Our office has produced lots of DEI content over the past few years in partnership with our **employee resource groups** (ERGs) and various other JHM stakeholders. Now, you'll have the opportunity to view this content, too, in the myLearning system.

**Diversity University offers content that will enhance leadership skills** as well as help you learn about a variety of DEI topics. **The topics include:**

- Asian and Pacific Islander
- Black or African American
- Cultural Sensitivity
- Disability
- Hispanic/Latinx
- Language of Equity
- LGBTQ+
- Race and Ethnicity Data Collection
- Structural Racism
- Women of Color









Additional topics and content will be added as they become available. All video recordings are closed captioned to ensure accessibility. You will need to be logged into the Hopkins network to access the content.

# Exhibit 13

## Courses for Leadership

- [Empathy as a Bias Mitigation Strategy](#) (available upon request)
- [Guidelines for Facilitating Racial Dialogues \(with Q & A sessions\)](#)
- JHM | An Introduction to [Unconscious Bias and Microaggressions](#) (FY21-FY22 Systemwide Metric) (automatically assigned to those in the target audience)
- [JHM | Our Approach to Supporting Employees' Social Justice Expressions + Managers' Guide](#)
- [JHM | Managing Crucial Conversations in the Current Environment \(with Q & A\)](#) [ThinkCulturalHealth Cultural Competency Modules](#) (external resource)

## Additional Courses by Topic Area

<a href="#">Asian and Pacific Islander</a>	
<a href="#">Black/African American</a>	
<a href="#">Cultural Sensitivity</a>	
<a href="#">Disability Inclusion and Accessibility</a>	
<a href="#">Hispanic/Latinx</a>	
<a href="#">Indigenous People/Native Americans</a>	
<a href="#">Language of Equity</a>	
<a href="#">LGBTQ+</a>	
<a href="#">Race and Ethnicity Data Collection</a>	
<a href="#">Structural Racism</a>	
<a href="#">Unconscious Bias</a>	
<a href="#">Women of Color</a>	

# Exhibit 14

OUR COMMITMENT

DIVERSITY LEADERSHIP COUNCIL

FANNIE GASTON-JOHANSSON PROFESSORSHIP

SECOND JHU ROADMAP ON DIVERSITY, EQUITY, AND INCLUSION

RESEARCH

RESOURCES

CONTACT

Roadmap on Diversity and Inclusion

Our Commitment

Diversity Leadership Council

Fannie Gaston-Johansson Professorship

Second JHU Roadmap on Diversity, Equity, and Inclusion

Research

Resources

Contact

The *JHU Roadmap on Diversity and Inclusion* is our key strategic framework for advancing diversity, equity and inclusion at Johns Hopkins. Established in October 2016, it is now undergoing an intensive process of re-evaluation and expansion, with a newly updated Roadmap strategic plan to be completed in fall 2021.

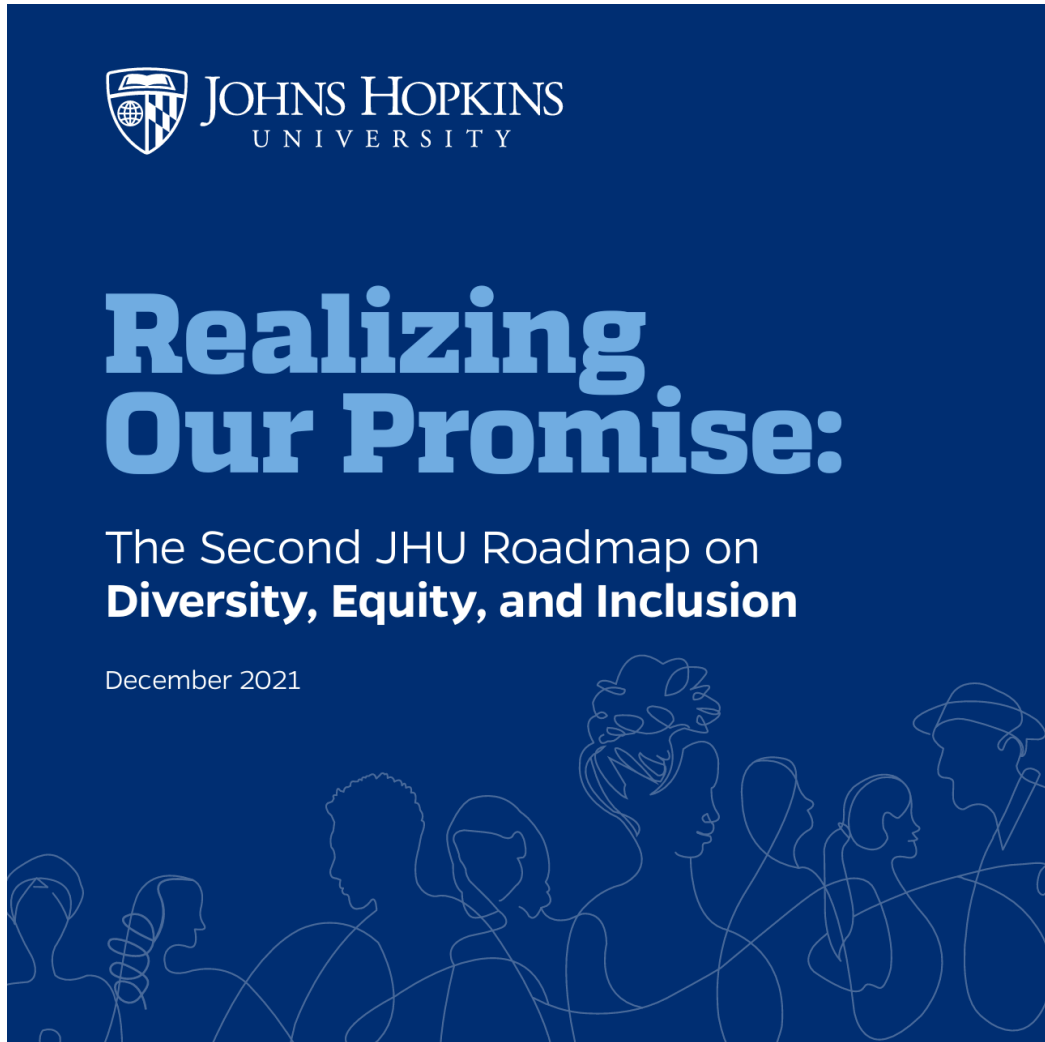
In his introduction to the 2016 Roadmap, university President Ronald J. Daniels said, "At a time when people and ideas flow freely and cross-pollinate in ever more surprising ways, our community must remain open to—and inclusive of—all. A rich diversity of people, background, experience, and thought is central to our work; to our missions of education, research, and service; and to our commitment to freedom of inquiry and expression."

He continued, "The JHU Roadmap on Diversity and Inclusion does not attempt to answer every question before us. Rather, it is intended to point us, urgently, toward a place where individuals will thrive on their own terms, and where we foster the kind of academic pursuit that attracts and supports a broadly diverse community. ...It will, no doubt, evolve over time to reflect new and emerging approaches to diversity. But it will stand as a core accountability framework, where our progress—our successes, and failures—is subject to periodic evaluation and public accountability."

In the Summer of 2020 President Daniels established the Roadmap 2020 Task Force, charged with re-assessing the first *JHU Roadmap on Diversity and Inclusion* and renewing our dedication to diversity, equity and inclusion by beginning the process of moving toward a new set of robust commitments for the next five years. Through fall 2020 and early spring 2021, the Task Force and its seven working groups created 65 recommendations now under consideration by the community as a whole as the university crafts the next iteration of the Roadmap.

ROADMAP ON DIVERSITY AND INCLUSION

## Exhibit 15



# roadmap goals, commitments, and resources

The second JHU Roadmap on Diversity, Equity, and Inclusion renews and deepens our institutional commitment to the equal dignity and worth of all persons and to the cultivation of an environment in which all our members are able to flourish.

In the sections below, this Roadmap sets forth a new set of robust goals and priorities, undergirded by significant financial investments, that will allow us to realize our DEI aims. These aims are deeply informed by the work of the Roadmap Task Force and ongoing feedback from the many engaged members of our community. No single initiative, program, or priority stands alone; rather they represent as a whole a broad-ranging, structural, and sustained commitment to embedding the principles of diversity, equity, and inclusion across our institution and in our teaching and learning, research and discovery, public service, and work with and as part of our Baltimore community.



Hear from members of the task force  
[https://vimeo.com/johnshopkinsu/  
second-diversity-roadmap](https://vimeo.com/johnshopkinsu/second-diversity-roadmap)

fewer means and opportunities to build bonds that not only reinforce our own affinities and identities but also allow us to bridge divides and connect across our differences.

When Johns Hopkins embarked upon the first Roadmap, our collective aim was to codify our commitment to key values and to focus on strategic initiatives that would advance our aims on a sustained and transparent basis.

Over the past five years, the university and our divisions have made meaningful progress. Together, we invested \$25 million in a Faculty Diversity Initiative, adopted model search practices universitywide, shifted permanently to need-blind and no-loan admissions while increasing on-campus supports for first-generation and low-income students, expanded mentorship and professional development offerings for staff, expanded paid family leave, and set and exceeded measurable public goals on all aspects of our local economic inclusion programs, among other efforts. We also built new institutional and divisional capacity for transparency and rigorous accountability, particularly through regular engagement with our board of trustees and their endorsement of the Roadmap goals, annual progress reports, and the development and introduction of detailed composition reports, down to the department level, on staff, faculty and graduate students.

In this period, at a universitywide level, the university as a whole increased diversity in each major segment of our population, in some cases substantially, such as the percentage of undergraduate students from underrepresented racial and ethnic groups in incoming classes increasing from 14.9% to 32.5% from 2010 to 2019 and across the entire student body from 25.0% to 27.4% from 2010 to 2019. In other areas, there was a meaningful but more modest increase, with faculty from underrepresented racial and ethnic groups increasing from 8% in 2015 to 10% in 2019, while the percentage of staff who self-identified as being part of an underrepresented racial or ethnic group increased from 37% in 2015 to 41% in 2019 and those in managerial roles increased from 22% in 2015 to 27% in 2019.



**“Becoming a more diverse, equitable, and inclusive Johns Hopkins is essential to our excellence as a university and to building a vibrant pluralistic community that celebrates and recognizes differences of experience, background, and thought.”**

**—RON DANIELS**  
*President, Johns Hopkins University*

## Developing the second JHU Roadmap requires an honest assessment of how and where the first JHU Roadmap prompted meaningful change across Johns Hopkins—and where we missed the mark or our momentum stalled.

The initial JHU Roadmap on Diversity and Inclusion set out 55 discrete goals arrayed under six priority areas. It laid a vital and comprehensive foundation for sustained progress by articulating the university's commitment to diversity, equity, and inclusion. It reflected the input of a broad range of stakeholders and established a standard of radical transparency and rigorous accountability, particularly through the endorsement of and regular engagement with our board of trustees, annual progress reports, and the introduction of publicly available composition reports on faculty, staff, and graduate students. And it underscored an expectation of accountability on key initiatives. Published progress reports on our first Roadmap are available on the web at <https://diversity.jhu.edu/roadmap-on-diversity-and-inclusion/>. Some highlights of our collective accomplishments include:

- **The impact of our \$25 million commitment to a Faculty Diversity Initiative**, aided by the development and adoption of model search practices universitywide. During a period that saw our faculty grow by 14% in professorial faculty and 11% overall since fall 2015, female and faculty from underrepresented racial and ethnic groups grew faster (female representation among faculty increased from 42% to 45%, and racial/ethnic URG representation grew from 8% to 10%).
- **Substantial divisional investments in DEI expertise and programs**, with every school now having at least one DEI professional assigned to work with the dean and key stakeholders to advance school-specific goals and initiatives.
- **The introduction of regular, detailed composition reports** for faculty (in 2016, 2019, and 2020), staff (in 2019 and 2020), and graduate students (in 2017 and 2020), all available at <https://provost.jhu.edu/reports/>,

- **A permanent shift to need-blind and no-loan admissions**, coupled with new on-campus supports for first-generation and limited-income students and students from underrepresented groups (URG), and the implementation of required DEI training and education for undergraduate students through our identity and inclusion program.
- **A dramatic growth in the diversity and academic excellence of our undergraduate body**, aided by more than a decade of significant investments in financial aid that saw a substantial increase in the percentage of URG students from racial and ethnic underrepresented groups, from 14.9% to 32.5% from 2010 to 2019 and across the entire student body from 25.0% to 27.4% from 2010 to 2019. Our incoming undergraduate class in fall 2021 is composed of 19.3% white, 9.8% Black American, 21.9% Hispanic, 25.6% Asian American students, 6.7% students who identify as two or more races, and 14.6% international students. A significant proportion of multiracial freshmen identify as part Black, and, as a result, 15.2% of the incoming class identifies as Black or part Black.
- **An increased focus on the needs of our staff**, including tailored career development opportunities, enhanced mentorship and professional development offerings, expanded paid family leave, improved child care supports, college access workshops, and wage increases.
- **Expanded commitments and partnerships** to advance economic, educational, and health opportunities for our neighbors and communities through the pathbreaking HopkinsLocal and BLocal economic inclusion programs.



**“The first Roadmap really laid the foundation. It was the ‘we have to crawl before we can walk’ ... now we actually have the resources to carry out the goals.”**

**—SHANTEL ANGSTADT**  
PhD candidate, Johns Hopkins  
School of Medicine



**“We are here to forthrightly look at the kinds of founding stories, the myths, the half and partial truths, that undergird our institution as they undergird so many American institutions, and to bring a lens and the light of historical research to those questions ... to really pave the way to at least the possibility of a different kind of future, a most just future.”**

—**MARTHA S. JONES**  
*Society of Black Alumni Presidential Professor*  
*Professor of history and an SNF Agora Institute professor*

## **GOAL 2**

### **Reexamine our history and recognize our diverse community**

As we have said previously, at an institution like Johns Hopkins, created in aftermath of the Civil War and implicated in the failed project of Reconstruction and the segregated society that followed, we recognize the critical need not only to chart a path for the future but also to understand, acknowledge, and grapple with our history. Since 2013, the Hopkins Retrospective has been instrumental in broadening the documented history of our institution through research, exhibits, and campus displays that capture and digitize diverse voices, including through oral histories of a number of underrepresented groups, including Black and Latino/a/x, women, LGBTQ, Jewish, and first-generation students, faculty, and staff, and in a longstanding collaboration with the Black Faculty and Staff Association (BFSA) on the Indispensable Role of Blacks at Johns Hopkins exhibit. The work of Hopkins Retrospective is ongoing and will continue to include and elevate other voices and stories along the way.

Today, in conjunction with our schools and our faculty, we also are working to develop and illuminate a deeper and more complete understanding of our institutional history, including about Mr. Johns Hopkins and his family and our institution's connections to the abhorrent practices and impacts of slavery, racism, anti-Semitism, and discrimination of all kinds. At the same time, we are dedicated to ensuring that the public art, iconography, and names of programs and buildings across our campuses recognize and make visible the invaluable contributions of the diverse people who have shaped Hopkins and our world for the better.

To that end, the university and its divisions will continue to invest substantial human and financial resources to delve deeply into our past, through efforts such as [Hopkins Retrospective](#) and its [Reexamining Hopkins History](#) initiative; Martha Jones' [Hard Histories at Hopkins](#) and the ongoing work of the inaugural [Name Review Board](#), recommended



by the [Committee on Establishing Principles on Naming](#) [CEPN] to review requests for renaming, denaming, or contextualizing the names associated with our academic programs and buildings.

We will also recognize those who have and will continue to shape our institution and our world through the work of the Diverse Names and Narratives Project, which recently announced the naming of the Johns Hopkins Outpatient Center for Levi Watkins, the Undergraduate Teaching Laboratories building for Florence Bascom, and the two towers of the Charles Commons residence halls for Ernest Bates and Frederick Scott as well as a public art initiative launched in 2020, through which we are working closely with divisions and departments to honor the diverse people in our history—such as LGBTQ rights advocate Edie Windsor and civic leader and civil rights icon U.S. Rep. Elijah Cummings—and engage local and international diverse artists to exhibit their works across our schools and campuses.

JHU-commissioned portrait honoring Elijah Cummings unveiled at Henderson-Hopkins



“There are three major values that are represented in the Roadmap. The first is the recognition of the dignity of every individual. The second is this idea that diverse viewpoints are essential to developing a strategic plan. And the third is that we’re going to take a systems research-based, data-driven approach to addressing the challenges.”

—KATRINA CALDWELL  
Vice Provost for diversity and inclusion and chief diversity officer

### Goal 3

## Elevate the role of chief diversity officer and expand the Office of Diversity and Inclusion

As several of the working groups of the task force identified, we recognize the need to elevate the profile of our chief diversity officer and expand the human capital resources and infrastructure of our Office of Diversity and Inclusion, as well as ensure mechanisms for cross-institutional coordination and divisional support for implementation of our Roadmap and DEI aims. As part of this commitment, the university will:

**A Elevate our chief diversity officer as a member of the President’s Cabinet.** This position will directly advise the president as a member of the Cabinet, continue to report to the Provost to ensure ongoing academic coordination and collaboration, and deepen partnerships with DEI leaders in the university’s administrative departments, such as the Office of Human Resources.

**B Expand the Office of Diversity and Inclusion (ODI) to support the progress of the Roadmap and DEI initiatives more broadly.** In addition to recent new hires in the office—the associate vice provost for faculty diversity, associate vice provost for graduate diversity and partnerships, executive director for inclusive excellence education and development, and the associate dean of diversity and inclusion—investments will be made in other areas of strategic need, including the hiring of a new deputy chief diversity officer and a diversity strategist. ODI will continue working with important equity-seeking groups, such as Indigenous and Native American, disability, and LGBTQIA+ groups, across the divisions to ensure their participation in all dimensions of the Roadmap and address systemic issues.



**C. Establish a cross-institutional DEI Coordinating Committee,** comprising divisional DEI, Human Resources, and Office of General Counsel professionals, among others, that will share responsibility for and involvement in DEI activities across our institution, assist ODI in reviewing the annual progress toward Roadmap goals, and ensure that everyone in our community knows where to take their concerns and which resources are available to them.

**D. Continue partnership and consultation with the university's Diversity Leadership Council (DLC)** as adviser to the president and university leadership and aim to maximize opportunities and channels for advancing our Roadmap goals.

Alice Turnham (right), current head of the Diverse Sexuality and Gender Alliance (DSAGA), the LGBT undergraduate student organization on the Homewood campus and fellow JHU student.

“We will also not just be transparent with the data but use the data to hold members of our community accountable, especially the leadership at the departmental level, at the school level, and at the university level.”

—SUNIL KUMAR  
Provost, Johns Hopkins University

## Goal 4

### Assess and measure progress

This second Roadmap will continue our core focus on and commitment to transparency and accountability, while placing an even greater emphasis on measurable goals, investments, outcomes, and communication.

While data alone cannot paint a complete picture of our community nor fully capture progress toward our ultimate aims, a focus on data collection and analysis from a number of different sources—surveys, periodic reports, and opportunities for input—will foster accountability and steady, demonstrable change in the months and years ahead. As always, transparency will be a driving force in our sustained success, and the university and its divisions will increase communication (including via web-based platforms) and provide timely and pertinent reports to our community that track and assess our progress over time.

These institutional commitments include:

**A Conducting a universitywide climate survey.** The university will collaborate with the divisions to develop, conduct, assess, and publish the results of a regular universitywide JHU climate survey, with common questions for all stakeholders as well as targeted questions pertinent to the experiences of faculty, staff, and students. These surveys will be supplemented with periodic focus groups and other listening sessions to allow our community to communicate their perceptions of progress, which will help steer our work in many areas.

**B Creating DEI action plans and score cards at the university, divisional, and departmental levels.** We will develop and implement tools for assessing, measuring, and reporting the impact and effectiveness of our efforts around diversity, equity, and inclusion. All academic divisions and administrative departments will create biennial goals and articulated implementation plans focused specifically around areas of weakness or limited progress. We will also establish accountabilities for key

measures of individual and institutional performance, particularly at the leadership and managerial levels. At the university and divisional levels we will provide a forum for annual public reporting on and discussion of progress as against our goals.

**C. Broadening composition reports.** The university and its divisions will continue and expand publication of composition reports for faculty, staff, graduate students, and incoming undergraduates as essential tools for identifying areas of strength and weakness in our recruiting and retention, informing strategies, and establishing accountabilities and performance metrics around diversity, equity, and inclusion across our institution. Where possible, we will refine definitions, groups, and subgroups in the data presented (such as accounting for multiple and intersecting identities and distinguishing international faculty). These reports will also reflect the anonymous self-identification of groups and identities through a climate survey where data collection protocols are evolving (such as self-identification of disability, religious, LGBTQ, or veteran/military status diversity) and track progress at the leadership and managerial levels. Part of this work will also refine and expand existing surveys and include key climate data in composition reports, such as Gallup, Student Satisfaction, and Employee Exit Surveys.

**D. Tracking current and future investment in DEI.** The university will document and publish the five-year trajectory and current budget for each of our DEI offices, practitioners, and programs across divisions, colleges, units, and university administration.

**E. Ensuring attentiveness to disability.** In all our surveys, assessments, and measurements, the university will identify and be attentive to diversity on the basis of disability and work with the disability community to invest in needed supports and to develop robust strategies for equity and inclusion.

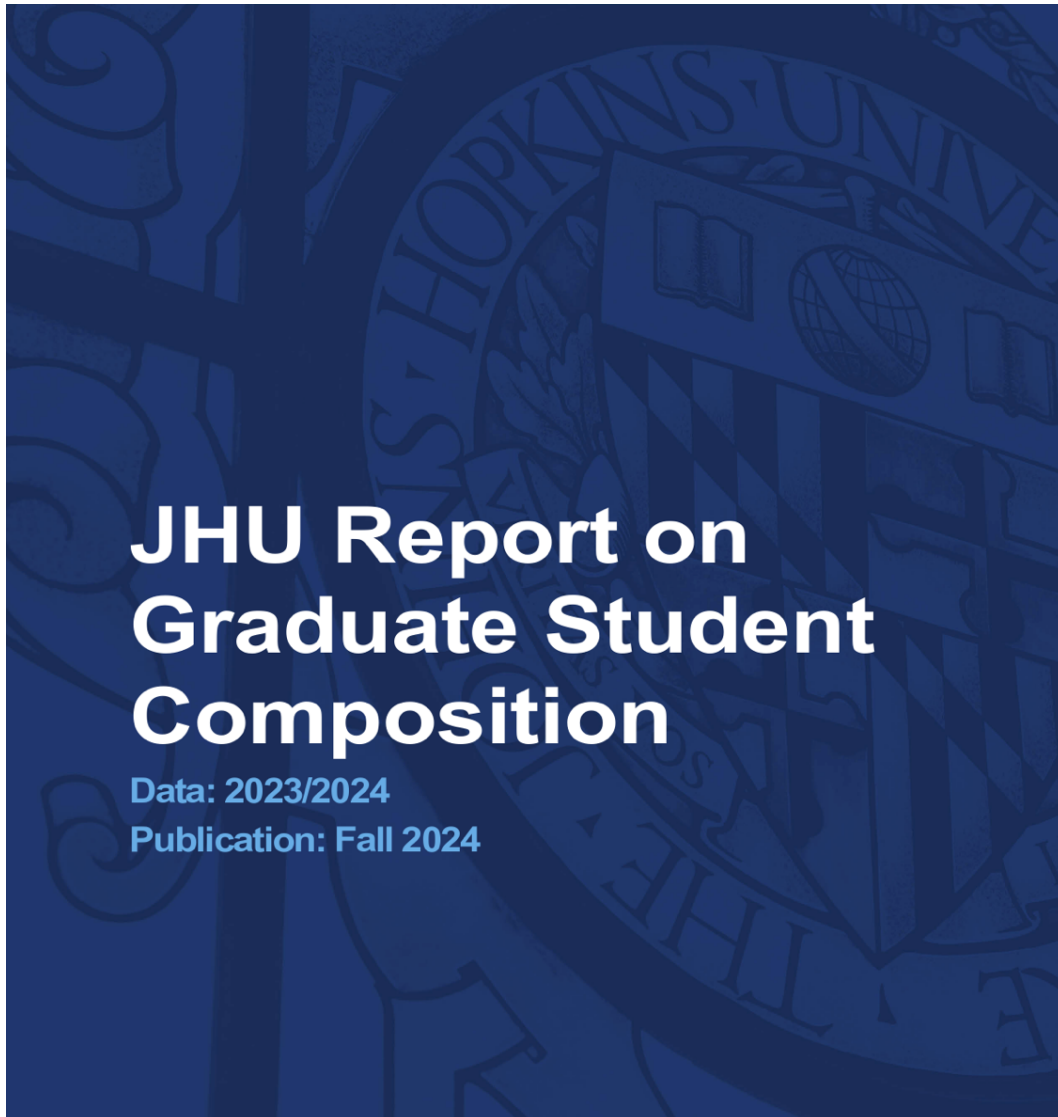


CHRIS HARTLOVE

**“Creating change for a more socially just world requires action at the interpersonal, institutional, and system levels. ... Our collective journey is collective work, and can only be achieved if together we dedicate ourselves to creating an inclusive, diverse, anti-racist, and equitable future.”**

—ELLEN MACKENZIE  
*Dean, Johns Hopkins Bloomberg  
School of Public Health and  
Bloomberg Distinguished Professor*

## Exhibit 16





## Residency, Race, and Ethnicity<sup>9</sup>

Across all graduate programs, 16% of graduate students enrolled in fall 2023 were from domestic underrepresented groups (D-URG) and 29% were international students. When disaggregated by degree type, in fall 2023, 14% of all PhD students were D-URG students and 42% were international. In additional doctoral degree programs, 22% of doctoral students were D-URG students and 12% were international students. Among master's degree students, 16% were D-URG students and 28% were international students.

### PhD Programs

As shown in [Chart 5](#), the percentage of PhD students from domestic underrepresented groups (D-URG) ranged from a low of 8% at the Whiting School of Engineering to a high of 31% at the School of Nursing. At three schools, fewer than 15% of PhD students were from domestic underrepresented groups: Engineering (8%), SAIS (10%), and all three subspecialty areas within the Krieger School of Arts and Sciences (social sciences (10%), natural sciences (13%), and humanities (13%)). In three other PhD-granting schools, fewer than 30% of PhD students were international students: Education (28%), Nursing (29%), and Public Health (28%). [Appendix A \(Table A1\)](#) provides more detailed information on the residency and racial and ethnic composition of the PhD student body at each school within individual PhD programs.

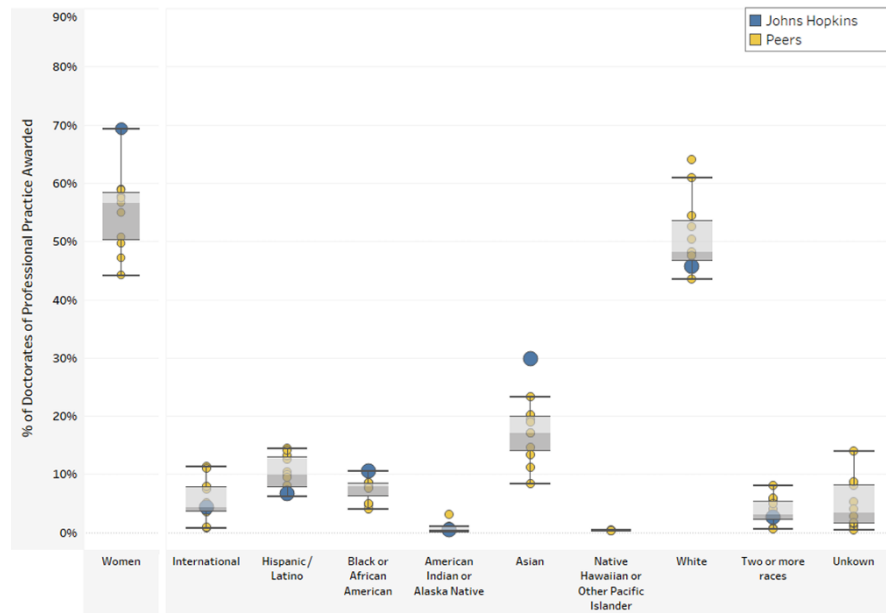
Beginning with the 2019-2020 Graduate Student Composition Report, the proportion of domestic graduate students from underrepresented groups (D-URG) in domestic doctoral enrollment was monitored over time to [benchmark progress](#) against prior year composition reports. [Benchmarks were established for underrepresentation \(fewer than 10%\) in domestic enrollment](#). In thirty PhD programs, 25% or more of enrolled domestic students were from D-URG. Those programs are listed here; programs in blue bold were also on this list in both the 2019 and 2021 JHU Graduate Student Composition Reports and those in black bold were on this list in the 2021 Report on Graduate Student Composition:

- |   |  |
|---|--|
| • <b>Nursing (44%)</b>                            | • Mathematics (30%)                                    |
| • <b>English (42%)</b>                            | • Electrical Engineering (30%)                         |
| • <b>Sociology (41%)</b>                          | • Environmental Health & Engineering (30%)             |
| • <b>Cellular and Molecular Physiology (36%)</b>  | • <b>Pharmacology and Molecular Sciences (30%)</b>     |
| • Psychology (35%)                                | • <b>Population, Family, Reproductive Health (30%)</b> |
| • <b>Biochemistry and Molecular Biology (35%)</b> | • <b>Cellular and Molecular Medicine (29%)</b>         |
| • <b>Clinical Investigation (35%)</b>             | • <b>Neuroscience (26%)</b>                            |
| • <b>Health Policy and Management (35%)</b>       | • Environmental Health and Engineering (26%)           |
| • Mental Health (34%)                             | • History (25%)  |
| • <b>History of Art (33%)</b>                     | • Biophysics (25%)                                     |
| • <b>Education (33%)</b>                          | • Cognitive Science (25%)                              |
| • Immunology (33%)                                | • <b>Political Science (25%)</b>                       |
| • Earth & Planetary Sciences (32%)                | • Biomedical Engineering (25%)                         |

<sup>9</sup> JHU composition reports employ a collective measure of racial and ethnic diversity. "Domestic Underrepresented Group (D-URG)" to assess JHU's progress in eliminating systemic barriers to institutional access for U.S. resident graduate students from historically excluded racial and ethnic groups. A graduate student is included in the D-URG measure if they are not an international student and self-identified with one or more of the following groups: Hispanic/Latino, American Indian or Alaska Native, Black or African American, or Native Hawaiian or Other Pacific Islander.



**Chart B10. Professional Practice Doctoral Degrees Earned**  
 Demographic Composition, AY2021-22  
 Johns Hopkins compared to Ivy Plus Peers



Data Source: IPEDS Completions curated by American Association of Universities Data Exchange (AAUDE)



## Terminology

### Gender

Graduate students self-report their gender at the time of admission application. Once a student matriculates, they may update their legal sex and gender in the university's [Student Information System \(SIS\)](#). Within SIS, gender is treated as a binary variable with the option for students to identify as "female" or "male", as most mandated reporting requirements define gender within this binary. For such reporting, students who declined to identify as either male or female are apportioned (or recoded) as male or female based first on their self-reported pronouns or salutations in their institutional records, if available.<sup>3</sup> If pronouns or salutations are not available, students are assigned a gender<sup>4</sup> only for IPEDS reporting purposes based on the known proportions of graduate student enrollment.

### Residency

Graduate students' residency is determined by their U.S. citizenship and immigration status, as recorded at the time of the enrollment census. U.S. nonresidents are those in the U.S. on a visa or temporary basis and considered international students. Conversely, students who are U.S. citizens by birth or naturalization, U.S. nationals, or U.S. permanent residents are considered U.S. residents.

### Race and Ethnicity

At the time of admission application, graduate students voluntarily self-report their ethnic and racial identities in accordance with mandated federal reporting guidelines.<sup>5</sup> Matriculating students may also update their ethnicity and racial identities in SIS. First, all students are asked their ethnic identity, defined as either "Hispanic/Latino" or "Not Hispanic/Latino". Next, they are asked to select their racial identity from one or more of the following five categories: "American Indian or Alaska Native", "Asian", "Black or African American", "Native Hawaiian or Other Pacific Islander", or "White". Federal guidelines state the following: (1) if a student is an international student, they are reported as U.S. Nonresidents, regardless of their responses to the race and ethnicity questions; (2) if a student self identifies as Hispanic or Latino, they are reported as Hispanic/Latino, regardless of their response to the race question; and (3) students who are U.S. residents, self-identify as not Hispanic/Latino, and select more than one racial identity category are grouped in a reporting category called "Two or More Races".

JHU composition reports employ a collective measure of racial and ethnic diversity, "Domestic Underrepresented Group (D-URG)", to assess JHU's progress in eliminating systemic barriers to institutional access for U.S. resident graduate students from historically excluded racial and ethnic groups. The use of the phrase "underrepresented groups (URG)" is aligned with the *Second Roadmap for Diversity, Equity, and Inclusion* and the institutional commitment to inclusive language. A graduate student is included in the D-URG measure if they are not an international student and self-identify with one or more of the following groups: Hispanic/Latino, American Indian or Alaska

<sup>3</sup> Pronouns may be updated on [my.jhu.edu](https://my.jhu.edu)

<sup>4</sup> IPEDS utilizes the following terms for gender: male = man and female = woman, and uses the terms interchangeably.

<sup>5</sup> <https://nces.ed.gov/ipeds/report-your-data/race-ethnicity-collecting-data-for-reporting-purposes>

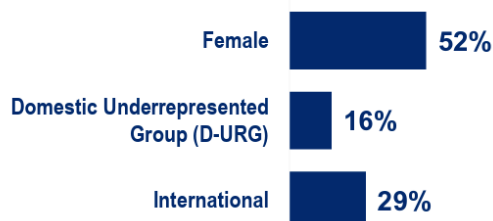


## IV. Graduate Student Composition

### Graduate Students in 2023

In fall 2023, the graduate student body comprised 52% female graduate students and 29% international graduate students ([Chart 1](#)). Graduate students from domestic underrepresented groups (D-URG) represented 16% of all graduate student enrollment (23% of domestic graduate student enrollment).

**Chart 1.** 2023 Graduate Student Diversity Metrics



When university data is disaggregated across the nine academic divisions that offer graduate degrees, the student body composition varied widely by division ([Table 1](#)). The remainder of this report presents data for each of the university's nine schools, disaggregated into those enrolled in PhD programs, additional doctoral programs, and master's programs.

**Table 1.** Graduate Student Composition by Academic Division (2023)

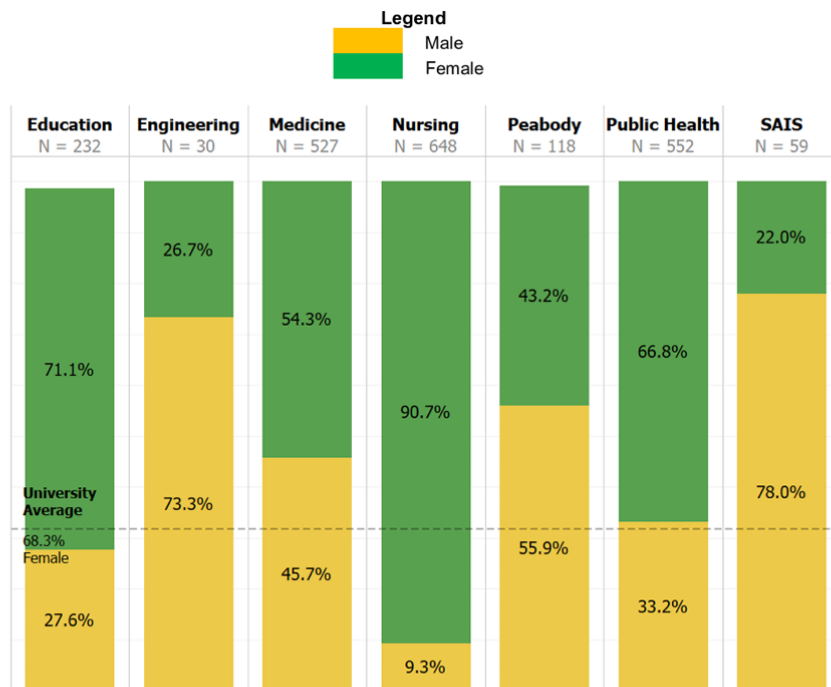
Division	Total N	Female	International	Domestic URG (% of total)	Domestic URG (% of domestic)
<b>All Graduate Students</b>	<b>23,813</b>	<b>52%</b>	<b>29%</b>	<b>16%</b>	<b>23%</b>
Arts & Sciences	1,122	47%	41%	13%	22%
Advanced Academic Programs (AAP)	4,359	61%	28%	15%	22%
Business	2,514	49%	42%	14%	24%
Education	1,196	72%	29%	23%	32%
Engineering	2,172	31%	74%	6%	22%
Engineering for Professionals (EP)	5,223	29%	6%	18%	19%
Medicine	1,492	55%	21%	17%	22%
Nursing	1,194	88%	3%	27%	28%
Peabody	415	49%	43%	10%	18%
Public Health	3,016	74%	31%	18%	26%
SAIS	1,110	46%	38%	14%	23%



### Additional Doctoral Programs<sup>7</sup>

**Chart 3** shares the percentage of female students in additional doctoral programs in fall 2023, which ranged from a low of 22% at the School of Advanced International Studies (SAIS) to a high of 91% at the School of Nursing. At four schools, a majority of graduate students in additional doctoral programs were female: Nursing (91%), Education (71%), Public Health (67%), and **Medicine** (54%). The only non-PhD doctoral program in which fewer than 25% of students were female is the Doctor of International Affairs (DIA) offered in the School of Advanced International Studies (SAIS). **Appendix A (Table A2)** provides more detailed information on the gender composition of the graduate student body at each school within individual doctoral programs.

**Chart 3.** Additional Doctoral Degree Student Composition by Academic Division  
By Gender (%), Fall 2023



<sup>7</sup> Additional doctoral programs are: Doctor of Nursing Practice (DNP), Doctor of Education (EdD), Doctor of Engineering (DEng), Doctor of Musical Arts (DMA), Doctor of Public Health (DrPH), Doctor of International Affairs (DIA), and Doctor of **Medicine** (MD). Enrollment in dual doctoral degree programs, including MD/PhD (reported in the School of **Medicine**) and DNP/PhD (in School of Nursing), is included here as well.




underrepresentation (fewer than 25%) in female enrollment. For several PhD programs,<sup>6</sup> listed below, in 2023, more than 75% of students were female. Programs in blue bold were also on this list in the 2019 and 2021 JHU Graduate Student Composition Reports:

- **Population, Family, and Reproductive Health (90%)**
- **Health Behavior and Society (84%)**
- Biological Chemistry (81%)
- **International Health (81%)**
- **Nursing (77%)**

PhD programs in which fewer than 25% of students were female are listed here; programs in bold were also on this list in the 2021 Report on Graduate Student Composition:


- **Physics (22%)**

# Exhibit 17

 [MENU](#) [SEARCH](#)

[Department of Medicine](#)

[Home](#) > [Department of Medicine](#) > [Faculty & Staff Resources](#)



## Diversity Council of the Department of Medicine


The Department of Medicine at Johns Hopkins University is an established world leader in research, teaching, and medical care. Keeping with this long honored tradition of excellence, the Department of Medicine established the Diversity Council in 2002. Our mission is to promote increased recruitment, retention, and advancement of faculty, fellows, and residents from groups under-represented in medicine as well as to promote an inclusive environment across the department.

According to the Association of American Medical Colleges, "underrepresented in medicine" means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." The Department of Medicine and the Diversity Council follow this definition, as does the Johns Hopkins University School of Medicine.

### More about the Diversity Council

[Initiatives](#) > [Members](#) >

# Exhibit 18




## Office of Diversity, Inclusion and Health Equity

[Home](#) > [Diversity](#) > [About us](#)

### Diversity Councils

Diversity Councils across Johns Hopkins Medicine represent the Office of Diversity, Inclusion and Health Equity at each entity. Diversity Councils implement diversity goals and best practices and ensure that Johns Hopkins entities fulfill the mission of diversity, inclusion, health equity and cultural, linguistic and spiritual competence.



Diversity Councils work to understand the unique needs of each affiliate, build community confidence and develop a pipeline of diverse talent.

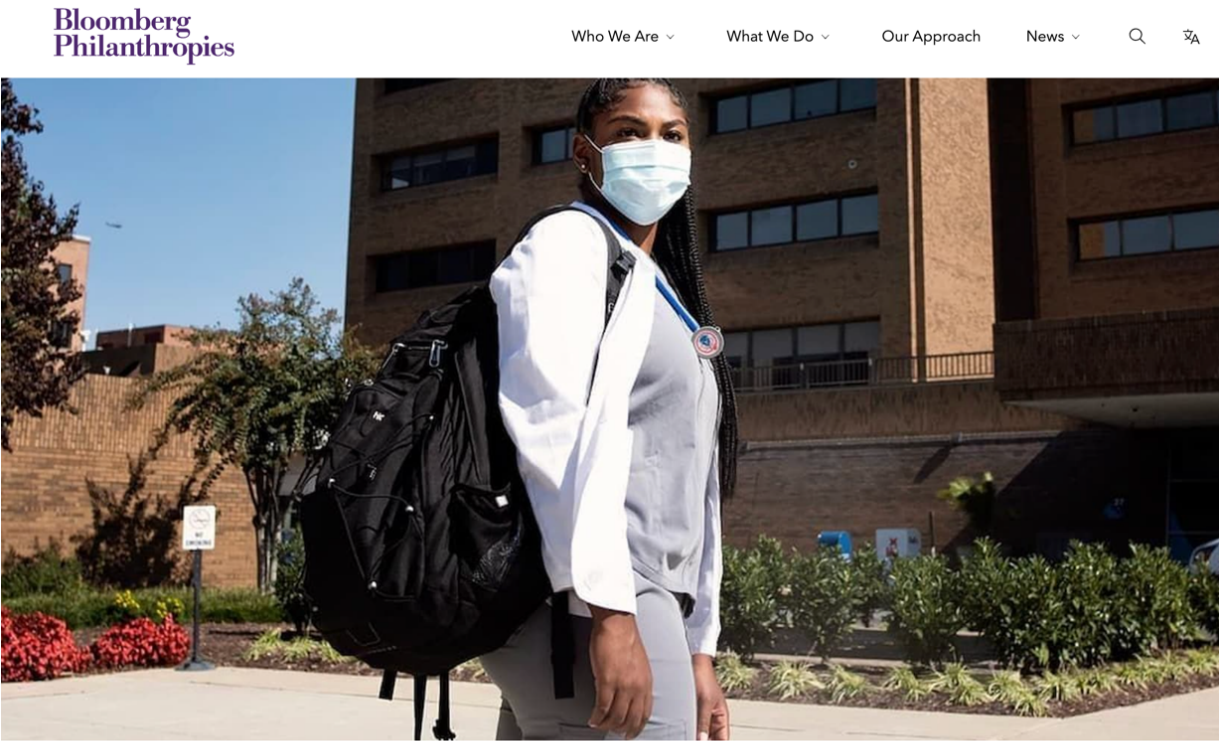
**In addition, Diversity Councils:**

- Seek out the perspective of employees from different backgrounds, cultures, races and capabilities;
- Act as the face of diversity and inclusion for each entity;
- Work to understand issues that negatively impact employees and require action and determine ideas and solutions to address concerns;
- Remove barriers and biases that negatively affect the success of the members in the affiliate;
- Lead, advocate for and plan diversity-led efforts;
- Develop strategic solutions to build on-the-job satisfaction and engagement among frequently disenfranchised groups of employees;
- Organize efforts and initiatives to encourage diversity, inclusion and cultural competence;
- Represent inclusive viewpoints and act as liaisons to diverse markets served by the hospital.

## Find Your Diversity Council

Bayview Medical Center	▼
Johns Hopkins Children's Center	▼
Johns Hopkins Howard County Medical Center	▼
Johns Hopkins All Children's Hospital	▼
Johns Hopkins Community Physicians	▼
Johns Hopkins HealthCare	▼
Johns Hopkins Home Care Group	▼
Johns Hopkins Hospital	▼
Johns Hopkins Medicine International	▼
Johns Hopkins University School of Medicine	▼
Sibley Memorial Hospital	▼
Suburban Hospital	▼
Surgery Center Series	▼
Intrastaff	▼
Broadway Services	▼

# Exhibit 19



Founder's Projects / The Greenwood Initiative


On this page


- Overview
  - Using Data to Tackle the Wealth Gap
  - Investments in Historically Black Medical Schools
  - Expanding Access to STEM Fields
  - Increasing COVID-19 Vaccination Efforts
  - Supporting Local Efforts to Build Wealth


## The Greenwood Initiative

Bloomberg Philanthropies' Greenwood Initiative is a philanthropic effort that seeks to create wealth-building opportunities for those in the bottom half of the wealth distribution. Barriers to wealth-building activities – including access to higher education, acquisition of housing and land, and business ownership – narrow opportunities for full economic participation with lasting profound impact.

# Exhibit 20



ADS 



## Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award

This award recognizes efforts to achieve diversity, equity, and inclusion in the graduate medical education (GME) community.

ACGME HOME > IMPROVEMENT AND INITIATIVES > AWARDS > BARBARA ROSS-LEE, DO DIVERSITY, EQUITY, AND INCLUSION AWARD

## Award Information

Share This    

The Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award recognizes efforts to achieve diversity, equity, and inclusion in the graduate medical education (GME) community. This award celebrates initiatives in which diverse learners are developed, diverse faculties are constructed, and the GME community embraces differences and highlights them as examples of what is achievable. The award recognizes ACGME-accredited Sponsoring Institutions and programs, as well as specialty organizations working to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments.

The award honors the most innovative and exemplary initiatives that drive diversity in GME. The award recognizes:

- Innovation and excellence to identify and guide pre-resident learners into the field of medicine and biomedical research
- Projects that address increasing recruitment and retention of diverse underrepresented residents, fellows, faculty members, and GME staff members
- Efforts to promote inclusivity in the clinical learning environment



The ACGME congratulates the 2025 recipients of the ACGME Awards. Read the announcement with the full list of this year's honorees in the [ACGME Newsroom](#).



The nomination period for the 2026 ACGME Awards is now closed.


### CONTACT


Direct any questions to [diversity@acgme.org](mailto:diversity@acgme.org)

### THE AWARDS

# Exhibit 21

 SEARCH

 Office of Diversity, Inclusion and Health Equity

Home > Diversity


## The JHM Equity Statement

At Johns Hopkins Medicine, we believe that everyone has a role in promoting diversity, inclusion, and equity in health care, research, and education.

We must acknowledge, actively address and work toward effectively managing our negative biases, so that we collectively make decisions that improve the lives of our patients, our colleagues, our learners, and our community.

We stand against discrimination and oppression in all their forms.

It is vital that we achieve equity for all, including those who are most vulnerable.



# Exhibit 22

## JHHS Health Equity Operations

The Office of Diversity, Inclusion and Health Equity (ODIHE) has developed an infrastructure to identify and outline the operational needs to promote and address health equity across Johns Hopkins Health System. We have assembled a team with expertise in health equity research, data analysis, and implementation.

### Health Equity Representatives by Entity

We are excited to announce our health equity leadership representatives for each entity. These individuals will be known as the Health Equity Leads of their respective entity. Health Equity leads will be representatives to the centralized JHM Health Equity Advisory Committee and will be responsible for overseeing implementation of the JHM Health Equity Advisory Committee's centralized initiatives and projects at their entities.


The Health Equity Leads will be responsible for:

- Representing their entity on the JHM Health Equity Advisory Committee
- Recommending to the JHM Health Equity Advisory Committee policies, programs and other initiatives that will improve health equity, and participating in centralized strategy planning for health equity initiatives
- Examining formal and informal structures and processes that increase health inequities and disparities
- Supporting the promotion of health equity education across the Johns Hopkins Health System
- Overseeing implementation of the centralized health equity strategy at their entities

## Exhibit 23

Office of Diversity, Inclusion and Health Equity

January 2024



**Chief Diversity Officer's Corner**

Happy New Year! Welcome to the January 2024 issue of the Monthly Diversity Digest. We're excited to kick off this month with two events in celebration of Martin Luther King Jr. We look forward to the 42nd annual MLK Commemoration on Jan. 12. This year, we'll be in a new location: the Chevy Chase Auditorium on the East Baltimore campus, and the theme will be Where Do We Go from Here — Chaos or Community? Noted engineer and physician Mae Jemison will be the keynote speaker. Jemison will share her career path and her experience as the first woman of color to travel in space. [View the event online](#). Monday, Jan. 15, is the 2024 MLK Day of Service, and participants can choose from a number of volunteer opportunities that are available Jan. 15–31. [Sign up here](#). We look forward to working with you this year in the spirit of Dr. King and others, to achieve our equity and inclusion goals.

## Diversity Word of the Month

**Privilege** is a set of unearned benefits given to people who are in a specific social group. Privilege operates on personal, interpersonal, cultural and institutional levels, and it provides advantages and favors to members of dominant groups at the expense of members of other groups. In the United States, privilege is granted to people who have membership in one or more of these social identity groups:

- White people
- Able-bodied people
- Heterosexuals
- Cisgender people
- Males
- Christians
- Middle or owning class people
- Middle-aged people
- English-speaking people

Privilege is characteristically invisible to people who have it. People in dominant groups often believe they have earned the privileges they enjoy or that everyone could have access to these privileges if only they worked to earn them. In fact, privileges are unearned and are granted to people in the dominant groups whether they want those privileges or not, and regardless of their stated intent.

# Exhibit 24



[Home](#) > [House Staff Council](#)

## House Staff Diversity and Inclusion Council

The House Staff Diversity Council is a self-governing and representative body within the House Staff Council.


### Our Mission

The House Staff Diversity and Inclusion Council (HSDIC) is a self-governing and representative body within the House Staff Council which aims to create a diverse and inclusive environment for residents from all Johns Hopkins Medicine residency training programs.

### Our Vision

The House Staff Diversity and Inclusion Council was established to create a safe, respectful and supportive home for residents in all Johns Hopkins Medicine departments and to advance principles of diversity, equity and inclusion. We aim to enhance the experience of underrepresented in medicine (URiM), LGBTQIA+ and other historically minoritized community members. We value the essential role of allies in promoting inclusivity and encourage their active participation in our initiatives to create a more equitable environment for all.

# Exhibit 25

**JOHNS HOPKINS**  
CENTER *for* HEALTH EQUITY


ABOUT USWHAT WE DONEWS AND STORIESEVENTSLEARNING RESOURCESCONNECT


**JOHNS HOPKINS**  
Center for Health Equity

## In Why Are Health Disparities Everyone's Problem?

Dr. Lisa Cooper shows how we can work together to eliminate the injustices that plague our healthcare system and society.

"...not only an essential read but a central question for our time."  
- Marc H. Morial, President/CEO, National Urban League

**ORDER YOUR COPY TODAY!** 



## Who we are

We are highly committed change agents. We are working to make healthcare institutions more equitable, communities more engaged, and health policies and practices more effective to eliminate disparities in health and healthcare in Baltimore, the United States, and the world.

We understand health inequity is a complex problem that requires careful investigation from multiple perspectives. Our multi-faceted approach integrates research, community engagement, education, and policy translation, and develops leaders. We strive to, first, identify and remove barriers to optimal health, and second, develop and provide the resources, programs, and support systems that will help people from communities that have been economically and/or socially marginalized become, and stay, well. In our daily work we draw upon values that are critical to achieving health equity, such as respect, integrity, trustworthiness, collaboration, rigor, innovation, and social justice, to guide our actions.

### EVENTS

View upcoming events and highlights from recent sessions on addressing health equity.

### LEARNING RESOURCES

Explore our many learning resources. We offer credit courses, MOOCs, videos, and more!

## How We Focus on Health Equity



### Research

Learn about our research. Become a research collaborator, implementing partner, or supporter.

[LEARN ABOUT OUR RESEARCH](#)



### Training

Offering educational events, workshops, degree courses and online MOOCs about health equity.

[VIEW LEARNING OPTIONS](#)



### Engaging

We work closely with patients, community leaders, researchers, educators, and policymakers to carry out new health equity research, education, and advocacy initiatives.

[LEARN MORE](#)



### Policy

We are expanding the discourse regarding how best to achieve health equity goals.

[LEARN MORE](#)

# Exhibit 26



JOHNS HOPKINS SCHOOL OF MEDICINE

## M.D. Program

Home > The Johns Hopkins University School of Medicine > Education Programs > MD Program > Application Process

## Prerequisites, Requirements and Policies

### Online Courses

As a result of the COVID-19 pandemic, the School of Medicine has changed its policy regarding prerequisite courses taken online. We will now accept online prerequisite courses completed at an accredited college or university, whether these were taken prior to the pandemic or any time afterward.

Medical school studies build on a strong foundation in the sciences and mathematics at the premedical level. Beyond the successful fulfillment of these basic prerequisites, the Committee on Admission considers the overall quality and scope of an applicant's undergraduate educational experience. The field of concentration for undergraduate studies and the selection of additional science and mathematics courses are the student's personal choice and will not affect the admission process.

In addition to the academic requirements detailed below, we seek candidates who evidence the following characteristics:

- Academic Excellence
- Leadership
- Service, compassion and humanism
- Diversity
- Ability to work in a team (or as part of a team)



# Requirements for Admission

[State Authorization Disclosure Regarding Educational Prerequisites](#) (PDF)

The following general requirements must be met by all applicants:



## I. Standardized testing.

The Medical College Admissions Test (MCAT) is required for acceptance. The MCAT must be taken no later than September in the year the application is submitted. The oldest MCAT considered will be four years prior to date of expected matriculation. For students entering in Fall 2026, the oldest acceptable MCAT is October 1, 2022.

Note for graduates of foreign institutions: Successful passage of the TOEFL examination is required for all students whose undergraduate instruction was conducted primarily in a language other than English.

## II. Required academic work from an accredited institution

(As listed on "Accredited Institutions of Postsecondary Education," authorized and published by the American Council on Education, One DuPont Circle NW, Washington, D.C. 20036.)

JHUSOM accepts prerequisites completed at the community college level. In order to be competitive in the selection process, we encourage prospective applicants with community college prerequisites to supplement these courses by taking advanced courses in related subjects at their four-year institution. **A holistic review process is used to select applicants to interview at Johns Hopkins**, and many factors are considered in this review. These factors include the rigor of the applicant's course of studies, grades, MCAT scores, clinical and research exposure, letters of recommendation, personal statement and the applicant's understanding of medicine. In addition, we consider the path the applicants have taken that led to their desire to apply to medical school and become a physician.

# Exhibit 27



 SEARCH



JOHNS HOPKINS SCHOOL OF MEDICINE

M.D. Program

Home > The Johns Hopkins University School of Medicine > Education Programs > MD Program > Our Students

## Class Statistics

The 80 women, 47 men, and 2 that identify as another gender of the 2024 entering class have performed at a high level academically and scored in the top few percentiles on standardized tests. And while the fact that the majority of students majored in science as undergraduates might come as no surprise, the fact that 16% of the class had a major other than science just might. They have distinguished themselves further by demonstrating leadership qualities, a commitment to service, a passion for medicine and a range of additional personal qualities that are indicative of successful students and physicians.

With an admit rate of 5.62%, it is easy to understand why the Johns Hopkins School of Medicine is sometimes viewed from the outside as highly competitive. However, the 129 newest members of our community are discovering right now that the competition ended with their admission. Once inside, students experience a welcoming and collaborative atmosphere where individual passions are encouraged and one another’s successes are celebrated.

### Meet the Class of 2028

#### The Path to Admission



4,409

Applicants

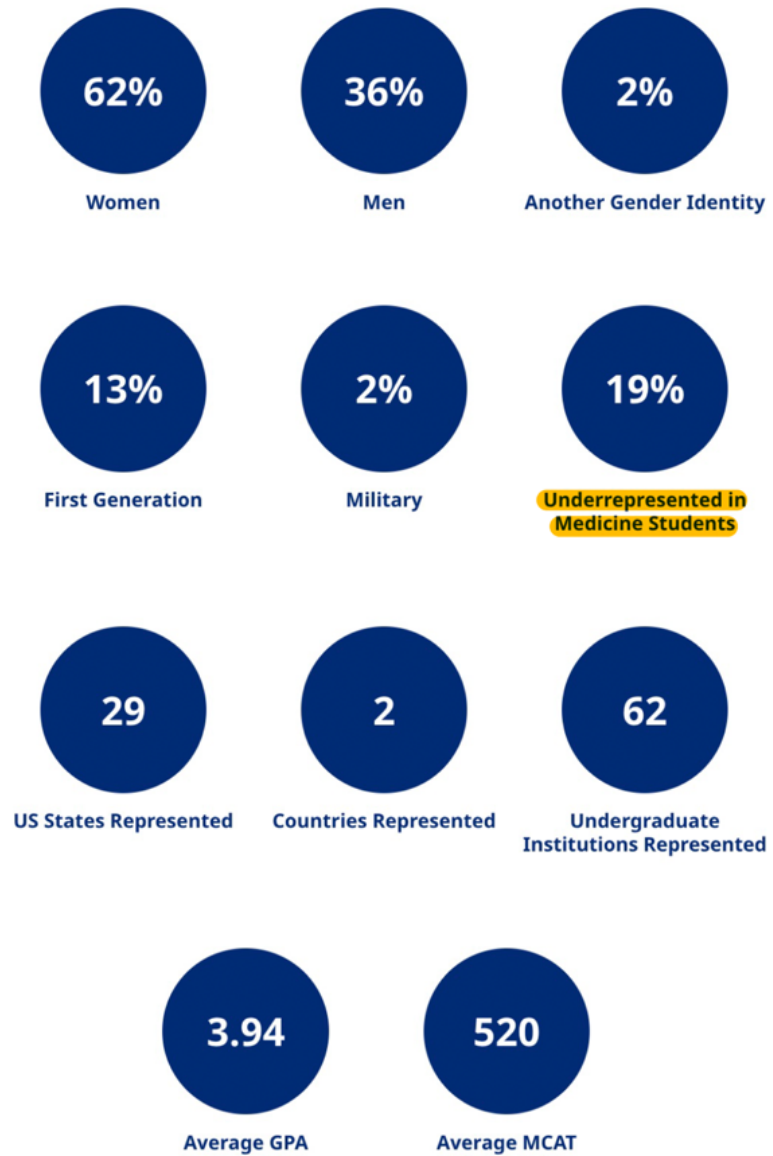


129

Matriculated

INCOMING M.D. AND M.D.-PH.D. STUDENTS

INCOMING M.D. AND M.D.-PH.D. STUDENTS





## News & Publications

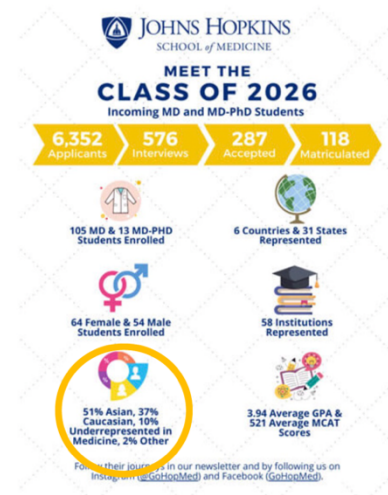
# Meet the Class of 2026

09/13/2022

Students in the Class of 2026 arrived at the Johns Hopkins School of Medicine this fall to begin their medical education.

This class had 6,352 applicants, 576 interviews, 287 accepted students, and 118 matriculated students. There are 105 MD & 13 MD-PHD students enrolled, 6 countries & 31 states represented, and 64 female & 54 male students enrolled. 58 institutions are represented. The class is 51% Asian, 37% Caucasian, **10% Underrepresented in Medicine**, and 2% Other. The average GPA is 3.94 and the average MCAT score is 521.

Welcome to our [118 new MD and MD-PhD students!](#)



# Exhibit 28

AAC&U

RESOURCESEVENTSMEMBERSHIPINITIATIVESABOUTNEWSROOM

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### Institutional Members

To make changes to your institution's record, please contact the Membership Team at [MemberServices@aacu.org](mailto:MemberServices@aacu.org) or call 202-387-3760 (press #1 for Membership).

Institution

Johns Hopkins

City

e.g. Sherman



State





Institution Type Show

Search

Name	City	State	Country	Carnegie Classification
Johns Hopkins University	Baltimore	MD	United States	Doctoral Universities: Very High Research Activity

# Exhibit 29

 [RESOURCES](#) [EVENTS](#) [MEMBERSHIP](#) [INITIATIVES](#) [ABOUT](#) [NEWSROOM](#) 

   | [Log In](#) 

[Support AAC&U](#) →

[Press Release](#)

## AAC&U Joins 39 Higher Education Organizations in Support of Harvard University and the University of North Carolina–Chapel Hill in Supreme Court Cases

AUGUST 2, 2022

### *Amicus Brief Makes the Case for the Ongoing Value of the Consideration of Race and Ethnicity as Part of a Holistic Admissions Process.*

The American Association of Colleges and Universities (AAC&U) announced today that it has joined together with 39 other higher education associations to support Harvard University and the University of North Carolina–Chapel Hill in their defense of the use of race and ethnicity in college admissions before the US Supreme Court. AAC&U signed a brief of amici curiae prepared by the American Council on Education and submitted August 1, 2022, to the Court.

In joining the brief, AAC&U affirms its longstanding commitments to advancing engagement with diversity as an essential component of educational excellence and to the fundamental principle of academic freedom, which underpins individual institutions' pursuit of their distinctive educational missions and goals.

“AAC&U is proud to be a signatory to this brief supporting Harvard and UNC in their cases before the Supreme Court,” said AAC&U President Lynn Pasquerella. “The brief contributes a compelling statement of educational principles that are fundamental to American higher education and that have long guided AAC&U’s own work, and it clearly explains what’s at stake in the cases for our students, our institutions, and our democracy.”

# Exhibit 30

HUBEVENTSAT WORKJOHNS HOPKINS MAGAZINEJHU.EDUQ

HUB

JOHNS HOPKINS UNIVERSITY

## Johns Hopkins, 14 other leading universities file amicus brief in support of diversity in college admissions

Court document reflects the university's core belief in the value of a diverse student body that reflects an array of backgrounds and experiences

Hub staff report / May 21, 2020

Johns Hopkins University today joined 14 peer institutions in filing an amicus brief supporting Harvard University in an appellate court case dealing with the consideration of race as a factor in a holistic college admissions process.

An appeal is currently pending at the U.S. Court of Appeals for the First Circuit in the case of *Students for Fair Admissions v. Harvard University*. The lawsuit was originally initiated in 2014, when Students for Fair Admissions filed a complaint alleging that Harvard's consideration of race and other factors, as part of its holistic and individualized admissions process, discriminates against Asian-Americans in violation of federal law.


"Johns Hopkins' participation in this filing reflects its core mission of matriculating students from diverse backgrounds, including underrepresented minorities," Johns Hopkins said in a statement. "We are continually accelerating efforts to provide social mobility opportunities for high achieving students from a wide range of experiences and backgrounds.

"As the brief states, Hopkins and its peers emphasize their belief in the profound importance of a diverse student body for their educational missions, and that the diversity they seek in their admissions policies is nuanced and multifaceted, and encompasses a diversity of perspectives, experiences, goals, backgrounds, races, ethnicities, and interests. They strive to enroll a diverse student body because doing so significantly deepens students' educational experience. Diversity encourages students to question their own assumptions, to test received truths, and to appreciate the complexity of the modern world. This larger understanding prepares graduates to pursue innovation in every field, to be active and engaged citizens equipped to wrestle with the great questions of the day, and to expand humanity's learning and accomplishment."

Johns Hopkins joins Brown, Columbia, Cornell, Dartmouth, Duke, Emory, MIT, Princeton, Stanford, University of Chicago, Penn, Vanderbilt, Washington University in St. Louis, and Yale in the filing.

Xf79p+79

RELATED CONTENT




### Hopkins, other schools voice support for diversity in admissions

Aug 9, 2018

In court brief, 16 leading universities say they support consideration of race as a factor in the admissions process

## CLINICAL TRIALS at JOHNS HOPKINS

Search over 1,000 ongoing clinical trials currently recruiting participants



## Exhibit 31

# JHM Diversity, Inclusion and Health Equity Resources

by [kbennett](#) / September 21, 2020 / [Civic Engagement](#)



## JOHNS HOPKINS M E D I C I N E

The [JHM Office of Diversity, Inclusion and Health Equity](#) is offering the following training and resources:

**One-hour live, virtual unconscious bias training.** This will be required at all Johns Hopkins Health System (JHHS) entities for managers and above; hospital nurse leaders; credentialed providers (such as physician assistants and nurse practitioners); and for school of medicine faculty and trainees (including residents, fellows, medical and graduate students, and research postdocs), as well as those at a manager level or above. We anticipate launching this training in November to allow us time to set up tracking through myLearning and awarding of CME/CEU credits.

### Search





### About the Director



Nadia Hansel, MD, MPH, is the Director of the Department of


# Exhibit 32

[MENU](#)[SEARCH](#)

[JOHNS HOPKINS SCHOOL OF MEDICINE](#)

## Pathway Programs

[Home](#) > [The Johns Hopkins University School of Medicine](#)



## Pathway Programs

The Pathway Programs support and partner with programs and initiatives that have a relationship with Johns Hopkins University School of Medicine and serve to prepare and inspire talented high school, undergraduate, and post-baccalaureate students from communities underrepresented in medicine (UIM). While each Pathway Program and initiative has its own distinct goals for students, all strive to:

- Encourage UIM students to consider careers in medicine and/or biomedical science.
- Provide UIM students with skills training, academic, social and emotional support, mentoring, and encouragement to enhance their success.

### Pathway Programs

[College Student Opportunities \(Summer Internship Program\) >](#)[Johns Hopkins C.A.R.E.S. >](#)[Opportunities for High School Students >](#)

### Post-baccalaureate Programs

[Doctoral Diversity Program \(DDP\) >](#)[Post-baccalaureate Research Education Program \(PREP\) >](#)

## Building Pathway Programs for UIM Students

Numerous studies document the disparities in the quality of health and health care among different racial, ethnic and socio-economic groups. Experts agree that increasing diversity in the health care workforce is essential to effectively address these health care disparities.

The Pathway Programs and initiatives contribute to increasing diversity and inclusion within the health care workforce by aiding in the reduction of barriers and the creation of opportunities that assist UIM students in their pursuit of careers in medicine and/or biomedical science.

### Office of School of Medicine High School & Undergraduate Internship Programs

[Learn more >](#)

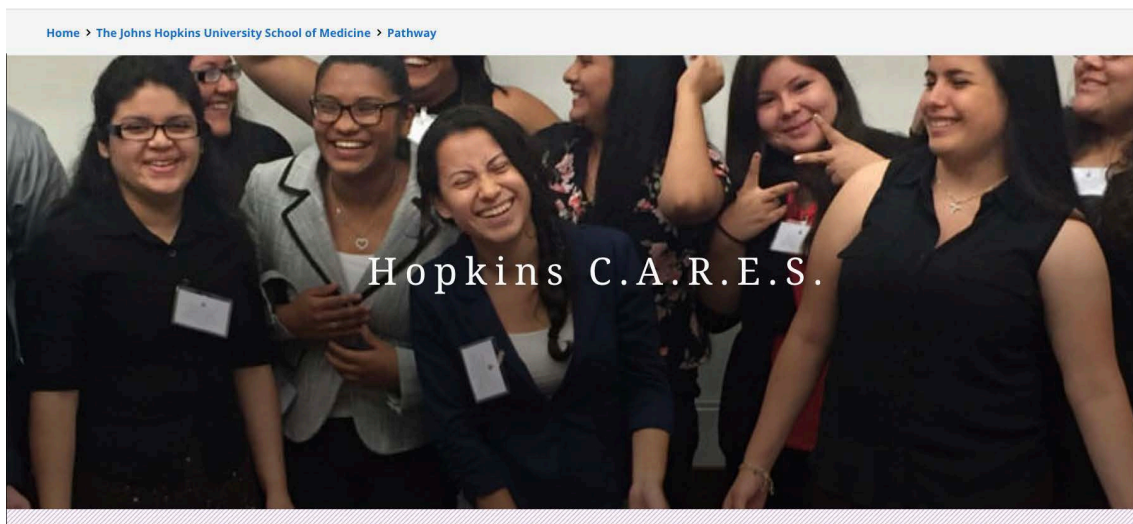
The JHM Office of Strategic Workforce Development will provide processing support for current secondary or post-secondary students in academic internships sponsored by a SOM department and a high school or undergraduate educational institution (non-Hopkins).

## Diversity at the Johns Hopkins University School of Medicine

The Johns Hopkins University School of Medicine considers diversity as one of the core components of medical education. We are committed to supporting learners via one-on-one mentoring, recruitment and retention of a diverse student body, and sponsoring activities to increase diversity.

[Learn more >](#)

# Exhibit 33



Johns Hopkins Career, Academic, and Research Experiences for Students (CARES) Summer Symposium has a mission to inspire and provide opportunities to underrepresented students in science, public health, or medicine.

## How to Apply

Participation is limited to students enrolled in a [summer program](#).

## Mission and Goals

- Showcase JHUSOM Pathway Programs that provide paid internships in Hopkins laboratories, clinics, and offices across the medical campus.
- Provide opportunities for selected students to deliver a professional presentation to faculty and recruits from local colleges and universities, and the Hopkins community.
- Bolster high school students' academic and social confidence by enabling them to share their summer research presentations and network with high achieving undergraduates from all over the United States.
- Inspire a generation of future leaders by providing an opportunity for students to share their journey, struggles, and lessons learned in the programs.
- [Invest in our local community of students by aiming to identify, recruit, educate, and develop high school, undergraduate, postbaccalaureate, students with an interest in careers in medicine and science.](#)

### **Diversity and Academic Advancement Summer Institute (DAASI)**

The Diversity and Academic Advancement Summer Institute (DAASI) is a partnership between Thread and JHUSOM's Office of Student Pipeline Programs created in 2010, is actively seeking hosts for Thread students in their labs or offices for five or eight weeks this summer.



### **The Johns Hopkins Department of Neuroscience Summer Internship Program (NeuroSIP)**

A 10-week program that provides research experiences for undergraduate students from diverse backgrounds who are considering graduate studies in neuroscience. NeuroSIP Scholars will receive a stipend and housing at Hopkins.



### **Maternal Child Health Careers/Research Initiatives for Student Enhancement Undergraduate Program (MCHC/RISEUP) at Kennedy Krieger Institute**

The program provides opportunities for public health education and experience to address health disparities and promote health equity, with the goal to promote a more diversified and equal health outcome system for citizens.



### **MERIT Health Leadership Academy**

The program educates and empowers students from underrepresented backgrounds to become health professionals and change agents and provides students with a mix of work based learning in clinical, community health, laboratory research settings, and classroom learning.



# Exhibit 34

## High School & Undergraduate Internship Programs Registration Portal



### Welcome to the Office of School of Medicine (SOM) High School & Undergraduate Internship Programs!

The JHM Office of Strategic Workforce Development will provide JHM access processing support for current Secondary or Post-Secondary students engaged in an academic internships sponsored by a SOM department and an outside High School or Undergraduate educational institution (non-Hopkins).

This office does not support shadowing experience or observers. Also please note that internship duties that mirror responsibility for which we hire casual employees in the SOM to perform, should be processed by the SOM human resource as casual employees. Additionally, this service does not support housing, parking, payroll, equipment, and department specific assess requirements the intern may need to fulfill the academic internship duties and requirements.

The services of this office includes the High School and Undergraduate Internship programs partnering with the Office of Diversity Inclusion and Health Equity (DIHE) Pathway programs that are providing an academic internship experience. For details on how to become a SOM DIHE Pathway program, please visit the DIHE website.

For our office to process interns, the internship program must require the student have a JHED ID for their academics so they can conduct the SOM academic work outlined by the program. Internship duration should be a minimum of 2 months.

Summer 2025 Registrations are now closed.

Fall 2025 Registrations: July 14, 2025 - September 30, 2025

Use the button below to answer the prequalifying questions and check if your program meets our qualifications:

Prequalifying Questions

If you have already answered the prequalifying questions and your program meets the qualifications, continue registering your program, mentor, and students:

Continuing Registering Here

You will need your JHED ID to access the registration page. If you are a non-Johns Hopkins employee, please contact your Johns Hopkins representative for the next step.

For more information, please email [CommunityEducation@jhmi.edu](mailto:CommunityEducation@jhmi.edu)

## Exhibit 35



**Maria Trent, M.D., M.P.H.**

**Senior Associate Dean for Diversity and Inclusion**

To discuss matters in regards to:

- Serves as the co-chair of the SOM Faculty Diversity Council
- Partner with the Associate Dean for Graduate Medical Education to co-lead efforts to support recruitment of housestaff who are from groups underrepresented in medicine (UIM);
- Partner with Assistant Dean for Medical Student Affairs and Director of Medical Student Diversity to determine strategies to enhance UIM medical student recruitment and retention.
- Partner with the Assistant Dean for Graduate Biomedical Education and Graduate Student Diversity to determine strategies to enhance UIS graduate student recruitment and retention
- Partner with the Associate Dean for Postdoctoral Affairs to support recruitment and retention of research postdoctoral fellows from UIS groups

## EXHIBIT 36



### Alejandro Garcia, M.D.

#### Program Director for Pathway Programs

To discuss matters in regards to:

- Advises the JH-SOM Program Manager for Diversity, Inclusion, and Health Equity on solutions for identified needs and issues of pathway program leads
- Collaborates with the Assistant Dean for Student Affairs & Medical Student Diversity, Assistant Dean for Graduate Biomedical Education & Graduate Student Diversity, and JH-SOM Program Coordinator to lead the SOM Student Diversity Council
- Identifies D&I barriers that impact recruitment, retention and advancement, recruitment, training, and critical assignments.
- In collaboration with the JHM Office of Diversity, Inclusion, and Health Equity, implement the IDARE (inclusion, diversity, anti-racism, and equity) educational strategy, which includes unconscious bias, microaggressions, allyship, anti-oppression, and other topics as they may arise, for medical and graduate students.

## Exhibit 37



**Nathan Irving M.D., M.P.H.**

**Assistant Dean for Medical Student Diversity**

To discuss matters in regards to:

- **Medical Student Affairs and Diversity Efforts**
- Serves as the Ex-Officio and Faculty Sponsor for the **Student Diversity Council** by providing support, feedback, and resources to the council.

## Exhibit 38



### Marquita Genies M.D., M.P.H.

**Assistant Dean for Diversity, Equity and Inclusion for Graduate Medical Education and Postdoctoral Affairs**

To discuss matters in regards to:

- Programming to build inclusivity across graduate medical education and post-doctoral training environments.
- Programming to support the recruitment and retention of housestaff who are from multicultural, international, and underrepresented groups in medicine.
- Programming to support the recruitment and retention of postdoctoral research fellows from multicultural, international, and underrepresented groups in science and medicine.
- Serves as Ex-Officio and Faculty Sponsor for the House Staff Diversity and Inclusion Council by providing support, feedback and resources to the council.

## Exhibit 39



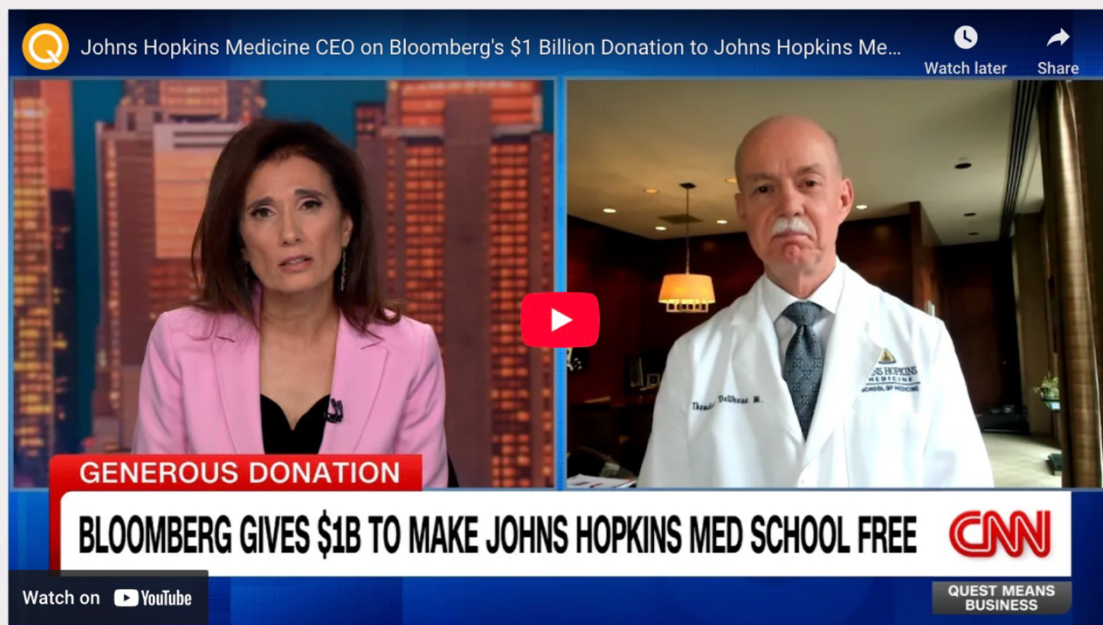
**The gift from Bloomberg Philanthropies will allow most medical students to attend Hopkins for free and receive support for living expenses as well as provide financial aid for nursing, public health, and other graduate programs to help ensure access for top talent from middle-class and low-income families.**

Removing the economic barriers that stand between America's most promising students from low-income and middle-class families and their dreams of saving lives and making an impact on their communities furthers Bloomberg's commitment to addressing complex American health challenges and builds on the transformative impact of Bloomberg's 2018 gift for undergraduate aid at Johns Hopkins University.

▼ **How will the gift affect socio-economic diversity at Hopkins?**


- Michael Bloomberg's record 2018 contribution of \$1.8 billion to undergraduate financial aid at Hopkins had a transformative impact on our student body. By dramatically expanding scholarship support, Hopkins was able to simultaneously attract the world's most academically qualified undergraduates and transform the socioeconomic makeup of our undergraduate programs.
- We believe this gift will have a similar impact, attracting the best and brightest graduate and medical students, allowing them to pursue their dreams regardless of financial background.

This new philanthropic contribution is Bloomberg’s latest effort to remove economic barriers to opportunity for top American students. Bloomberg’s record 2018 contribution of \$1.8 billion to undergraduate financial aid had a transformative impact on the Hopkins student body. By dramatically expanding scholarship support, Hopkins was able to simultaneously attract the world’s most academically qualified undergraduates and transform the makeup of their undergraduate programs. The number of undergraduate students entering Hopkins from low-income backgrounds and/or who are the first in their families to attend college (FLI) has grown by 43% since the Bloomberg gift went into effect. Today, FLI students make up nearly a third of the Hopkins undergraduate population, surpassing most other Ivy League and Ivy League-adjacent institutions.



In 2021, Johns Hopkins University and Bloomberg Philanthropies also announced the launch of the Vivien Thomas Scholars Initiative, devoted to addressing historical underrepresentation in science, technology, engineering, and math (STEM) fields, particularly in leadership roles across universities, government, and industry. The \$150 million endowment creates additional pathways for students from historically Black colleges and universities and minority-serving institutions to pursue and receive PhDs in STEM fields at Johns Hopkins.

# Exhibit 40



MENU

SEARCH

Office of Diversity, Inclusion and Health Equity

Home



Inclusion. Collaboration. Equity.

Welcome to the Johns Hopkins Medicine Office of Diversity, Inclusion and Health Equity. Together, we seek to further our mission to cultivate all perspectives, understand each patient, collaborate with our community and create health equity.

### Our Mission

To provide content expertise and programmatic support to institutional leadership and to recruit, promote, retain, and engage those underrepresented in medicine, science, nursing, and healthcare administration so that we can achieve health equity for the most vulnerable populations.

### Our Vision

We envision a Johns Hopkins Medicine where diversity, equity, and inclusion are in our DNA, and where together we commit to:

- **Embracing** and celebrating our differences
- **Educating** and developing our staff and learners
- **Engaging** in equitable healthcare delivery and workforce practices

### JHM Equity Statement

The [JHM Equity Statement](#) reflects our effort to create a safe work and learning environment where we embody respect and collegiality for our colleagues, patients and community. [View the Equity Statement Video](#)

# Exhibit 41

## Our Projects

Community service is the heart and soul of the SNMA and eliminating disparities in health care delivery, disease morbidity, and disease mortality are among our highest priorities.

### SNMA Health Professions Recruitment and Exposure Program (HPREP)

[Health Professions Recruitment and Exposure Program \(HPREP\)](#) is a program organized by the Johns Hopkins Chapter of the Student National Medical Association (SNMA).

HPREP exposes underrepresented minority high school students to science-related activities and introduces them to careers in the health professions. Students in this program receive talks from Hopkins physicians, hands-on clinical experience, mentorship and guidance on college essay preparations, and SAT workshops. The SNMA HPREP coordinators organize recruitment of speakers and volunteers from the School of Medicine. The program consists of ninth grade students who are affiliated with Baltimore's MERIT Health Leadership Academy. Outside of HPREP, we work with MERIT Health Leadership Academy to expose their tenth- and eleventh-grade students to medicine.

### SNMA Brotherhood Alliance for Science and Education (BASE)

The Brotherhood Alliance for Science and Education (BASE) is a mentorship program devoted to increasing the number of underrepresented minority males advancing through grade school. The BASE program is guided by a threefold vision. First, the BASE program attempts to provide the young men and their parents a snapshot of higher education, professional development, and health careers, and affirm them all as attainable and worthwhile goals. Second, BASE is driven to develop and cultivate personal relationships among members of the pipeline, those beyond, and the mentors that serve them, in order to provide a source of guidance and support at each level. Third, the BASE program intends to instill the importance of community service and empowerment in both our mentors and mentees. Ultimately, the program attempts to increase the number of underrepresented minority males in higher education and foster a sense of community empowerment through service.

# Exhibit 42



Office of Diversity, Inclusion and Health Equity

[Home](#) > [Diversity](#)

## Student National Medical Association (SNMA)

2022 SNMA Executive Board



Established in 1964, the Student National Medical Association (SNMA) is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians. Visit [www.snma.org](http://www.snma.org) for more information.

---

# Student National Medical Association Johns Hopkins University Chapter

Johns Hopkins' chapter of the Student National Medical Association works closely with the Office for Medical Student Diversity. We have mutual goals of: (1) supporting underrepresented minorities in biomedical research and medicine; (2) increasing the number of physicians, scientists, and researchers who are African American/Black or from other racial and ethnic underrepresented groups; and (3) eliminating health disparities.

Hopkins' SNMA programs include, but are not limited to, social and networking events with medical students, house staff and faculty, career advising sessions, sexual health education for local middle school students, and mentoring and health professions workshops for local high school students and Hopkins' undergraduate students in the Minority Association of Pre-Medical Students (MAPS). See more details about our community service work below. Additionally, we are heavily involved in the recruitment of underrepresented minority students to the Johns Hopkins University School of Medicine. In collaboration with the Office of Admissions, we host dinners on interview days, help to organize Second Look Weekend, and maintain ongoing communication with accepted and prospective students.

We encourage you to join SNMA to be part of a family that leans on each other for support, celebrates milestones, and helps address health disparities. For more information, follow us on Instagram ([@jhu\\_snma](#)), email us at [hopkins@snma.org](mailto:hopkins@snma.org).

# Exhibit 43

## Urban Health Residency Program

[Home](#) > [Medpeds urban health](#) > [Diversity](#)

## Visiting 4th Year Medical Student Elective Program in Med-Peds

### Program Description

The Johns Hopkins Combined Medicine-Pediatrics Urban Health (UH) training program is committed to developing a community of primary care physician leaders who partner with systematically marginalized patients to improve intergenerational health in Baltimore and beyond. Our UH curriculum pairs comprehensive clinical training with community-based learning, readying our residents to dismantle inequities and build a justice-driven society in which all can flourish. We welcome students who share in our mission to apply for our rotation.



We are committed to cultivating and sustaining an environment that fosters the development of physician leaders who are committed to eliminating the nation's health inequities through patient care, education, advocacy, and research. Diversity, equity, and inclusion are core values of our education program, the Departments of Medicine & Pediatrics, and the Johns Hopkins University School of Medicine. We are thrilled to welcome all students, regardless of race or ethnicity, who are committed to addressing health care disparities to apply for our visiting elective. In accordance with applicable law, race, ethnicity and gender will not be considered in the selection process.

# Exhibit 444

## Inclusive Excellence & Wellness

### Inclusive Excellence | Johns Hopkins Osler Medical Residency

We strive to provide an inclusive environment, community, and culture where residents of all backgrounds will thrive and feel empowered as they develop the foundation for their careers as leaders in medicine. Dr. Tinsay Woreta, associate program director for inclusive excellence for the Osler Medical Residency, discusses our efforts to achieve this important goal.



We have worked to build a community for our underrepresented in medicine (UIM) trainees to provide mentorship, guidance, and social support for our trainees. Below is a list of our various initiatives:

- We created a regularly occurring series of open forum sessions for UIM residents to meet with program leadership to have an open space to confidentially discuss any issues on important topics such as building an inclusive and diverse community at Hopkins and finding mentorship.
- We have started having quarterly happy hours for UIM residents with program leadership to promote increased socialization and building community, including a welcome to our new interns in July.
- We attend with our residents regional and national meetings of organizations such as the Student National Medical Association and the Latino Medical Student Association to represent our program at these meetings.
- We work with the Department of Medicine Diversity Council on their important initiatives such as the Visiting 4th year medical student clerkship in Diversity and the Myron L. Weisfeldt Distinguished Visiting Professorship in Diversity, which our residents actively participate in.
- Our residents are also actively involved in the Housestaff Diversity Council at the institutional level and often take leadership roles in the council.



### Inclusive Excellence | Johns Hopkins Osler Medical Residency



Johns Hopkins Department of Medicine

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280 views Oct 16, 2023

We strive to provide an inclusive environment, community, and culture where residents of all backgrounds will thrive and feel empowered as they develop the foundation for their careers as leaders in medicine. **Dr. Tinsay Woreta**, associate program director for inclusive excellence for the Osler Medical Residency, discusses our efforts to achieve this important goal.

## Exhibit 45

### Embracing Diversity

Hardly any other residency program serves as diverse a patient population, in terms of socioeconomic status, medical conditions and ethnicity, as the program at Johns Hopkins Bayview. This aspect adds a valuable richness to education for medical residents.

The Johns Hopkins Bayview Internal Medicine Residency Program was awarded a \$25,000 grant from the Provost's Office of Johns Hopkins University as part of the University's Mosaic Initiative. The residency program used the funding to augment its efforts to attract the most talented underrepresented minority students from across the country to our residency program, ensure a most outstanding experience for those residents, and to continue to foster a culture of diversity and inclusiveness within the program.

The Medical Center and the University also promotes diversity among faculty, staff and students, as well as patients and visitors, and provide a welcoming environment for residents of different cultures and backgrounds. Many residents, staff, and faculty have chosen to join the OUTList, a directory of lesbian, gay, bisexual, or transgendered people that are part of Hopkins.

Twenty-five percent of the current housestaff are from ethnic and racial groups that traditionally are under-represented in medicine.

For more information about diversity at Johns Hopkins Bayview, visit the Johns Hopkins Diversity and Cultural Competence website.

# Exhibit 46





 Urban Health Residency Program

Home > Medpeds urban health




## Med-Peds Urban Health Primary Care Residency Program


Program Mission (as written by our residents)

The Johns Hopkins Medicine-Pediatrics Residency program aims to develop a community of primary care physician leaders who partner with systematically marginalized patients to improve intergenerational health in Baltimore and beyond. Our urban health curriculum pairs comprehensive clinical training with community-based learning, readying our residents to dismantle inequities and build a justice-driven society in which all can flourish.



# Exhibit 47

 **Urban Health Residency Program**

Home > Medped urban health

## Diversity, Inclusion & Belonging

The Johns Hopkins Urban Health Programs, Combined Medicine-Pediatrics Urban Health (UH) and Internal Medicine tracks, are committed to developing a community of primary care physician leaders who partner with systematically marginalized patients to improve intergenerational health in Baltimore and beyond. Our UH curriculum pairs comprehensive clinical training with community-based learning, readying our residents to dismantle inequities and build a justice-driven society in which all can flourish.

We are committed to cultivating and sustaining an environment that fosters the development of physician leaders who are committed to eliminating the nation's health inequities through patient care, education, advocacy, and research. Diversity, equity, and inclusion are core values of our education programs, the Departments of Medicine & Pediatrics, and the Johns Hopkins University School of Medicine.

### Hopkins Resources:

- [Housestaff Diversity Council](#)
- [DOM Diversity Council](#)
- [Pediatrics Diversity Council](#)
- [Centro Sol](#)
- [Johns Hopkins Center for Health Equity](#)
- [Brancati Center](#)



# Exhibit 48

## Diversity Leadership Council

Our Commitment
● Diversity Leadership Council
Diversity and Inclusion Conference
Diversity Leadership Awards
Membership
Diversity Innovation Grants
Annual Reports
Fannie Gaston-Johansson Professorship
Second JHU Roadmap on Diversity, Equity, and Inclusion
Research
Resources
Contact



Comprised of about 60 members from across all nine divisions of Johns Hopkins, the Diversity Leadership Council advises university President Ronald Daniels on matters of diversity and inclusion. It encourages programs that are supporting diversity, inclusion, and equal opportunity at the university and health system and urges progress in areas where the institutions need to improve.

For over twenty years, the council has advocated for domestic partner benefits, a more welcoming environment for persons with disabilities, diversity training for supervisors and managers, and the establishment of divisional diversity councils. It has conducted surveys of the university community, given the annual Diversity Leadership Awards, held an annual diversity conference, and created a program for Diversity Innovation Grants.

## Exhibit 49

### Center for Health and Opportunity for Latinxs

by advancing clinical care, research, education, and advocacy at Johns Hopkins and beyond in active partnership with our Latino neighbors.

Who we are

Our expertise

Women's Health



# Exhibit 50

## About the Program

The Anesthesiology and Critical Care Medicine Training Program is committed to cultivating and sustaining an environment that fosters the development of physician leaders who are committed to eliminating the nation's health inequities through patient care, education, advocacy, and research. Diversity, equity, and inclusion are core values of our education program, the Department of Anesthesiology and Critical Care Medicine, and the Johns Hopkins University School of Medicine. We are thrilled to welcome all students, regardless of race or ethnicity, who are committed to addressing health care disparities to apply for an educational opportunity here at our program.

We invite you to peruse the following pages to get a feel for what we are looking for in prospective anesthesiology residents. Here at Hopkins, all applications are carefully considered, as we understand that board scores and clinical grades do not in and of themselves paint an accurate picture of an applicant. This section of our website is designed to give you an idea of whether or not Hopkins Anesthesia is a good fit for you.

On average, our program receives greater than 1,500 applications per year, and we extend interview invitations to approximately 160 competitive applicants.

### Application Review Process

We utilize a scorecard review process to make the application review process as objective as possible. We do not use specific score cut-offs in our review process; rather we look at the whole individual including a combination of grades, scores, research and clinical experiences, special interests, unique attributes and evidence of true desire to complete training at Johns Hopkins. It should be noted that we rarely extend invitations to students who have failed any part of the USMLE or medical school coursework.

# Exhibit 51



JOHNS HOPKINS SCHOOL OF MEDICINE

## The Harriet Lane Pediatric Residency Program

[Home](#) > [Residencies](#) > [Pediatric Residency Program](#)

### Pediatric Diversity, Equity, Inclusion and Advocacy Council

The Johns Hopkins Pediatric Diversity and Inclusion Council is composed of residents, fellows and faculty dedicated to serving those who belong to underrepresented in medicine, sexual and gender minority, disabled and/or any historically marginalized communities. We hope to serve these communities through fostering community, personal and professional development and addressing the unique needs of our communities through advocacy and service both within Hopkins and throughout the Baltimore Community. We welcome all members of the Johns Hopkins Department of Pediatrics community to join us in our mission.

We are committed to:

- Promoting a culture of diversity and inclusion among residents, fellows and faculty.
- Giving back and bolstering ties within the Greater Baltimore community through service, mentorship and engagement.
- Educating the Johns Hopkins Children's Center community on culturally and structurally competent care.
- Providing trainees with mentorship, professional career development and social support.



Residents Adrienne, Jaz, Rachel and Dr. Genies at the Student National Medical Association National Conference

#### Pediatric Diversity and Inclusion Council

We seek to foster a community of diverse pediatricians that has a common interest in mentorship, service and providing culturally competent care for patients and families.

[Learn More about the Diversity Council](#) >



## Exhibit 52



► Acad Pathol. 2019 Sep 8;6:2374289519873104. doi: [10.1177/2374289519873104](https://doi.org/10.1177/2374289519873104)

### **The “Race” Toward Diversity, Inclusion, and Equity in Pathology: The Johns Hopkins Experience**

[Alisha D Ware](#)<sup>1</sup>, [Tricia Murdock](#)<sup>1</sup>, [Lysandra Voltaggio](#)<sup>1</sup>, [Annika L Windon](#)<sup>1</sup>, [Juan C Troncoso](#)<sup>1</sup>, [Ralph H Hruban](#)<sup>1</sup>,  
[Marissa J White](#)<sup>1,✉</sup>

► [Author information](#) ► [Article notes](#) ► [Copyright and License information](#)

PMCID: PMC6734606 PMID: [31523705](https://pubmed.ncbi.nlm.nih.gov/31523705/)

## Exhibit 53

### Because We Embrace Diversity

We cultivate an inclusive and safe learning environment, which allows individuals of all backgrounds to thrive and realize their fullest potential. We are deeply committed to diversity, inclusion, and equity, core values of Johns Hopkins Medicine.

At Johns Hopkins, pathology trainees underrepresented in medicine (UIM) have the opportunity to network and fellowship with UIM trainees and faculty through the active institution-wide House Staff Diversity Council, while the Pathology Diversity Committees work in parallel to recruit and retain the next generation of pathologists and laboratory professionals. We are very pleased that this year Johns Hopkins received the Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award from the ACGME (Accreditation Council for Graduate Medical Education).

Our efforts are described in a [recent publication](#) and our commitment in [this video](#).



# Exhibit 54



The Department of Surgery values diversity and is committed to providing an inclusive environment for both our medical staff and patients. We believe that our department is enriched by the different perspectives, experiences and backgrounds of each of our members, and that embracing these differences is essential to providing the best care to our patients and their families. We strive to create an environment that fosters learning, creativity and collaboration.

## What Diversity Means to Us

We believe that we can best promote excellence by creating a climate of diversity, inclusion and respect. This is critical to reaching our goals in research, teaching, health care and other areas within our department and Johns Hopkins as a whole.

### Shared Values

We recognize and support the values of diversity and inclusion in achieving and sustaining excellence in academics, research and patient care.

### Diverse Teams and Views

We create and foster inclusion by recruiting and retaining diverse groups of students, residents, faculty and staff.

### Diversity Is a Shared Responsibility

We acknowledge that the responsibility for excellence, diversity and inclusion lies with all of us in the department.

## How We Practice Diversity and Inclusion



### Community and International Outreach >

Our department is engaged with Baltimore communities to expose young students to surgery as a profession. We also participate in international humanitarian work via our [Global Surgery Initiative](#).



### Health Disparities Research > Ongoing Education

Racial disparities have been shown to influence whether people receive timely care, the type of care they get and procedure outcomes. We investigate these topics to shed light on racial disparities in surgery.

We aim to keep the topics of diversity and inclusion top of mind by including them in our grand rounds and other department-wide events and lectures. Training on implicit bias is incorporated into regular education modules for all staff.



### Diversity Council

The Diversity Council for the Department of Surgery promotes diversity goals and best practices, organizes outreach events, and provides resources for residents and students. Residents have the opportunity to become members.

Learn More About Diversity Councils >

## Health-care Disparities Research

- [Bridging the Divide: Addressing Sex Disparities in Vascular Surgery](#)
- [Disparities in trauma care and outcomes in the United States: A systematic review and meta-analysis](#)
- [Disparities in limb preservation and associated socioeconomic burden among patients with diabetes and/or peripheral artery disease in the United States](#)
- [Surgical palliative care disparities](#)
- [Racial and Ethnic Disparities in Outcomes Among Newborns with Congenital Diaphragmatic Hernia](#)
- [Bias Issues in Colorectal Cancer Management: A Review](#)
- [Multidisciplinary approach to decreasing major amputation, improving outcomes, and mitigating disparities in diabetic foot and vascular disease](#)
- [Persistent Racial and Sex Disparities in Outcomes After Coronary Artery Bypass Surgery: A Retrospective Clinical Registry Review in the Drug-eluting Stent Era](#)
- [Access to Laparoscopic Pediatric Surgery: Do Ethnic and Racial Disparities Exist?](#)
- [Cardiac Surgery in Women in the Current Era: What Are the Gaps in Care?](#)
- [Association of Socioeconomic Status and Comorbidities with Racial Disparities during Kidney Transplant Evaluation](#)
- [When I say ... pipeline programme](#)
- [Ethnic disparities in pediatric appendicitis: The impact of Hispanic ethnicity on presentation, complications and postoperative outcomes](#)

## Johns Hopkins Residency and Fellowship Programs Win the 2023 ACGME Diversity, Equity and Inclusion Award

The Barbara Ross-Lee, DO Diversity, Equity and Inclusion Award is a national award that recognizes efforts to achieve diversity, equity and inclusion in graduate medical education.

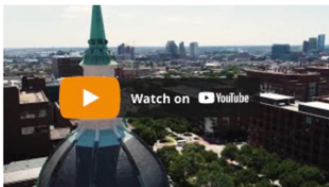
Learn more about this award >

[Learn more about School of Medicine diversity >](#)



## Our Commitment to Diversity, Equity and Inclusion

Johns Hopkins Medicine embraces diversity and inclusion, from higher leadership to our faculty, trainees and staff. These values are celebrated and put in action in many ways across our institution.



[Johns Hopkins Medicine Equity Statement](#)



[Connecting the Community: Shepherd's Clinic](#)



[Black Doctors Matter at Johns Hopkins](#)

[See more videos about diversity from Johns Hopkins >](#)

## Resources at Johns Hopkins

[The JHM Equity Statement >](#)

[Office of Diversity, Inclusion and Health Equity >](#)

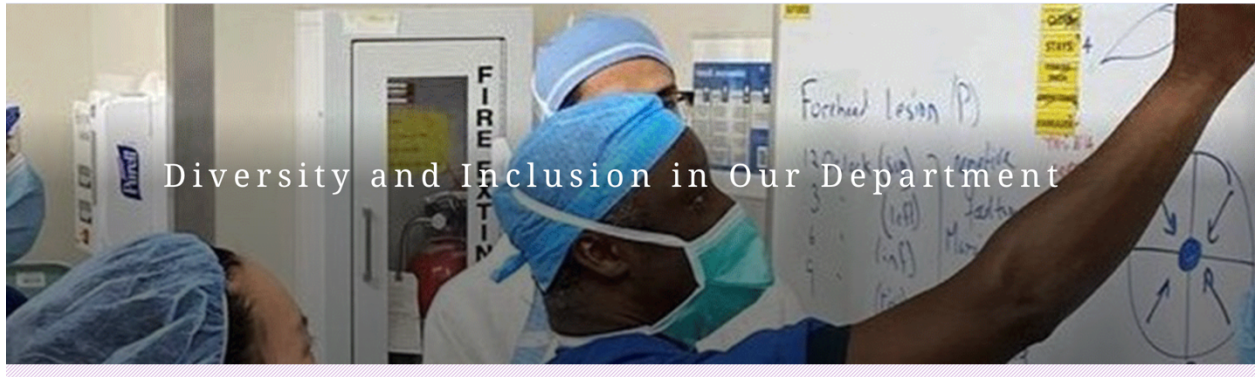
[LGBTQ Resources >](#)

[House Staff Diversity Council >](#)

[School of Medicine Diversity Initiatives >](#)

# Exhibit 55

## ≡ Otolaryngology-Head and Neck Surgery



Everyone in the Department of Otolaryngology-Head and Neck Surgery is committed to diversity and inclusion, from trainees to faculty and staff. Our diversity efforts are overseen by the department's director of diversity and inclusion, with strong support from departmental leadership, including the director, vice director and residency program director. We continue to seek ways to support diversity, equity and inclusion within our department, the institution and our otolaryngology-head and neck surgery community.

### How We Build and Practice Diversity and Inclusion

We firmly believe that we can best promote excellence by creating a climate of diversity, inclusion and respect. This is critical to attaining the best research, scholarship, teaching, health care and other goals of our department and Johns Hopkins as a whole.



#### Shared Values

We recognize and support the values of diversity and inclusion in achieving and sustaining excellence in academics, research and patient care.



#### Diverse Teams

We create and foster inclusion by recruiting and retaining diverse groups of students, residents, faculty and staff.



#### Our Duty

We acknowledge that the responsibility for excellence, diversity and inclusion lies with all of us.

## Diversity and Inclusion Committee

The committee holds a variety of events throughout the year, including:

### Quarterly Open Forums

Everyone gathers to discuss issues critical to advancing diversity and inclusion. Residents have served as small-group facilitators, alongside staff and faculty, aiming to infuse a culture of recognition and support for diversity and inclusion. Past forums have focused on serving patients with limited English proficiency and addressing racism and health disparities, among others.

### Annual Book Club

We discuss books on a variety of topics including diversity, such as "Between the World and Me," Dr. Lisa Cooper's "Why are Health Disparities Everyone's Problem?" and "Demystifying Disability: What to Know, What to Say, and How to Be an Ally."

### Annual Endowed Lectureship

The Sandra Y. Lin, M.D. Endowed Lecture on Diversity, Inclusion and Equity, which began in 2016. All speakers are asked to include references to diversity, equity and inclusion in their presentation.

### Johns Hopkins Residency and Fellowship Programs Win the 2023 ACGME Diversity, Equity, and Inclusion Award

The Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award is a national award that recognizes efforts to achieve diversity, equity, and inclusion in graduate medical education.

Learn more  
about this  
award. >

[Learn about our diversity  
and inclusion efforts >](#)



**White Coats for Black Lives | Johns  
Hopkins Medicine**

# Exhibit 56



MENU

SEARCH



JOHNS HOPKINS SCHOOL OF MEDICINE

## The Harriet Lane Pediatric Residency Program

[Home](#) > [Residencies](#) > [Pediatric Residency Program](#)

### Pediatric Diversity, Equity, Inclusion and Advocacy Council

The Johns Hopkins Pediatric Diversity and Inclusion Council is composed of residents, fellows and faculty dedicated to serving those who belong to underrepresented in medicine, sexual and gender minority, disabled and/or any historically marginalized communities. We hope to serve these communities through fostering community, personal and professional development and addressing the unique needs of our communities through advocacy and service both within Hopkins and throughout the Baltimore Community. We welcome all members of the Johns Hopkins Department of Pediatrics community to join us in our mission.

We are committed to:

- Promoting a culture of diversity and inclusion among residents, fellows and faculty.
- Giving back and bolstering ties within the Greater Baltimore community through service, mentorship and engagement.
- Educating the Johns Hopkins Children's Center community on culturally and structurally competent care.
- Providing trainees with mentorship, professional career development and social support.



Residents Adrienne, Jaz, Rachel and Dr. Genies at the Student National Medical Association National Conference

## Culture of Diversity, Equity, Inclusion and Advocacy


The Pediatric Diversity Council hosts various events throughout the year to promote a culture of diversity and inclusion among residents, fellows and faculty.

- **Pediatric Grand Rounds:** The Department of Pediatrics hosts Diversity Grand Rounds each year to promote visibility and discussion of issues related to diversity and inclusion that are relevant to Johns Hopkins Children's Center.
- **Noon Conferences and Workshops:** Several educational topics surrounding diversity and inclusion are offered, such as mitigating implicit bias and creating effective interactions with culturally and linguistically diverse patients.
- **Book and Movie Clubs:** In partnership with the Pediatrics Health Equity Track and [Medicine-Pediatrics Urban Health Residency Program](#), book and movie clubs are held throughout the year on topics relevant to the care of underserved patient populations.
- **Pathway to Structural Competency:** Understanding that racism and social structures that determine health influence how we practice medicine not only makes us better physicians but is crucial to addressing healthcare disparities and dismantling structures of oppression. As such, the residency program has a longitudinal educational series which aims to educate trainees with Pediatrics, Medicine, and Medicine-Pediatrics about topics important to diversity, equity, and inclusion.



Residents and fellows of the council hosting students from STEMcx for a clinical immersion experience.

# Exhibit 57



 News & Publications

## Mentoring as Our Mission: Enhancing Diversity in the Ophthalmology Pipeline

By **Jon Bleiweis** on 10/04/2021

Four students from across the country spent their summers gaining valuable experience at Wilmer Eye Institute, Johns Hopkins Medicine, through an initiative designed to establish a more inclusive workforce of highly talented ophthalmologists.

The Diversity Scholars Program at Wilmer serves to nourish leadership culture and equity in health care by preparing outstanding rising second-year medical students who are from underrepresented backgrounds and are considering specializing in ophthalmology.

In the program, which started in 2018, students are paired with a Wilmer faculty member who mentors them as they work on research projects. They are encouraged to submit an abstract of their research to a national meeting and to submit work for publication in a peer-reviewed journal. The scholars can also gain clinical experience by attending weekly grand rounds, conferences and resident didactics. "It allows you to discover groundbreaking information and put a footprint in the ophthalmology field," says Jessica Brinson, a student in this year's cohort of diversity scholars.

This year marks the program's largest class, with students participating under the tutelage of Wilmer faculty members [Adrienne Scott](#), [Fasika Woreta](#), [Pradeep Ramulu](#) and [Fatemeh Rajaii](#). Because of the COVID-19 pandemic, this year's program took place primarily virtually.



Medical student Victor Cox (center) examines a patient under the watch of Dr. Pradeep Ramulu (right).

Motion

Exhibit 58

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Grant Summary

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Cooperative Agreement

FAIN

US4CA295336

In Progress (4 years, 1 month remains)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

THE JOHNS HOPKINS UNIVERSITY

3400 N CHARLES ST

BALTIMORE, MD 21218-2008

UNITED STATES

Congressional District: MD-07

Assistance Listings (CFDA Programs)

93.397 - CANCER CENTERS SUPPORT GRANTS

VIEW MORE INFO ABOUT THIS PROGRAM

Dates

Start Date

End Date

Today

Sep 20, 2024

Aug 31, 2024

\$ Award Amounts

Description

\$618,502

Outlayed Amount

\$1.3 Million

Obligated Amount

\$1.3 Million

Total Funding

● Outlayed Amount

\$618,502.30

● Obligated Amount

\$1,344,273.00

○ Non-Federal Funding

\$0.00

Total Funding

\$1,344,273.00

View Transaction History

2/2 HOWARD - HOPKINS COMPREHENSIVE ALLIANCE IN CANCER RESEARCH, EDUCATION, AND EQUITY (H2CAREE) - PROJECT SUMMARY IN RESPONSE TO NIH PAR-23-308, THE HOWARD-JOHNS HOPKINS COMPREHENSIVE ALLIANCE IN CANCER RESEARCH, EDUCATION AND EQUITY (H2CAREE) INITIATIVE AIMS TO ADVANCE CANCER CARE AND HEALTH EQUITY THROUGH THE PARTNERSHIP BETWEEN HOWARD UNIVERSITY (HU) AND THE JOHNS HOPKINS UNIVERSITY (JHU) SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER (SKCCC). SITUATED IN THE VIBRANT DC, MARYLAND, AND VIRGINIA (DMV) AREA, THE TWO INSTITUTIONS COLLECTIVELY HAVE A DIRECT IMPACT ON A POPULATION OF 4 MILLION HISTORICALLY UNDERSERVED PEOPLE OF AMERICAN IN THE AREA, WITH OVER 2 MILLION BLACK RESIDENTS IN THE METROPOLITAN OF WASHINGTON DC AND BALTIMORE. FOCUSED ON DMV REGION, THE INITIATIVE STRIVES TO ADDRESS HEALTHCARE DISPARITIES IN THIS DIVERSE AND SIGNIFICANT DEMOGRAPHIC. HOWARD UNIVERSITY AND JOHNS HOPKINS UNIVERSITY POSSESS DISTINCTIVE STRENGTHS THAT COMPLEMENT EACH OTHER IN ACHIEVING THE PROPOSED GOAL THROUGH INTEGRATED RESEARCH, RESEARCH EDUCATION, AND OUTREACH. THE INITIATIVE WILL INCLUDE THE H2CAREE PILOT RESEARCH PROJECT AND RESEARCH EDUCATION PROGRAMS WITH AN EMPHASIS ON HEALTH EQUITY, TO BOOST CANCER RESEARCH EDUCATION PROGRAMS AT HU AND TO ADVANCE CANCER CARE FOR TRADITIONALLY UNDERSERVED POPULATIONS THROUGH OUTREACH ACTIVITIES. THE H2CAREE INITIATIVE COMPRISES OF FOUR CORES (ADMINISTRATIVE, OUTREACH, RESEARCH EDUCATION, AND PLANNING & EVALUATION); TWO FULL RESEARCH PROJECTS; ONE PILOT RESEARCH PROJECT; AND ONE SHARED RESOURCE CORE (DATA SCIENCE). WITH THESE ASSETS AND ACTIVITIES, THE PARTNERSHIP WILL: 1) THROUGH RESEARCH PROJECTS, THE SHARED RESOURCE CORE, AND THE RESEARCH EDUCATION CORE, INCREASE CANCER RESEARCH AND RESEARCH EDUCATION CAPACITY AT HU; 2) THROUGH THE RESEARCH PROJECTS, RESEARCH PROGRAMS FOCUSING ON CANCER HEALTH DISPARITIES AT SKCCC; 3) THROUGH THE RESEARCH PROJECT AND THE RESEARCH EDUCATION CORE, INCREASE THE NUMBER OF INVESTIGATORS AND STUDENTS CONDUCTING CANCER HEALTH DISPARITIES RESEARCH; 4) THROUGH THE RESEARCH EDUCATION CORE AND OUTREACH CORE, PROMOTE THE DIVERSITY OF THE CANCER RESEARCH WORKFORCE BY INCREASING THE NUMBER OF AFRICAN AMERICAN STUDENTS PURSUING CANCER RESEARCH; AND 5) THROUGH THE OUTREACH CORE, DEVELOP AND IMPLEMENT CANCER OUTREACH AND EDUCATION INITIATIVES THAT BENEFIT BOTH LOCAL AND THE DMV REGION AND NATIONALLY. THE PLANNING AND EVALUATION CORE WILL CONTINUALLY ASSESS/EVALUATE OUTCOMES OF THE CORES, RESEARCH PROJECTS, AND SHARED RESOURCES. TOGETHER, THE COLLECTION OF THE EFFORTS IN H2CAREE WILL CONTRIBUTE TO ELIMINATION OF CANCER HEALTH DISPARITIES.

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Grant Summary

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Cooperative Agreement

FAIN

US4DK137331

In Progress (2 years, 11 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

THE JOHNS HOPKINS UNIVERSITY

3400 N CHARLES ST

BALTIMORE, MD 21218-2008

UNITED STATES

Congressional District: MD-07

Assistance Listings (CFDA Programs)

93.847 - DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH

VIEW MORE INFO ABOUT THIS PROGRAM

Dates

Start Date

End Date

Today

Sep 01, 2023

Jun 30, 2023

\$ Award Amounts

Description

\$1.3 Million

Outlayed Amount

\$1.7 Million

Obligated Amount

\$1.7 Million

Total Funding

● Outlayed Amount

\$1,260,605.42

● Obligated Amount

\$1,714,894.00

○ Non-Federal Funding

\$0.00

Total Funding

\$1,714,894.00

View Transaction History

JOHNS HOPKINS O'BRIEN CENTER TO ADVANCE KIDNEY HEALTH EQUITY - OVERALL ABSTRACT DISPARITIES IN KIDNEY HEALTH ARE PROFOUND, AND FOR DECADES, HAVE BEEN DOCUMENTED FOR SOCIALLY MARGINALIZED POPULATIONS. YET LITTLE PROGRESS HAS BEEN MADE TO MITIGATE THEM. THE OVERARCHING GOAL OF THE JOHNS HOPKINS O'BRIEN CENTER TO ADVANCE KIDNEY HEALTH EQUITY (JHOC) IS TO HARNESS THE COLLECTIVE EXPERTISE OF BASIC, CLINICAL, AND TRANSLATIONAL RESEARCHERS AT JOHNS HOPKINS TO SERVE AS A NATIONAL RESOURCE FOR INVESTIGATORS ADDRESSING THE FUNDAMENTAL QUESTION OF: WHAT ARE THE UNDERLYING MECHANISMS RESPONSIBLE FOR PROFOUND DISPARITIES IN KIDNEY HEALTH AND HOW CAN THEY BE MITIGATED? WE WILL LEVERAGE THE STRENGTHS AND EXISTING INFRASTRUCTURE OF THE JOHNS HOPKINS DIVISION OF NEPHROLOGY, THE WELCH CENTER FOR PREVENTION, EPIDEMIOLOGY AND CLINICAL RESEARCH AND THE JOHNS HOPKINS CENTER FOR HEALTH EQUITY (JHCE) WILL INCLUDE: 3 INTEGRATED CORES (ADMINISTRATIVE, BIO MEDICAL RESOURCE AND RESOURCE DEVELOPMENT); AN EXECUTIVE COMMITTEE; AN INTERNAL ADVISORY COMMITTEE, AND A COMMUNITY ADVISORY BOARD. TOGETHER, WE WILL: (1) PROVIDE AN INNOVATIVE PORTFOLIO OF RESEARCH SERVICES, RESOURCES, AND TOOLS FOR INVESTIGATORS TO UNDERSTAND AND AMELIORATE DISPARITIES IN KIDNEY DISEASE; (2) DEVELOP NEW AND REFINED EXISTING RESOURCES AS PART OF A DYNAMIC INCUBATOR SPACE FOR THE CONDUCT OF BASIC AND CLINICAL RESEARCH RELEVANT TO ADVANCING KIDNEY HEALTH EQUITY; (3) TRANSFER MATURE RESOURCES TO THE BIOMEDICAL RESOURCE CORE TO BE SHARED WITH THE COMMUNITY; (4) PLAN AND EXECUTE AN ANNUAL SUMMER STUDENT ENRICHMENT PROGRAM WHICH LEVERAGES A LONG STANDING PARTNERSHIP WITH THE JOHNS HOPKINS PROGRAM FOR STUDENTS FROM SOCIALLY ECONOMICALLY UNDERSERVED BACKGROUNDS; (5) FOSTER THE CAREERS OF EARLY STAGE INVESTIGATORS BY PROMOTING TRANS-DISCIPLINARY AND CROSS-SECTOR COLLABORATION THAT WILL ATTRACT INVESTIGATORS FROM FIELDS NOT TRADITIONALLY INVOLVED IN KIDNEY HEALTH EQUITY RESEARCH; AND (6) COLLABORATE WITH THE NATIONAL COORDINATING CENTER TO PRIORITIZE EXTERNAL REQUESTS FOR RESOURCES AND ENHANCE NATIONAL OUTREACH. JHOC WILL SUPPORT INVESTIGATORS CONDUCTING PRE-CLINICAL (BASIC), CLINICAL OR POPULATION HEALTH RESEARCH ADDRESSING KIDNEY HEALTH DISPARITIES, AND WILL MAKE RECOMMENDATIONS TO IMPROVE STRATEGIES, INTERVENTIONS, AND APPROACHES AIMED AT ACHIEVING KIDNEY HEALTH EQUITY.

read less

A-92

AWARD PROFILE  
Grant Summary



Project Grant **FAIN K08DK133638**

In Progress (1 year, 10 months remain)

**Awarding Agency**  
Department of Health and Human  
Services (HHS)

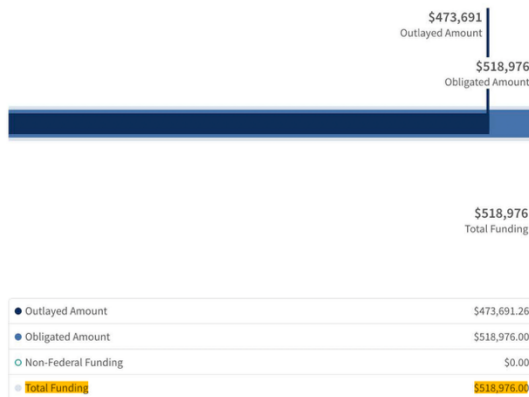
**Recipient**  
**THE JOHNS HOPKINS UNIVERSITY**  
3400 N CHARLES ST  
BALTIMORE, MD 21218-2608  
UNITED STATES  
Congressional District: MD-07

**Assistance Listings (CFDA Programs)**  
93.847 - DIABETES, DIGESTIVE, AND KIDNEY  
DISEASES EXTRAMURAL RESEARCH  
[VIEW MORE INFO ABOUT THIS PROGRAM](#)



\$ Award Amounts

Description



**ADDRESSING RACIAL AND ETHNIC DISPARITIES IN ACCESS TO THE LIVER TRANSPLANT WAITING LIST** A DATA SCIENCE-FOCUSED AND TEAM-BASED APPROACH - PROJECT SUMMARY IN THE US, 4.5 MILLION ADULTS HAVE LIVER DISEASE, AND LIVER TRANSPLANTATION (LT) IS THE ONLY CURATIVE TREATMENT FOR THOSE WITH CIRRHOSIS. **TRANSPLANT CENTERS ARE CHARGED WITH DETERMINING RECIPIENTS FOR A LIFE-SAVING ORGAN. DISPARITIES EXIST FOR PATIENTS LISTED FOR LT: BLACK PATIENTS ARE UNDER-REPRESENTED ON 81% OF US TRANSPLANT CENTER WAITLISTS, AND 62% UNDER-REPRESENT HISPANIC PATIENTS. LT CENTERS ASSESS EACH PATIENT'S APPROPRIATENESS FOR TRANSPLANT, CULMINATING IN A DECISION TO LIST FOR TRANSPLANT OR DECLINE. IF LISTED, PATIENTS ARE PRIORITIZED BASED ON DISEASE SEVERITY AND WILL EITHER RECEIVE A LIVER OR BE DE-LISTED FOR A VARIETY OF REASONS, SUCH AS DEATH. WHILE PRIOR DISPARITIES RESEARCH HAS TARGETED FACTORS AFFECTING POST-LISTING OUTCOMES (E.G., WAITLIST DROPOUT, POST-LT SURVIVAL), AN UPSTREAM FOCUS ON PRE-LISTING PATIENT-LEVEL BARRIERS, STRUCTURAL/INSTITUTIONAL RACISM, AND INTERPERSONAL RACISM HAS NOT BEEN WELL STUDIED DESPITE HAVING HIGH IMPACT ON EQUITY FOR LT PATIENTS.** LT LISTING DECISION-MAKING IS VARIABLE. OBJECTIVE CLINICAL MEASURES ARE UTILIZED, BUT **SOCIAL DETERMINANTS OF HEALTH (SDOH), E.G., RACISM, SOCIAL ECONOMIC POSITION, AND SUBJECTIVITY PERMEATE DATA GATHERING, CLINICAL OBSERVATIONS, AND PSYCHOSOCIAL ASSESSMENTS. A DATA-DRIVEN APPROACH TO LT LISTING HAS YET TO BE DESCRIBED. PREDICTIVE ANALYTICS (SUPERVISED MACHINE LEARNING) CAN BE HARNESSSED TO STRENGTHEN OBJECTIVITY AND MINIMIZE BIAS OF COMPLEX DECISION-MAKING. PRELIMINARY DATA FROM MY QUALITATIVE WORK ARE THE FIRST TO COMPREHENSIVELY OUTLINE POTENTIAL PATHWAYS RESULTING IN THE LISTING DISPARITIES AND REVEAL THAT TRANSPLANT CENTER PROVIDERS ARE CAUTIOUSLY OPTIMISTIC FOR MACHINE LEARNING-BASED CLINICAL DECISION SUPPORT TOOLS IN LT EVALUATION. THE HYPOTHESIS IS THAT TIMELY ACCESS TO SUMMARIZED, OBJECTIVE DATA CAN IMPROVE PROVIDER DECISION-MAKING AND LISTING DISPARITIES. USING A MULTI-DISCIPLINARY APPROACH TO APPLY DATA SCIENCE TECHNIQUES FROM AN EQUITY PERSPECTIVE, DR. STRAUSS WILL LEVERAGE HER STRONG RELATIONSHIPS WITH EXPERTS FROM JOHNS HOPKINS MEDICAL CENTER, EXPERIENCED TRANSPLANT TEAM, TRANSPLANT RESEARCH LAB, MALONE CENTER FOR ENGINEERING IN HEALTHCARE, SCHOOL OF PUBLIC HEALTH SOCIAL EPIDEMIOLOGISTS, AND THE BERMAN INSTITUTE OF BIOETHICS. THE OVERARCHING PROJECT GOAL IS TO IMPROVE EQUITY IN LT DECISION-MAKING USING A DATA-DRIVEN AND TEAM-BASED INTERVENTION. THE OVERARCHING TRAINING GOAL IS TO GAIN SKILLS IN MACHINE LEARNING, HEALTH EQUITY INTERVENTIONS, AND IMPLEMENTATION SCIENCE. AIM 1: DEVELOP AND INTERNALLY VALIDATE A MACHINE LEARNING-BASED MODEL TO ASSIST LT LISTING DECISION-MAKING. AIM 2: CREATE A DATA-DRIVEN, EQUITY-FOCUSED INTERVENTION FOR TEAM DECISION-MAKING IN LT EVALUATION. AIM 3: DESIGN A MULTICENTER PILOT IMPLEMENTATION TRIAL OF A DATA-DRIVEN, EQUITY-FOCUSED INTERVENTION FOR LT EVALUATION. IMPACT: THROUGH THIS PROJECT, DR. STRAUSS WILL DEVELOP A DATA-DRIVEN AND EQUITY-FOCUSED INTERVENTION THAT WILL ADDRESS DISPARITIES IN LT LISTING. THIS MENTORED AWARD WILL DEVELOP DR. STRAUSS INTO AN R01-FUNDED, INDEPENDENT PHYSICIAN-SCIENTIST WITH ADVANCED SKILLS IN MACHINE LEARNING, HEALTH EQUITY RESEARCH, AND IMPLEMENTATION SCIENCE.**

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Project Grant

FAIN

901AG077395

In Progress (1 year, 10 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

THE JOHNS HOPKINS UNIVERSITY

3400 N CHARLES ST

BALTIMORE, MD 21218-2608

UNITED STATES

Congressional District: MD-07

Primary Assistance Listings (CFDA Programs)

93.866 - AGING RESEARCH

VIEW ALL 2 CFDA PROGRAMS

Dates

Start Date

End Date

Sep 01, 2022

May 31, 2023

\$ Award Amounts

Description

\$847,355

Outlayed Amount

\$2.3 Million

Obligated Amount

\$2.3 Million

Total Funding

Outlayed Amount

\$847,354.93

Obligated Amount

\$2,317,825.00

Non-Federal Funding

\$0.00

Total Funding

\$2,317,825.00

GREEN SPACE AND COGNITIVE HEALTH: THE ROLE OF STRUCTURAL RACISM IN ENVIRONMENTAL AND HEALTH DISPARITIES. PROJECT SUMMARY IN 2020, AN ESTIMATED 5.8 MILLION AMERICANS HAD ALZHEIMER'S DISEASE (AD), THE MOST COMMON CAUSE OF DEMENTIA, AND THIS NUMBER IS EXPECTED TO REACH 13.8 MILLION BY 2050. ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (ADRD) TAKE AN ENORMOUS TOLL ON INDIVIDUALS AFFECTED, AS WELL AS THEIR CAREGIVERS. BECAUSE DISEASE-MODIFYING THERAPIES HAVE PROVED LARGELY INEFFECTIVE, A PRIORITY IS PLACED ON FINDING WAYS TO PREVENT THIS DEBILITATING DISEASE. THIS IS PARTICULARLY IMPORTANT FOR BLACK AMERICANS WHO HAVE A GREATER RISK FOR POOR COGNITIVE AGING COMPARED TO NON-HISPANIC WHITE AMERICANS. WHETHER MEASURED AS CLINICAL DEMENTIA OR LOWER COGNITIVE FUNCTION IN LATE LIFE, BECAUSE NEIGHBORHOOD DESIGN FACTORS CAN BE MODIFIED AT THE POPULATION LEVEL THROUGH POLICY AND REGULATION, THEY ARE AN ATTRACTIVE AREA FOR INTERVENTION. GREEN SPACE IS ONE NEIGHBORHOOD DESIGN ELEMENT THAT MAY BE ASSOCIATED WITH COGNITIVE FUNCTION BECAUSE EXPOSURE TO IT MAY REDUCE STRESS, IMPROVE MOOD, PROMOTE PHYSICAL ACTIVITY, AND PROVIDE OPPORTUNITIES FOR SOCIAL ENGAGEMENT, ALL OF WHICH HAVE BEEN ASSOCIATED WITH BETTER COGNITIVE HEALTH. COMMUNITIES OF COLOR ARE MORE LIKELY TO LIVE IN NEIGHBORHOODS WITH LOWER GREEN SPACE THAN WHITE COMMUNITIES AND STRUCTURAL RACISM, THROUGH PAST DISCRIMINATORY POLICIES, LEADING TO RESIDENTIAL SEGREGATION, HAS BEEN IMPLICATED IN THIS INEQUITABLE DISTRIBUTION OF GREEN SPACE. RECOGNITION OF THESE INEQUITIES HAS LED TO RECENT EFFORTS TO INCREASE THE AMOUNT AND QUALITY OF GREEN SPACE IN HISTORICALLY DISADVANTAGED COMMUNITIES THROUGH PARK IMPROVEMENT PROJECTS, STREET TREE PLANTINGS, AND VACANT LOT RESTORATION, WHILE THESE INITIATIVES MAY HAVE THE INTENTION OF COMBATING DECADES OF DISINVESTMENT ROOTED IN STRUCTURAL RACISM, THEY MAY, INSTEAD, END UP REINFORCING SEGREGATION BY RACE AND/OR SOCIOECONOMIC STATUS BECAUSE OF GENTRIFICATION, A PROCESS BY WHICH UNDER-RESOURCED NEIGHBORHOODS ARE DEVELOPED AND EXPERIENCE INFLUXION OF AFFLUENT NEWCOMERS. THEREFORE, IT IS UNCLEAR IF GREEN SPACE IMPROVEMENTS ARE HARMFUL OR BENEFICIAL TO COMMUNITIES OF COLOR, PARTICULARLY IN NEIGHBORHOODS THAT ARE UNDERGOING REVITALIZATION. IN THE PROPOSED WORK, WE WILL (1) ASSESS THE CROSS-SECTIONAL AND LONGITUDINAL ASSOCIATION BETWEEN CHANGES IN GREEN SPACE AND COGNITIVE FUNCTION, COGNITIVE DECLINE, AND DEMENTIA OVER A 20-YEAR PERIOD IN THE (A) OVERALL POPULATION AND (B) BY RACE/ETHNICITY; (2) ESTIMATE THE ASSOCIATION BETWEEN STRUCTURAL RACISM (AS MEASURED BY HISTORICAL REDLINING SPATIAL PATTERNS) AND COGNITIVE FUNCTION, COGNITIVE DECLINE, AND DEMENTIA; AND DETERMINE IF THIS ASSOCIATION IS MEDIATED BY GREEN SPACE EXPOSURE; (3) DETERMINE IF (A) THE ASSOCIATION BETWEEN GREEN SPACE AND COGNITIVE FUNCTION, COGNITIVE DECLINE, AND DEMENTIA IS MODERATED BY GENTRIFICATION; AND (B) THERE IS AN INDEPENDENT ASSOCIATION BETWEEN GENTRIFICATION AND PSYCHOSOCIAL STRESSORS, MENTAL HEALTH, AND PERCEIVED NEIGHBORHOOD CHARACTERISTICS; AND (4) PARTNER WITH A NATIONAL NETWORK OF LOCAL ENVIRONMENTAL JUSTICE-ORIENTED ORGANIZATIONS TO EXPLORE BARRIERS AND FACILITATORS TO GREEN SPACE IMPROVEMENTS AND MITIGATION FOR DISPLACEMENT DUE TO GENTRIFICATION. THIS WORK HAS THE POTENTIAL TO PROVIDE GUIDANCE TO IMPROVE COGNITIVE HEALTH EQUITY.

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AWARD PROFILE

Grant Summary

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Project Grant

FAIN

901AP008614

In Progress (2 years, 11 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

THE JOHNS HOPKINS UNIVERSITY

3400 N CHARLES ST

BALTIMORE, MD 21218-2608

UNITED STATES

Congressional District: MD-07

Assistance Listings (CFDA Programs)

93.279 - DRUG USE AND ADDICTION RESEARCH PROGRAMS

VIEW MORE INFO ABOUT THIS PROGRAM

Dates

Start Date

End Date

Sep 01, 2023

July 30, 2025

\$ Award Amounts

Description

\$4.5 Million

Outlayed Amount

\$5.2 Million

Obligated Amount

\$5.2 Million

Total Funding

Outlayed Amount

\$4,456,726.02

Obligated Amount

\$5,173,730.00

Non-Federal Funding

\$0.00

Total Funding

\$5,173,730.00

COMMUNITY-DRIVEN INDIGENOUS RESEARCH, CULTURAL STRENGTHS & LEADERSHIP TO ADVANCE EQUITY IN DRUG USE OUTCOMES - (CIRCLE) - PROJECT SUMMARY DRUG AND ALCOHOL USE RELATED HEALTH PROBLEMS AND OVERDOSE DEATHS DISPROPORTIONATELY IMPACT QUALITY AND LONGEVITY OF LIFE FOR MANY AMERICAN INDIAN AND ALASKA NATIVE INDIGENOUS COMMUNITIES. THE PROPOSED COMMUNITY-DRIVEN INDIGENOUS RESEARCH, CULTURAL STRENGTHS & LEADERSHIP TO ADVANCE EQUITY IN SUBSTANCE USE OUTCOMES - (CIRCLE) CENTER OF EXCELLENCE (PSO) AIMS TO ADDRESS DRUG USE RELATED HEALTH PROBLEMS IN COLLABORATION WITH DIVERSE INDIGENOUS COMMUNITIES, THROUGH RESEARCH, TRAINING, AND OUTREACH, WE WILL RESPOND TO CALLS FROM INDIGENOUS PEOPLES FOR ENHANCED FOCUS ON RECOVERY AND PREVENTION, SOURCES OF STRENGTH, CULTURE AND FAMILY-BASED APPROACHES TO WELLNESS, AND POLICY SOLUTIONS. THE PSO PROJECTS AND CORES WILL OPERATE WITH EMPHASIS ON FOUR CROSS-CUTTING DOMAINS: 1) INDIGENOUS & ALLIED LEADERSHIP; 2) COMMUNITY/TRIBALLY BASED PARTICIPATORY RESEARCH (C/TBPR); 3) ADDRESSING HETEROGENEITY VIA PRECISION PUBLIC HEALTH; AND 4) CENTERING STRENGTHS, INCLUDING ASSESSING INDIGENOUS CULTURAL FRAMEWORKS OF HEALTH, REFLECTING THESE THEMATIC APPROACHES, THE CENTER'S OVERARCHING AIMS INCLUDE CONDUCTING IMPACT-FOCUSED, C/TBPR TO IDENTIFY HETEROGENEITY IN SUBSTANCE USE RISK AND PROTECTIVE FACTORS AND INTERVENTION EFFECTS. WE WILL ALSO FOSTER THE DEVELOPMENT OF INDIGENOUS SCHOLARS TO EXPAND INDIGENOUS AUTONOMY, CAPACITY AND INNOVATION IN RESEARCH, PRACTICE, AND POLICY SURROUNDING ALCOHOL AND DRUG USE. WE FURTHER AIM TO EXPAND AND DEEPEN OUR ENGAGEMENT WITH EDUCATIONAL FACILITIES, RESEARCHERS, TRIBAL AND URBAN NATIVE COMMUNITIES, POLICY MAKERS, AND THE PUBLIC TO SERVE AS A NATIONAL RESOURCE FOR MORE RAPID UPTAKE AND SHARING OF NOVEL METHODS, MEASURES, AND PROGRAMS IN SERVICE TO INDIGENOUS HEALTH EQUITY. TO ACHIEVE THESE GOALS, THE CENTER WILL HOUSE THE FOLLOWING: 1) ADMINISTRATIVE CORE TO OVERSEE GOVERNANCE, ADMINISTRATIVE STRUCTURES, SCIENTIFIC PRIORITIES, AND TRAINING ACTIVITIES; 2) RESEARCH CORE TO PROVIDE METHODOLOGICAL EXPERTISE TO SUPPORT THE RESEARCH OF THE CENTER; 3) PILOT PROJECT CORE TO SUPPORT INNOVATION IN INDIGENOUS DRUG USE RESEARCH; AND 4) THREE RESEARCH PROJECTS THAT WILL CONDUCT MULTIDISCIPLINARY AND SYNERGISTIC SCIENCE FOCUSED ON DRUG USE PREVENTION, INTERVENTION, AND POLICY. THE PROPOSED WORK ALIGNS WITH NIDA'S RACIAL EQUITY INITIATIVE ACTION STEPS, INCLUDING INCREASED CIPRA AND EQUITY-DRIVEN PARTNERSHIPS TO COMBAT DRUG USE INEQUITIES.

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AWARD PROFILE  
Grant Summary



Project Grant **FAIN R01HL164116**

In Progress (10 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

THE JOHNS HOPKINS UNIVERSITY

3400 N CHARLES ST  
BALTIMORE, MD 21218-2608  
UNITED STATES  
Congressional District: MD-07

Assistance Listings (CFDA Programs)

93.837 - CARDIOVASCULAR DISEASES RESEARCH  
[VIEW MORE INFO ABOUT THIS PROGRAM](#)

Dates



\$ Award Amounts

Description



**EXAMINING THE IMPACT, PATHWAYS, AND COST OF COUNTY-LEVEL STRUCTURAL RACISM ON HYPERTENSION DISPARITIES IN BLACK AND WHITE US ADULTS.** PROJECT SUMMARY BLACK AMERICANS HAVE THE HIGHEST HYPERTENSION (OR HIGH BLOOD PRESSURE, HBP) RATES IN THE WORLD, WITH STARK RACIAL DISPARITIES BETWEEN BLACK AND WHITE ADULTS THAT HAVE PERSISTED FOR DECADES AND AT THE HIGHEST COST TO SOCIETY OF ALL CARDIOVASCULAR CONDITIONS. THE UNDERLYING CAUSE OF HBP DISPARITIES IS UNKNOWN, AND PREVIOUS STUDIES HAVE MOSTLY FOCUSED ON INDIVIDUAL-LEVEL BEHAVIORS, STRESSORS, AND PHYSIOLOGIC RISK FACTORS LEAVING A MISSED OPPORTUNITY TO UNCOVER AND ADDRESS THE ROOT CAUSES OF THESE DISPARITIES. STRUCTURAL RACISM MAY BE A ROOT CAUSE OF HBP DISPARITIES AND, AS SUCH, **HBP DISPARITIES WILL PERSIST IF STRUCTURAL RACISM IS NOT ADDRESSED.** THUS, TO ELIMINATE HBP DISPARITIES, WE MUST FIRST INVESTIGATE IF STRUCTURAL RACISM IS A FUNDAMENTAL CAUSE AND USE LONGITUDINAL STUDIES TO EXPLORE THE PATHWAYS THROUGH WHICH STRUCTURAL RACISM INFLUENCES HBP RISK FACTORS AND DISPARITIES. USING A NOVEL 5-DOMAIN MEASURE OF STRUCTURAL RACISM, OUR PREVIOUS CROSS-SECTIONAL STUDIES HAVE DEMONSTRATED THAT GREATER STRUCTURAL RACISM IS ASSOCIATED WITH HIGHER BMI, ONE BEHAVIORAL RISK FACTOR FOR HBP; HOWEVER, THIS WORK HAS LEFT GAPS IN UNDERSTANDING HOW STRUCTURAL RACISM IS RELATED TO OTHER RISK FACTORS FOR HBP, AS WELL AS QUESTIONS ABOUT THE TIMING AND GEOGRAPHIC SCALES AT WHICH STRUCTURAL RACISM OPERATES. WE SEEK TO FILL THESE GAPS IN RESPONDING TO RFA-MD-21-004'S REQUEST FOR "OBSERVATIONAL RESEARCH TO **UNDERSTAND THE ROLE OF STRUCTURAL RACISM IN CAUSING AND SUSTAINING HEALTH DISPARITIES FOR HBP.**" OUR GOAL IS TO CONDUCT A MULTI-LEVEL NATIONAL STUDY TO INVESTIGATE ASSOCIATIONS BETWEEN OUR NOVEL MULTI-DIMENSIONAL MEASURE OF COUNTY-LEVEL STRUCTURAL RACISM (CSR) AND: PHYSIOLOGIC, BEHAVIORAL, AND STRUCTURAL RISK FACTORS FOR HBP (AIM 1), HBP INCIDENCE, PREVALENCE, AND SEVERITY (AIM 2), AND HOW MUCH COUNTIES COULD SAVE IN HBP HEALTHCARE COSTS IF CSR WAS ELIMINATED (AIM 3). WE LEVERAGE PRE-EXISTING RESOURCES THAT ARE UNIQUELY AVAILABLE TO US: (A) OUR PUBLISHED COUNTY STRUCTURAL RACISM SCALE, (B) US NEWS & WORLD REPORT HOSPITAL RANKINGS OF HEALTHCARE QUALITY, AND (C) LONGITUDINAL BEHAVIORAL AND BIOMARKER HBP DATA FROM 30,239 BLACK AND WHITE ADULTS ACROSS THE US IN THE REASONS FOR GEOGRAPHIC AND RACIAL DIFFERENCES IN STROKE (REGARDS) COHORT. WE EXPAND BEYOND PREVIOUS STUDIES BY USING A MULTI-DOMAIN MEASURE OF STRUCTURAL RACISM, APPLYING IT TO LONGITUDINAL HEALTH DATA THAT ALLOWS US TO ASSESS EXPOSURE TO STRUCTURAL RACISM AT MULTIPLE TIMES IN THE LIFECOURSE, AND QUANTIFYING HOW MUCH STRUCTURAL RACISM COSTS COUNTIES IN HBP HEALTHCARE SPENDING WHEN IT GOES UNADDRESSED. **WE WILL TRANSLATE OUR FINDINGS INTO POLICY BRIEFS TARGETED TOWARD COUNTY-LEVEL EXECUTIVES IN THE US. OUR TEAM OF EXPERTS IN CVD DISPARITIES, SOCIAL AND CLINICAL EPIDEMIOLOGY, AND HEALTH ECONOMICS, WITH REPRESENTATION FROM REGARDS, TWO HOPKINS DISPARITIES CENTERS, HOPKINS' CVD EPIDEMIOLOGY, AND FORMER COUNTY LEADERS, ARE WELL-EQUIPPED TO EXECUTE THIS NEW INVESTIGATOR APPLICATION. OUR RESULTS WILL OFFER EVIDENCE OF HOW CSR INFLUENCES HBP, WITH THE POTENTIAL TO BUILD SUPPORT FOR POLICY DECISIONS ON CSR THAT CAN ULTIMATELY REDUCE HBP DISPARITIES.**

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