



September 15, 2025

The Honorable 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 Washington University School of Medicine

Dear Assistant Attorney General Dhillon:

America First Legal Foundation (“AFL”) is a national, nonprofit organization working to promote the rule of law in the United States and ensure due process and equal protection of the law for all Americans. We write to request an immediate investigation and enforcement action against Washington University in St. Louis (“WashU”) 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 Missouri’s flagship university and one of the nation’s most influential medical schools, WashU carries national importance. It trains thousands of physicians, researchers, and healthcare leaders whose influence extends across Missouri, throughout the country, and around the world. When WashU abandons merit in favor of discrimination, it corrupts the physician pipeline, undermines public trust in medicine, and directly violates the law.

WashU’s discriminatory conduct is not limited to symbolic statements or isolated administrative choices; it is systemic, intentional and embedded as a governing framework within its medical school. Race and unlawful identity preferences permeate admissions, scholarships, faculty hiring, curricula, residency programs,

and governance, ensuring that opportunity is conditioned on skin color, sex, and other protected characteristics rather than merit or achievement. The university's policies elevate ideology over excellence, rewarding compliance with DEI dogma instead of advancing the quality of medical education and clinical care.

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").¹ Rather than dismantle the discriminatory admissions infrastructure it shared with Harvard and the University of North Carolina, WashU has moved the goalposts. It has redefined merit itself as a product of "systemic racism"² and built an upstream recruitment system that favors and pre-filters applicants to achieve predetermined racial outcomes before the admissions process even begins. By embracing the Association of American Medical Colleges' ("AAMC") infamous "holistic review process," WashU weighs "experiences, attributes, and metrics" in ways that indirectly allow race and identity-based characteristics to shape selection criteria.³

The use of DEI-based discrimination in medical education isn't just illegal, it's unethical. 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. The integrity of American medicine cannot be sacrificed to appease ideological orthodoxy.

In practice, WashU has transformed its medical school into a DEI indoctrination training camp, where medical students, residents, and faculty are expected to internalize and enforce the university's ideological priorities. This is not compliance with the Constitution—it is contempt for it. While Harvard has engaged in similar discriminatory practices inviting scrutiny from federal agencies, WashU's misconduct is even more egregious.

¹ 600 U.S. 181 at 207-08 (2023) (hereinafter, "SFFA").

² *Washington University School of Medicine in St. Louis*, CRITICAL RACE TRAINING IN EDUC., <https://perma.cc/D5P6-WZ69>.

³ *Medical Student Admissions*, WASHU MED., <https://perma.cc/33YP-DQVP>.

Accordingly, AFL respectfully requests that the Department of Justice (“DOJ”) initiate a formal investigation into Washington University School of Medicine and pursue an enforcement action against the university under federal civil rights law. We further ask DOJ to coordinate with the Department of Education’s Office for Civil Rights 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 to ensure full compliance with Title VI, Title IX, and Section 1557 of the Affordable Care Act.

I. Federal Law Requires the Elimination of Discrimination Based on Race, Sex, Ethnicity, and Other Impermissible Characteristics

As a recipient of federal financial assistance, WashU is bound by numerous civil rights laws. Title VI of the Civil Rights Act of 1964 unequivocally prohibits discrimination on the basis of “race, color, or national origin” in any program or activity receiving federal funds.⁴ Title IX of the Education Amendments of 1972 bars discrimination “on the basis of sex” in federally funded educational programs.⁵ Section 1557 of the Affordable Care Act incorporates these protections and applies them squarely to medical education programs.⁶ These statutes empower federal agencies not only to investigate but to terminate funding for noncompliance.⁷

President Trump’s Executive Orders reaffirm and extend these statutory protections. On January 21, 2025, President Trump signed Executive Order No. 14151, “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.⁸ He subsequently issued Executive Order No. 14173, “Ending Illegal Discrimination and Restoring Merit-Based Opportunity,” which rescinded Biden-era DEI directives and directed federal agencies to enforce longstanding civil rights laws uniformly, combat illegal DEI preferences, policies, and programs, and condition federal grants and contracts on certification that recipients, including public institutions like WashU, do not engage in such discriminatory practices.⁹

⁴ 42 U.S.C. § 2000d *et seq.*

⁵ 20 U.S.C. § 1681(a).

⁶ 45 C.F.R. § 92.4.

⁷ 42 U.S.C. § 2000d-1.

⁸ Exec. Order No. 14151, 90 Fed. Reg. 8339 (Jan. 29, 2025), <https://perma.cc/4XZP-KB4S>.

⁹ Exec. Order No. 14173, 90 Fed. Reg. 8633 (Jan. 31, 2025), <https://perma.cc/8ASH-GVED>.

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 a new lexicon of euphemisms, any creative terminology intended to evade or conceal is patently unlawful. Changing the name does not change the illegality: “this wolf comes as a wolf.”¹⁰

A. Department of Education Has Oversight of Medical School Accreditation

The Department of Education has a direct role in regulating medical schools through its recognition of accrediting agencies and the flow of federal funding. On February 14, 2025, the Department’s Office for Civil Rights issued a “Dear Colleague Letter” clarifying that institutions receiving federal funds may not engage in racial classifications, stereotyping, or preferences in any aspect of their operations.¹¹ Additional guidance explained how the Department applies *SFFA*¹² to Title VI, and emphasized that race-based classifications, preferences, or proxies, including those branded as DEI initiatives, are unlawful.¹³

While some courts have issued preliminary injunctions temporarily prohibiting the Department from enforcing the Dear Colleague Letter,¹⁴ the principles articulated therein are not novel. They rest squarely on controlling Supreme Court precedent and longstanding federal civil rights law. Accordingly, nothing prohibits the Department of Education from taking immediate action consistent with that authority.

The Department of Education also regulates 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.

¹⁰ *Morrison v. Olson*, 487 U.S. 654, 699 (1988) (Scalia, J., dissenting).

¹¹ *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>.

¹² *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>.

¹³ *Id.*

¹⁴ Dear Colleague Letter, *supra* note 11 at 1.

degree in the United States in institutions that are themselves accredited by regional accrediting organizations.”¹⁵

The LCME is jointly sponsored by the American Medical Association and the AAMC.¹⁶ These entities actively promote DEI-based discrimination in medicine and prioritize the recruitment of underrepresented students, residents, fellows, faculty, and staff.¹⁷ The AAMC, in particular, encourages institutions like WashU to adopt these discriminatory practices.¹⁸

LCME accreditation is a critical prerequisite for medical schools to access federal benefits and for graduates to sit for the U.S. Medical Licensing Examination.¹⁹ This gives the Department of Education not only oversight but significant leverage. Notably, the Department of Education’s recognition of LCME is subject to renewal and expires in 2028,²⁰ providing the agency with substantial leverage to ensure that accrediting bodies and accredited institutions comply with federal law.

B. HHS Oversight of Medical Schools as Federally Funded Health Programs

On May 6, 2025, HHS issued a “Dear Colleague Letter” to medical schools receiving federal financial assistance. HHS warned that racial classifications, stereotyping, or preferences in admissions and training, whether explicit or obscured by DEI euphemisms, violate Title VI, Section 1557 of the Affordable Care Act, and the Equal Protection Clause.²¹ The letter emphasized that discrimination against any racial group, including White, Jewish, and Asian students, is unlawful regardless of the terminology used.²²

HHS further cautioned that seemingly neutral tools, such as “personal statements, writing samples, or extracurricular activities,” may not be used as proxies to deduce

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

¹⁶ *Id.*

¹⁷ *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>.

¹⁸ *Id.*

¹⁹ About the LCME, *supra* note 15 at *id.*

²⁰ *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>.

²¹ *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>.

²² *Id.*

an applicant's race for differential treatment.²³ 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.²⁴

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.”²⁵ Medical schools that do not comply with federal law can be investigated or subjected to “measures to secure compliance,” which could affect their continued eligibility for federal funding.²⁶

C. DOJ Guidance on Unlawful Discrimination for Federal Funding Recipients

On July 29, 2025, Attorney General Pam Bondi issued a formal memorandum to all federal agencies reaffirming that “all Americans must be treated equally” and declaring that the federal government “will not stand by while recipients of federal funds engage in unlawful discrimination.”²⁷ The memorandum warned that discrimination based on race, color, national origin, sex, religion, or other protected characteristics is not only “illegal under federal law” but “dangerous, demeaning, and immoral,” regardless of whether it is cloaked in racially neutral proxies, advanced under benign labels, or promoted under the pretext of virtuous objectives.²⁸ It defined “preferential treatment” as any practice where a federally funded entity provides “opportunities, benefits, or advantages based on protected characteristics in ways that disadvantage other qualified persons” or specific groups, save “very narrow exceptions.”²⁹

²³ *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.”).

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Guidance for Recipients of Federal Funding Regarding Unlawful Discrimination*, U.S. DEPT OF JUST., <https://perma.cc/658Q-6URQ>.

²⁸ *Id.*

²⁹ *Id.*

This includes unlawful scholarships reserved exclusively for specific racial groups that “exclude[] otherwise qualified applicants of other races even if they meet academic or financial need criteria,” any race-exclusive opportunities, such as “internships, mentorship programs, or leadership initiatives that reserve spots for specific racial groups” to “promote diversity,” and preferential hiring practices.³⁰ The memorandum also makes clear that federally funded entities may not implement recruitment strategies that target geographic areas or institutions chosen primarily because of their racial or ethnic composition, or require applicants to submit “diversity statements” or describe “obstacles they have overcome” in a way that functions as a proxy for discerning protected characteristics.³¹

As one of the nation’s most influential medical schools and a significant recipient of federal funds, WashU falls squarely within the DOJ’s enforcement jurisdiction. DOJ has both administrative and judicial authority to ensure compliance, including the power to terminate federal funding for noncompliance and pursue civil remedies for constitutional violations.³² By continuing to operate a comprehensive DEI framework that conditions access to admissions, scholarships, clerkships, residency programs, and research initiatives on race, sex, and other protected traits, WashU engages in the very conduct DOJ has warned will trigger enforcement.

Federal law is 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.³³ Accordingly, WashU has defied the legal requirements of Title VI and the Equal Protection Clause by continuing to operate a discriminatory regime that conditions access to admissions, scholarships, residencies, and other opportunities on protected characteristics.

II. Washington University’s Race-Based Admissions Scheme Unlawfully Circumvents *SFFA*

Washington University’s School of Medicine has entrenched a system of racial engineering within its admissions process that openly violates the Supreme Court’s

³⁰ *Id.*

³¹ *Id.*

³² 42 U.S.C. § 2000d-1 (Title VI’s funding-termination authority); *See also* 42 U.S.C. § 1983 (enforcement of Equal Protection violations).

³³ 34 C.F.R. § 100.3(b).

decision in *SFFA*³⁴ and prioritizes race over merit. 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.”³⁵

In its opinion, the Court rejected “amorphous” terms such as “diversity” and “equity” as insufficient to justify racial classifications, emphasizing that any use of race must satisfy strict scrutiny, and required institutions to have a “logical end point” for race-conscious policies.³⁶ The Court made clear that race-based preferences or penalties are unconstitutional, even if adopted to remedy past disparities, and that admission systems rooted in racial stereotypes cannot stand.³⁷ Because Title VI of the Civil Rights Act prohibits the same conduct in federally funded programs as the Equal Protection Clause forbids in state actors, WashU is bound by *SFFA*.³⁸ Yet it has chosen defiance. Despite the Court’s ruling, WashU openly embraces the unlawful justifications for race-based admissions the Supreme Court rejected.

A. Washington University’s Holistic Review Admissions Process Embeds Racial Preferences

On its website, WashU states that it follows the AAMC’s “holistic review process”³⁹ for medical school admissions. The AAMC makes no secret of the purpose behind a “holistic review.” It openly describes the framework as a mechanism to “increase enrollment” of students “historically underrepresented” in medicine (“URM”)⁴⁰ and to “increase student body diversity within medical schools.”⁴¹ Under this model, schools weigh an applicant’s “experiences, attributes, and metrics” against their “institutional mission and goals,”⁴² effectively allowing institutions that have adopted DEI as their mission to tailor admissions to achieve racial outcomes. The AAMC provides infinite resources to help schools use holistic admissions to do just that.⁴³

³⁴ *SFFA*, 600 U.S. 181

³⁵ *Id.* at 206.

³⁶ *Id.* at 210–14.

³⁷ *Id.* at 226–27.

³⁸ *Id.* at 289–90 (Gorsuch, J., concurring).

³⁹ *Requirements*, WASHU MED., Medical Student Admissions, <https://perma.cc/6TV7-Y6PV>.

⁴⁰ *Holistic Review*, ASSN’ OF AM. MED. COLLS., <https://perma.cc/5MWR-T7KE>.

⁴¹ *Roadmap to Excellence: Key Concepts for Evaluating the Impact of Medical School Holistic Admissions*, ASSN’ OF AM. MED. COLLS, <https://perma.cc/M2NR-HEEA>.

⁴² *Holistic Review*, *supra* note 40.

⁴³ *Id.*

The AAMC defines “underrepresented in medicine” as those racial and ethnic populations historically marginalized and underrepresented in the medical profession relative to their numbers in the general population, including “American Indian or Alaska Native; Black or African American; Hispanic, Latino, or of Spanish Origin; or Native Hawaiian or Other Pacific Islander.”⁴⁴ By adopting this framework, WashU has embedded race directly into its admission process and categorically disfavors White and Asian applications from recruitment and advancement priorities. This is neither race-neutral nor constitutionally permissible.

The use of URM 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.”⁴⁵ The Court in *SFFA* expressly prohibited the use of race-based “tips” or “plusses” when used to advantage certain racial groups at the expense of others.⁴⁶

The court also condemned admissions practices grounded in racial stereotypes, including the assumption that applicants of certain races inherently possess distinct minority viewpoints.⁴⁷ WashU’s prioritization of URM applicants does precisely that. It presumes that members of racially favored groups offer superior perspectives based solely on their race.

B. Washington University’s Holistic Admissions Process Uses Proxies to Evade SFFA

Even more telling is the way the AAMC instructs schools to operationalize holistic review. It advises that programs “review interviewed applicants to select/rank a cohort of learners encompassing the complementary experiences, qualities, and characteristics needed to achieve their institutional and program mission and goals.”⁴⁸ It concedes that schools “may not make selection decisions based on protected applicant characteristics (e.g., race, sex, disability, etc.)” but then

⁴⁴ *Facts Glossary*, ASS’N OF AM. MED. COLLS., <https://perma.cc/R8XW-WXHE>.

⁴⁵ *SFFA*, 600 U.S. at 293–94.

⁴⁶ *Id.* 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.”).

⁴⁷ *Id.* at 219 (quoting *Grutter v. Bollinger*, 539 U.S. 333 (2003)).

⁴⁸ Holistic Review, *supra* note 40.

immediately instructs schools that they “can consider an applicant’s discussion of any personal experience—even those related to race, sex, or other protected characteristics—to illustrate examples of mission-aligned experiences or qualities sought by the program.”⁴⁹ In practice, this is nothing more than a blueprint for embedding race into admissions under the guise of neutrality.

WashU’s reliance on an unlawful model guarantees that its admissions officers will mine applications for racial cues and then weigh those cues under the banner of “mission alignment.” This is highly concerning given that WashU’s mission is to “infuse diversity, equity & inclusion through the Washington University School of Medicine community.”⁵⁰

The AAMC goes even further in its admissions guidance, touting “effective strategies” for using holistic review to “increase enrollment of historically underrepresented” students, highlighting UC-Davis School of Medicine as an example to emulate.⁵¹ This program uses “admissions tools, recruitment policies and practices, community partnerships, innovative pathways programs, mission-focused school tracks,” and a “socioeconomic disadvantage score” to evaluate medical students to achieve desired racial outcomes and to “promote workforce diversity” under the pretense of race neutrality.⁵²

The message is unmistakable: schools may not write “race” on the admissions scorecard, but they are encouraged to achieve the same racial outcomes by deploying proxies. This is precisely the kind of conduct DOJ has condemned. In its July 29, 2025, memorandum, the Department explained that federally funded institutions may not adopt admissions practices that, while facially neutral, function as proxies or backdoor mechanisms to advance race-based decision-making, with the “intent to advantage or disadvantage individuals based on protected characteristics.”⁵³

C. Washington University Treats Merit as “Systemic Racism” and Fails Strict Scrutiny Under SFFA

WashU goes further than Harvard or UNC. It does not merely embed racial preferences into its admissions process—it openly attacks the very concept of merit

⁴⁹ *Id.*

⁵⁰ *Office of Diversity, Equity & Inclusion: Infusing diversity, equity and inclusion throughout the Washington University School of Medicine Community*, WASHUMED., <https://perma.cc/9TQF-445S>.

⁵¹ Holistic Review, *supra* note 40.

⁵² *Id.*

⁵³ Guidance for Recipients of Federal Funding Regarding Unlawful Discrimination, *supra* note 27.

as racist. On its website, the School of Medicine’s Office of Education states the “MCAT, NBME subject exam, and USMLE scores, like all standardized tests, suffer from the consequences of systemic racism and other forms of bias and therefore must always be considered as only one aspect of a true holistic review process.”⁵⁴ The university further admits that it has “commissioned an internal review” to ensure it is adopting “emerging best practices in student selection,”⁵⁵ and requires “diversity and bias training” for its “admissions processes including student, resident, fellow, faculty, and staff positions in education.”⁵⁶

By branding objective measures of academic achievement as “systemic racism,” WashU grants itself license to disregard merit and to elevate subjective, identity-based factors that guarantee racial preferences drive outcomes. In other words, WashU dismisses objective achievement as “systemic racism” and uses holistic review to elevate unlawful, identity-based criteria that permit racial preferences to drive admissions outcomes.

This approach cannot withstand the strict scrutiny required under *SFFA*.⁵⁷ The Court held that race-conscious admissions must serve a compelling interest, be narrowly tailored, and include a measurable “logical end point.” It rejected Harvard and UNC’s claims that race-based policies would end once “meaningful representation and meaningful diversity” were achieved, even though they disclaimed the use of fixed numerical quotas or precise percentages.⁵⁸ The Court 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.⁵⁹ 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.”⁶⁰

WashU follows the same impermissible model. Like Harvard and UNC, it monitors racial enrollment outcomes and adjusts its practices to increase representation of

⁵⁴ *Washington University School of Medicine in St. Louis*, CRITICAL RACE TRAINING IN EDUC., <https://perma.cc/7684-DLMK>; see also *Office of Education: Our Commitment to Addressing Racism in Education*, WASHU MED., <https://perma.cc/65J6-WU5Z>.

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *SFFA* at 221 (quoting *Grutter v. Bollinger*, 539 U.S. 342 (2003)).

⁵⁸ *SFFA* at 221.

⁵⁹ *Id.*

⁶⁰ *Id.* at 223.

preferred racial groups. It openly boasts of “significant progress in recruiting a diverse class,”⁶¹ more than doubling students from “groups underrepresented in medicine” since 2016.⁶² The university credits “longstanding, focused recruitment efforts” and its Gateway Curriculum with a “special emphasis on social justice” for driving these demographic results.⁶³

According to the school, 31 percent of the 2023 entering class were from “underrepresented in medicine,” groups, 17 percent were from socioeconomically disadvantaged backgrounds, and seven percent were first-generation students.⁶⁴ These outcomes correspond directly with hiring and academic leadership. Between 2017 and 2024, the representation of URM faculty increased by 83 percent, women faculty by 46 percent, and staff by 67 percent.⁶⁵ In 2017, the medical school had no department chairs or program heads from URM groups; by 2024, 21 percent of executive faculty positions were held by URM individuals, and the number of women in executive faculty roles more than doubled, rising by 133 percent.⁶⁶

Its Office of DEI further emphasizes “ongoing efforts to foster inclusion and equity for all marginalized groups,”⁶⁷ and publishes student body diversity statistics, disaggregated by race and ethnicity, to measure the impact of race-conscious policies year-over-year.⁶⁸ Archived versions of WashU’s website confirm this practice. On April 26, 2025, the university prominently advertised that 52 percent of its undergraduate class of 2027 identified as “students of color”—a data point it tracked and advertised as institutional progress.⁶⁹ It has since scrubbed the explicit racial breakdown while retaining “first-generation” student metrics—a less obvious proxy increasingly used to engineer the same unlawful outcomes.⁷⁰

WashU went even further by publishing demographic scorecards for its medical campus, disaggregating students by race, sex, and origin. Charts from April 2025 show yearly tracking of White, Asian, Black, Hispanic, Native American, and international students, alongside sex breakdowns and socioeconomic status

⁶¹ *Office of Diversity, Equity & Inclusion: Progress*, WASHU MED., <https://perma.cc/DMM5-VXDZ>.

⁶² *Id.*

⁶³ *Id.*

⁶⁴ *Id.*

⁶⁵ *Id.*

⁶⁶ *Id.*

⁶⁷ *Id.*

⁶⁸ *Office of the University Registrar: Student Body Diversity*, WASHU, <https://perma.cc/3ZTY-AHAY>.

⁶⁹ WASH UNIV., *Equity, Diversity & Inclusion*, WAYBACK MACHINE (Apr. 28, 2025), <https://perma.cc/Y8NE-AAG9>.

⁷⁰ *Equity, Diversity & Inclusion*, WASH. UNIV., <https://perma.cc/QFG3-QVDF>.

markers.⁷¹ The Office of DEI labeled these reports as measures of “progress,” explicitly tying admissions practices to racial and identity-based outcomes. This is not race neutrality. This is evidence of the racial balancing *SFFA* condemned.

WashU has institutionalized demographic benchmarking across its medical school and university as a whole—to ensure admissions outcomes match its preferred identity profile. The later removal of this information from its website does not cure the violation; it only confirms that WashU is now concealing the same unlawful practices under proxies such as “first-generation” status and “socioeconomic diversity,” and/or is not publicizing the effects of its illegal policies.

WashU’s holistic review admissions process fails the test at every level. The AAMC framework it employs was designed to “increase enrollment” of applicants deemed “underrepresented in medicine”—categories defined exclusively by race and ethnicity. WashU has embedded that definition into its admissions system and then diminished standardized testing as the product of “systemic racism” to justify elevating subjective experiences and attributes that permit racial preferences to drive outcomes.

WashU offers no temporal limitation, race-neutral justification, or measurable endpoint for its race-based practices. Instead, it has institutionalized them indefinitely, preserving unlawful preferences under the guise of “diversity” and “equity” as a means of remedying the effects of “white supremacy culture,” health inequities, privilege,⁷² and past injustices.⁷³ By redefining merit as “systemic racism” and embedding race into its admissions process permanently, WashU not only fails strict scrutiny but displays open contempt for the Court’s ruling in *SFFA*.

D. Washington University School of Medicine Uses Pipelines and Pathway Programs to Recruit Racially Preferred Applicants

WashU’s discrimination is not confined to its admissions process. The university has constructed a race-conscious pipeline designed to recruit, train, and elevate individuals who “historically have been underrepresented in medicine.”⁷⁴ According

⁷¹ WASH UNIV., *Diversity, Equity, and Inclusion: Our Progress*, WAYBACK MACHINE (Apr. 28, 2025), <https://perma.cc/ND5E-B2E6>.

⁷² Our Commitment to Addressing Racism in Education, *supra* note 54.

⁷³ *Desegregation History: Recognizing Our Past, Shaping Our Future*, WASH. UNIV. MED., <https://perma.cc/8RJJ-6WKT>.

⁷⁴ Progress, *supra* note 61.

to its website, the Office of Diversity, Equity & Inclusion has created more than 30 programs to connect middle school through doctoral students with educational and scientific opportunities to advance diversity in medicine.⁷⁵

Among these are “Academic Pathway Programs,” which the university describes as an “intentional and deliberate infrastructure” for “recruiting, retaining, and developing”⁷⁶ URM applicants for the explicit purpose of “increas[ing] diversity in medicine.”⁷⁷ By filtering the applicant pool in advance along identity lines, the School of Medicine obtains racially preferred results without having to formally consider race during admissions.

WashU further characterizes these programs as part of an “educational ecosystem” that spans from K-12 outreach to graduate education, ensuring that race-, sex-, and other identity-based preferences are embedded at every stage of the medical education pipeline.⁷⁸ This is not compliance. It is circumvention and achieves the very racial balancing the Supreme Court condemned as “patently unconstitutional.”⁷⁹

In parallel, WashU promotes “Academic Pipeline Programs,” which it calls a “critical part” of its “blueprint for creating inclusive excellence.”⁸⁰ These initiatives function as feeder systems. By identifying, recruiting, and privileging students from preferred groups long before the formal admissions process, WashU ensures that its medical school classes reflect its predetermined demographic targets.

WashU is candid about the results. It admits that its MD program engages in “longstanding, focused, recruitment efforts” and credits a new curriculum with a “special emphasis on social justice” for its “significant progress in recruiting a diverse class.”⁸¹ These are not incidental outcomes, but the product of an intentional infrastructure designed to engineer racially preferred results.

⁷⁵ *Id.*

⁷⁶ *Office of Diversity, Equity, & Inclusion Academic Pathway Programs*, WASH. UNIV. MED., <https://perma.cc/PK93-JSKU>.

⁷⁷ AM. MED. ASSN., *Council on Medical Education Report 5: Promising Practices Among Pathway Programs to Increase Diversity in Medicine* (June 2021), <https://perma.cc/KUF5-M46F>.

⁷⁸ *Id.*

⁷⁹ *Id.* at 223.

⁸⁰ *Equity, Diversity & Inclusion: Academic Pipeline Programs*, WASH UNIV., <https://perma.cc/5P4H-2WF7>.

⁸¹ *Progress*, *supra* note 61.

E. 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 “diversity” or proxies, euphemisms, or so-called mission-based language that repackage racial preferences. Yet this is precisely what WashU is doing. It engineers every aspect of its admissions, recruiting, training, and hiring pipelines to sort, reward, and penalize individuals based on identity rather than merit.

WashU cannot escape liability by outsourcing its admissions framework to the AAMC. By doing so, it has not achieved compliance but has entrenched itself in complicity with an admissions regime built to defy Supreme Court precedent, Title VI of the Civil Rights Act, the President’s Executive Orders, and the U.S. Constitution.

III. Washington University’s DEI Mandates Affect Every Level of Its Medical School

Washington University School of Medicine has entrenched a pervasive DEI framework that systemically prioritizes race, sex, and other protected characteristics over merit, in direct violation of federal civil rights laws, Supreme Court precedent, and President Trump’s executive orders. This framework, overseen by the Office of Diversity, Equity, and Inclusion, is not a benign effort to foster inclusion but a deliberate mechanism to embed discriminatory preferences across all facets of the medical school’s operations, from leadership and strategic priorities to education, hiring, and community engagement.⁸²

The School of Medicine’s DEI initiatives explicitly favor certain races, ethnicities, and socioeconomic groups while disadvantaging others, such as White and Asian individuals, under the pretext of “health equity” and combating “systemic racism.”

A. The School of Medicine has an Open Commitment to Dismantle White Supremacy Culture and Systemic Racism

WashU’s education policy explicitly commits to investigating and addressing “biases, discrimination, white supremacy culture” in all aspects of its educational work,

⁸² Infusing diversity, equity and inclusion throughout the Washington University School of Medicine Community, *supra* note 50.

revealing an ideological agenda that prioritizes racial outcomes over merit.⁸³ This is not the language of a school striving for neutrality or compliance with *SFFA*. It is the rhetoric of an institution that views its mission as dismantling “white supremacy culture” and reengineering admissions, hiring, and training pipelines to achieve racial outcomes.

The School of Medicine’s “Office of Diversity Programs” also drives this agenda. Before May 2025, the office proclaimed its mission was to “enhance the educational environment through the recruitment of a culturally diverse academic workforce” and prepare a “diverse student body” to become leaders.⁸⁴ Today, after a superficial rebrand, the website states the mission is to “promote health equity” and “enhance the educational environment.”⁸⁵ The DEI leadership,⁸⁶ the objectives, and the DEI framework remain intact; only the language has shifted.⁸⁷

During this rebrand, WashU’s Office of Diversity Programs also removed the link on its webpage to the university’s “Mission & Vision Statements,”⁸⁸ yet the original statement remains accessible.⁸⁹ It still declares that the School of Medicine seeks to “cultivate excellence and collegiality within an equitable and inclusive community” and to “attract, develop, advance and support a diverse and talented current and future workforce.”⁹⁰ In its “Diversity Statement,” WashU further commits itself to “building a diverse and inclusive community” and “diversifying its own ranks.”⁹¹ These are not aspirational words of fairness. They are explicit commitments to use race-, sex-, and identity-based characteristics as governing criteria in education, recruitment, and advancement.

The School of Medicine’s leadership, including its Executive Faculty, actively advances this discriminatory framework by embedding DEI into governance and policymaking. For instance, the school’s commitment to “cultivating a culture of inclusion” explicitly prioritizes diversity metrics over qualifications in faculty

⁸³ Our Commitment to Addressing Racism in Education, *supra* note 54.

⁸⁴ WASH. UNIV., MED., *Office of Diversity, Equity & Inclusion: MD Diversity Programs*, WAYBACK MACHINE (Apr. 26, 2025), <https://perma.cc/5FLU-B55R>.

⁸⁵ *Office of Diversity, Equity & Inclusion: MD Diversity Programs*, WASH. UNIV. MED., <https://perma.cc/7G9V-BBEK>.

⁸⁶ *2025-26 Bulletin: People of the School of Medicine*, WASH. UNIV., <https://perma.cc/6Z5C-R7V9>.

⁸⁷ *Office of Diversity, Equity & Inclusion: MD Diversity Programs: About*, WASH. UNIV. MED., <https://perma.cc/6LSX-3F2Y>.

⁸⁸ *Id.*

⁸⁹ *Mission & Vision Statements*, WASH. UNIV. MED., <https://perma.cc/3S3G-MV57>.

⁹⁰ *Id.*

⁹¹ *Id.*

recruitment and curriculum development, ensuring that race and identity shape institutional decisions. Additionally, each class within the School of Medicine has an “Equity and Antiracism Committee” within its student government, including 2026, 2027, and 2028.⁹²

At the administrative level, a Senior Leadership Committee for Diversity and Inclusion created senior-level positions, including an associate vice chancellor for medical campus diversity and inclusion to “coordinate and direct diversity initiatives” within the school.⁹³ The committee also started a task force to develop a hiring policy that led to the creation of a website that all applicants must use to apply.⁹⁴ The university demographics and applicant outcomes, and each faculty search committee must include a “designated diversity advisor” to “monitor and report on the applicant pool and interviewees.”⁹⁵ This is blatant discrimination. As a result of the leadership committee’s work, the DEI curriculum became part of current and future employee orientation, with a goal that new employees complete all levels of training by the fourth year of employment.⁹⁶

B. Compelled DEI Training as Ideological Indoctrination and Discriminatory Gatekeeping

Washington University’s discrimination is not confined to admissions. It has embedded DEI ideology into the core of its medical education, requiring students, residents, fellows, and faculty to undergo mandatory “diversity and bias training” as a condition of admission and advancement.⁹⁷ The medical school mandates such training for “all searches and admissions processing, including student, resident, fellow, faculty, and staff positions.”⁹⁸ It further requires that all clerkship and coaching faculty receive instruction on “systemic racism and white supremacy culture.”⁹⁹ These requirements transform what should be neutral, merit-based evaluations into vehicles for advancing DEI orthodoxy.

WashU’s “Building Capacity for Transformation” curriculum makes explicit that its purpose is to “dismantle structural racism in healthcare” and “prepare students to

⁹² *MD Program: Medical Student Government*, WASH. UNIV. MED., <https://perma.cc/2B7S-3RK7>.

⁹³ Diane Duke Williams, *Committee Enhancing Diversity, Inclusion at Medical School*, WASH. UNIV. MED.: NEWS HUB (Oct. 6, 2017), <https://perma.cc/754T-HATM>.

⁹⁴ *Id.*

⁹⁵ *Id.*

⁹⁶ *Id.*

⁹⁷ *Id.*

⁹⁸ *Id.*

⁹⁹ *Id.*

provide culturally responsive and equitable patient care.”¹⁰⁰ Participants are trained to apply an “equity lens” to their work, adopt a “shared language” of diversity and inclusion, and “reflect on individual identity and socialization.”¹⁰¹ In practice, this means conditioning future physicians to view every clinical interaction not through a lens of science, skill, or objectivity, but through a preoccupation with race, privilege, and oppression.¹⁰²

The Office of DEI reinforces this agenda with an extensive four-part training program rebranded to evade scrutiny.¹⁰³ Until May 2025, the “Fundamentals of Diversity, Equity and Inclusion” was advertised as an introduction to the “fundamentals of diversity education.”¹⁰⁴ It now appears under the label “Fundamentals of Inclusive Excellence,” marketed as an introduction to the “fundamentals of Inclusive Excellence.”¹⁰⁵ The name changed overnight; the substance did not. A program that took over a year to build¹⁰⁶ cannot have been transformed overnight. What occurred was not reform, but a superficial rebrand to conceal the same unlawful content.

The sequence moves from “Awareness,” where participants are trained to define and defend diversity initiatives,¹⁰⁷ to “Understanding,” where “experiential activities” teach that “every individual” harbors unconscious bias,¹⁰⁸ to “Action,” where participants are instructed to “combat bias and prejudicial systems” and strategize how to accomplish the university’s diversity goals.¹⁰⁹

These are not benign workshops of civility. They are indoctrination sessions designed to hardwire racial preferences and DEI dogma into the policies, curricula, and standards that govern medical education. Despite federal law, President Trump’s DEI-related Executive Orders, and federal guidance, WashU presses on. Although

¹⁰⁰ *Building Capacity for Transformation: Understanding Structural Racism*, WASH. UNIV. MED., <https://perma.cc/X5XQ-886B>.

¹⁰¹ *Id.*

¹⁰² *Id.*

¹⁰³ *Office of Diversity, Equity & Inclusion: Training*, WASH. UNIV. MED., <https://perma.cc/C8EF-VXSS>.

¹⁰⁴ WASH. UNIV. MED., *Office of Diversity, Equity & Inclusion: Training*, WAYBACK MACHINE (Apr. 26, 2025), <https://perma.cc/GM4K-W8ER>.

¹⁰⁵ Training, *supra* note 103.

¹⁰⁶ Equity-Centered Cultural Change Curriculum, *infra* note 113.

¹⁰⁷ *Office of Diversity, Equity & Inclusion: WUSM 1.0 Diversity, Equity and Inclusion Open Session*, WASH. UNIV. MED., <https://perma.cc/27XV-S2GG>.

¹⁰⁸ *Office of Diversity, Equity & Inclusion: WUSM 2.0 Diversity, Equity and Inclusion Open Session*, WASH. UNIV. MED., <https://perma.cc/P5EC-Y297>.

¹⁰⁹ WASH. UNIV. MED., *Office of Diversity, Equity & Inclusion: 4.0 — Action*, WAYBACK MACHINE, (Apr. 26, 2025), <https://perma.cc/6G75-75XY>.

WashU scrubbed one of the session descriptions from its website,¹¹⁰ an archived version confirms the program’s content and shows that this very session is scheduled for September 2025.¹¹¹

As if this weren’t egregious enough, WashU has built an enforcement arm inside its medical school to guarantee ideological compliance. What was once branded the “Understanding Systemic Racism Curriculum”¹¹² is now rebranded as the “Equity-Centered Culture Change Curriculum.”¹¹³ The name changed to evade compliance, but the mission has not. This “intensive curriculum”¹¹⁴ was developed by the Office of DEI, with an “intentional overlap” between its authors and the architects of the Gateway Curriculum—the medical school’s “foundational training” for physicians¹¹⁵ that integrates a “health equity and justice thread” focused on “social and structural determinants of health” into the program.¹¹⁶

Its stated objectives reveal its true purpose: to impose a “shared language” for “the work of antiracism, inclusion, equity, and diversity,” to understand “individual, institutional, and structural racism,” as well as “structural racism” specific to St. Louis and its impact on the “healthcare system, medical education, research and institutional climate/culture,” to manage “bias in education, research, and interprofessional relationships,” to “apply a racial equity lens to decision-making, policy, standards of practice,” and identifying inequities at multiple levels to bring about “longitudinal change.”

The Understanding Systemic Racism curriculum is further described as a “deeper dive” into the “lasting impacts of systemic, structural, institutional, and individual anti-Black racism” to be implemented in a “staged rollout over several years” to departments, divisions, trainees, staff, faculty, students, management, and research teams.¹¹⁷

¹¹⁰ *Office of Diversity, Equity, & Inclusion: 4/0 — Action*, WASH. UNIV. MED., <https://perma.cc/2XHP-RDCP>.

¹¹¹ *Office of Diversity, Equity & Inclusion: Events*, WASH. UNIV. MED., <https://perma.cc/23DC-U5NN>.

¹¹² WASH. UNIV. MED., *Understanding Systemic Racism*, WAYBACK MACHINE (Apr. 26, 2025), <https://perma.cc/DSB4-7RTV>.

¹¹³ *Office of Diversity, Equity & Inclusion: Equity-Centered Cultural Change Curriculum*, WASH. UNIV. MED., <https://perma.cc/6DD4-97KE>.

¹¹⁴ Understanding Systemic Racism, *supra* note 112.

¹¹⁵ *Medical Student Admissions: Curriculum*, WASH. UNIV. MED., <https://perma.cc/76VH-K6AS>.

¹¹⁶ Kristina Sauerwein, *Medical School Honored with Diversity, Equity & Inclusion Award*, WASH. UNIV. MED.: NEWS HUB (MAY 13, 2024), <https://perma.cc/EGE5-MJU2>.

¹¹⁷ Understanding Systemic Racism, *supra* note 112.

To achieve that compliance, WashU has enlisted an army of sixty “Equity Champions”—embedded across departments—to ensure that racial and identity-based preferences permeate mentoring, faculty hiring, clinical training, and research.¹¹⁸ These individuals are not neutral advisors. They enforce conformity across medical education, healthcare, and biomedical science, guaranteeing that WashU’s definition of “racial equity” trumps fairness, excellence, and merit.¹¹⁹

The Office of DEI supplements this indoctrination with ongoing programming on “equity in mentoring,” “centering equity in decision-making,” and “how to manage bias.”¹²⁰ The effect is unmistakable: WashU has built a parallel infrastructure of ideological enforcement that conditions access to opportunity on adherence to unlawful DEI.

This is not education. It is compulsory political programming. It is discrimination masquerading as virtue. And when it is imposed on the training of future physicians, it is nothing less than dangerous. By replacing neutral standards of merit with ideological litmus tests, WashU is not preparing doctors to treat patients. It is training activists to treat medicine itself as a platform for social engineering.

C. Washington University’s Faculty Hiring Practices Violate Federal Civil Rights Law

Washington University School of Medicine has carried its unlawful DEI regime into faculty hiring. The university declares that it has a “responsibility to be diverse and inclusive” with faculty hiring,¹²¹ while its Executive Vice Chancellor for Medical Affairs and Dean, Dr. David Perlmutter, openly admits the school is “committed to recruiting for diversity and inclusion” in its workforce.¹²² These are not aspirational slogans—they are admissions that WashU is using race, sex, and other protected traits as factors in employment, in direct violation of federal law.

In a job posting published on August 1, 2025, the university advertised for a faculty position in Transplant Infectious Diseases, seeking an associate professor to provide

¹¹⁸ *Office of Diversity, Equity & Inclusion: Equity Champions*, WASH. UNIV. MED., <https://perma.cc/5LLA-SA2L>.

¹¹⁹ *Id.*

¹²⁰ *Progress*, *supra* note 61.

¹²¹ *Faculty Opportunities*, WASH. UNIV. MED., <https://perma.cc/2ZLQ-A363>.

¹²² *Id.*

patient care within WashU’s transplant program and to teach residents and fellows.¹²³ Beyond professional duties, the posting emphasizes the school’s “commitment to diversity and inclusion in the workplace” and its adherence to the “principles and practices of equal opportunity and affirmative action.” Applicants are told that women and minorities are “strongly encouraged” to apply.¹²⁴

Other faculty postings likewise emphasize that WashU “seeks an exceptionally qualified and diverse faculty” and reaffirms the university’s commitment to affirmative action and hiring based on race, sex, and other protected characteristics. In a job posting for a faculty position within the Department of Psychiatry, the posting states that it “highly encourages applications from women and underrepresented groups” and is “thoroughly committed to providing necessary resources and support” to advance career goals of those who fit into that category.¹²⁵

The discrimination does not stop there. WashU’s Senior Leadership Committee for Diversity and Inclusion has imposed a faculty hiring policy requiring every search committee to include a “designated diversity advisor” charged with monitoring and reviewing the “diversity of the applicant pool and group interviewed” and reporting demographic outcomes to the committee and hiring authority.¹²⁶ This means the university actively tracks race, sex, and other identity categories of applicants and interviewees to shape hiring decisions. That is not equal opportunity—it is the very definition of unlawful discrimination.

The Civil Rights Act forbids employers from granting or denying opportunities based on immutable traits such as race or sex. Title VI, Title VII, Section 1557 of the Affordable Care Act, and President Trump’s Executive Orders collectively mandate neutrality, not racial engineering. WashU’s faculty hiring system inverts that command. It conditions opportunities on “diverse” identity categories, embeds quotas under the guise of oversight, and weaponizes employment to enforce its DEI regime.

¹²³ *Faculty Opportunities: Faculty Position in Transplant Infectious Diseases*, WASH. UNIV. MED., <https://perma.cc/44AG-XUQK>.

¹²⁴ *Id.*

¹²⁵ *Faculty Positions in Omics and Functional Genomics of Neurodegenerative Disease*, WASH. UNIV. MED., <https://perma.cc/P5P7-5EED>.

¹²⁶ *Washington University School of Medicine Faculty Hiring Policy*, WASH. UNIV., <https://perma.cc/RKH7-PYYQ>.

D. Washington University is Attempting to Rebrand DEI Under the Inclusive Excellence Framework

Washington University is attempting to preserve its unlawful DEI infrastructure through semantic rebranding by adopting the same “Inclusive Excellence” framework embraced by the University of Virginia.¹²⁷ First developed in 2005 by the American Association of Colleges and Universities,¹²⁸ this framework has become the preferred model for covertly embedding DEI principles into the governance structures of colleges and universities.¹²⁹ By substituting terms like “diversity” with “inclusion” and “equity” with “excellence,” universities can rebrand their policies while continuing to advance the same race-, sex-, and identity-based mandates.

On July 25, 2025, the university announced the creation of an Inclusive Excellence Advisory Committee (“IEAC”) to “develop guidance in support of inclusive excellence” at the university.¹³⁰ The IEAC consists of faculty, administrators, and the university’s general counsel and is charged with drafting guidance for leaders, staff, and students on how WashU can “achieve its community-focused goals” while “continuing to comply with federal guidance and laws.” Yet the university has made clear that this guidance will be grounded in WashU’s “mission, vision, and goals,”¹³¹ which are driven by a strategic plan anchored in DEI ideology.¹³²

In effect, WashU seeks ways to circumvent civil rights laws while maintaining the same unlawful framework, merely cloaking it in a new lexicon of euphemisms under the banner of “Inclusive Excellence.”

IV. Washington University’s Residency Programs, Clerkships, and Scholarships Embed Unlawful DEI Preferences into Clinical Training

WashU has transformed its graduate medical education programs into vehicles for discrimination through a comprehensive DEI framework that elevates race, sex, and

¹²⁷ Letter from Megan D. Redshaw, Am. First. Legal, to the Hon. Harmeet K. Dhillon, Assistant Atty. Gen., U.S. Dept. of Just. (May 21, 2025), <https://perma.cc/A7NH-9GCV>.

¹²⁸ *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>.

¹²⁹ Redshaw, *supra* note 127.

¹³⁰ *Committee Appointed, Has Begun Work to Develop Guidance in Support of Inclusive Excellence at WashU*, WASH. UNIV.: THE SOURCE (July 25, 2025), <https://perma.cc/A7TL-SUTY>.

¹³¹ *Id*; see also *Our Mission and Vision*, WASH. UNIV., <https://perma.cc/PH87-P6LZ>.

¹³² *Strategic Plan*, WASH. UNIV., <https://perma.cc/XYH5-4KPH>.

other protected classifications over individual merit. Applicants who do not fall within the institution’s preferred demographic categories, particularly White and Asian students, and particularly white males, are functionally excluded from federally funded opportunities, regardless of qualification.

This is not an isolated feature of a few programs. It is a core institutional priority that permeates WashU’s medical school and affiliated health system. 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.

A. Washington University’s Internal Medicine Residency Program and the Inclusion, Equity, Allyship, and Social Justice Initiative

Washington University’s Internal Medicine residency program is built around a structured DEI initiative branded as IDEAS@DOM (Inclusion, Diversity, Equity, Allyship, and Social Justice).¹³³ The program aims to recruit and mentor “underrepresented in medicine” students, embedding race, ethnicity, and identity as decisive factors in residency recruitment. WashU’s Department of Medicine reports that the IDEAS@DOM program has increased the percentage of URM applicants matching into the residency from 9.7% in 2021 to 27% in 2024¹³⁴—a direct admission that residency slots are being awarded on the basis of identity rather than merit.

IDEAS@DOM also includes a resident-led council that “disseminate[s] a diversity, equity, and inclusion strategic plan for the resident program” targeting “mentorship, recruitment, and community engagement.” In other words, current residents are empowered to enforce an explicitly discriminatory DEI agenda within the program itself, ensuring that race-conscious preferences are not only applied in admissions but perpetuated throughout training. It is far-fetched to think that this discriminatory behavior will cease once physicians complete their residency programs and become physicians.

The initiative is not overseen by a DEI-dedicated faculty administrator, but is directed by Dr. Cassandra Fritz, an assistant professor of medicine in the Division of Gastroenterology. Fritz and the resident council created the “Gateway to Residency Program,” described by WashU as a “bootcamp for medical students from

¹³³ *Residency Program Honored for Diversity, Equity, and Inclusion*, WASH. UNIV. MED.: NEWS HUB, <https://perma.cc/ZG5G-PG79>.

¹³⁴ *Id.*

disadvantaged backgrounds to prepare them for the internal medicine application process.” Participants from specific racial groups receive preferential treatment, including mentorship, tailored coaching, and networking with WashU Medicine URM residents and faculty—advantages denied to other applicants.

Recognizing these discriminatory practices, the Internal Medicine Residency Program was awarded the Accreditation Council for Graduate Medical Education Barbara Ross-Lee DEI Award in 2025 for “helping to diversify the underrepresented physician workforce and creating inclusive workplaces that foster humane, civil, and equitable environments.” This award is not evidence of excellence but confirmation that WashU has institutionalized a residency selection process where race, sex, ethnicity, and other identity-based characteristics, not merit, dictate outcomes.

The university’s Internal Medicine residency program is a pipeline for race-based recruitment and preferential treatment, in flagrant violation of Title VI, Section 1557, and the Supreme Court’s explicit prohibition of such practices in *SFFA*. Allowing residents to act as enforcers of this DEI agenda magnifies the harm, embedding illegal discrimination into the admissions process and the residency culture.

B. Washington University’s Dermatology Residency Program

WashU’s dermatology program is guided by an “Inclusion Mission Statement” that shapes every aspect of its residency program.¹³⁵ The Division of Dermatology declares it is “committed to upholding fairness and opposing all forms of judgment,”¹³⁶ and explicitly pledges to actively address and correct imbalances in its operations, including “education, research, and clinical care.” It further proclaims a determination to “eliminate” factors contributing to health differences.¹³⁷ In addition, the Division of Dermatology maintains a resident-led DEI committee that advises on antiracism initiatives.¹³⁸

¹³⁵ *Division of Dermatology: Mission*, WASH. UNIV. MED., <https://perma.cc/6QS6-Y9MA>.

¹³⁶ *Id.*

¹³⁷ *Id.*

¹³⁸ Image Posted by WashU Dermatology (@washuderm), INSTAGRAM, *Our Diversity, Equity, & Inclusion committee, Dr. Sion Jasmine, Dr. Alex Hickman @alexpants48, and Dr. Alex Aria @alexaria12 organized a resident book club to discussion antiracism, diversity and inclusion* (Oct. 17, 2020) <https://perma.cc/5PLR-433Q>.

C. The Mallinckrodt Institute of Radiology Residency Program

WashU's Mallinckrodt Institute of Radiology ("MIR") embeds DEI principles directly into its diagnostic radiology residency while cloaking these commitments in broad, aspirational language. MIR operates an Office of Outreach to foster a community that "embraces and reflects a range of backgrounds, experiences, and perspectives."¹³⁹ The office oversees its Executive Outreach Committee, composed of faculty, trainees, and staff volunteers committed to "workforce development, employee engagement, and community outreach" to "promote equity."¹⁴⁰ MIR's website further directs visitors to WashU Medicine resources through a "dedicated office focus on creating an environment that is welcoming to everyone" and on the "development of community partnerships designed to address health needs of St. Louis and beyond."¹⁴¹ That link takes viewers to the WashU School of Medicine's DEI webpage.

MIR's commitment to these priorities extends beyond rhetoric. Its 10-week Summer Research Program requires applicants to indicate whether they "qualify as a member of an underrepresented minority" under the AAMC definition and expressly favors URM students for selection.¹⁴² Participants in this program are awarded a \$7,000 stipend, further demonstrating how the institution channels resources to advance race-conscious preferences.¹⁴³

D. Washington University's Emergency Medicine Residency

Washington University's Emergency Medicine residency demonstrates a strong institutional commitment to diversity, health equity, and antiracism. The department is "strongly committed to promoting diversity, inclusion, and cultural sensitivity" within its division, calling these principles "critical to executing our mission of providing exemplary health care to all who are in need."¹⁴⁴

The Leadership in Emergency Medicine Diversity Scholarship is central to this commitment, offered in partnership with the university's Office of Diversity

¹³⁹ *Mallinckrodt Institute of Radiology: Outreach*, WASH. UNIV. MED., <https://perma.cc/44EG-3YSW>.

¹⁴⁰ *Mallinckrodt Institute of Radiology: Executive Outreach Committee*, WASH. UNIV. MED., <https://perma.cc/K485-FS2Z>.

¹⁴¹ Outreach, *supra* note 139.

¹⁴² *MIR Summer Research Program*, WASH., UNIV. MED., <https://perma.cc/KVD9-PFJV>.

¹⁴³ *Mallinckrodt Institute of Radiology: Summer Research Program*, WASH. UNIV. MED., <https://perma.cc/STP5-3KEK>.

¹⁴⁴ *Diversity Scholarship*, WASH UNIV. MED., <https://perma.cc/T9PK-YECA>.

Programs.¹⁴⁵ This scholarship provides fully funded visiting rotations to applicants explicitly defined as “under-represented in medicine.” The program specifically encourages “all individuals who can bring their diverse experiences,” including “historically underrepresented ethnicities in medicine” and those from “socioeconomically or educationally disadvantaged backgrounds” to apply.

Scholarship recipients receive stipends of up to \$2,000 for travel and living expenses, along with structured “guidance and mentorship” from faculty to help them excel during their fourth-year clerkships and “ultimately be successful in the [residency] match.” The application for this scholarship asks applicants about their race and identity, and whether they come from a “socioeconomically disadvantaged background.”¹⁴⁶

E. Washington University’s Pediatrics Residency Program

WashU’s Pediatrics Residency Program “strive[s] to recruit, support, and educate a diverse group of trainees” and to equip graduates with the tools to improve patient outcomes by providing culturally effective, context-sensitive health care for children.”¹⁴⁷ The program incorporates DEI into both recruitment and training through its Pediatric Residency Diversity Committee (“RDC”). The RDC’s stated mission is “to foster an inclusive environment by improving diversity of representation within the residency and working with the associate program director for diversity & inclusion to expand the resident curriculum on cultural competency, healthcare inequities, and unconscious bias.”

Taken together, these examples demonstrate only a fraction of how WashU embeds DEI mandates into its graduate medical education. In reality, nearly every residency program within the School of Medicine incorporates race- and identity-based preferences, specialized DEI curricula, and discriminatory recruitment practices. Whether in Internal Medicine, Pediatrics, Psychiatry, Radiology, Emergency Medicine, or beyond, the framework is the same: unlawful discrimination is embedded at every level, ensuring that ideology and identity dictate outcomes rather than merit or competence.

¹⁴⁵ *Id.*

¹⁴⁶ *Diversity Programs: Visiting Elective Program Application Instructions*, WASH UNIV. MED., <https://perma.cc/NGH6-VSX5>.

¹⁴⁷ *Edward Mallinckrodt Department of Pediatrics: Diversity*, WASH. UNIV. MED., <https://perma.cc/9T4T-LTKQ>.

V. Washington University’s Use of Federal Grants to Advance DEI Discrimination

WashU 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 clinical care, research, and public health initiatives nationwide. It is among the top recipients of federal funding from HHS and, in 2023, received the second-highest amount of funding from the National Institutes of Health (“NIH”) among all medical schools nationwide.¹⁴⁸

WashU should set a national example of equal treatment under the law as a standard for medical education, biomedical research, and healthcare workforce development. 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, WashU has received approximately \$3.1 billion in federal funding from HHS,¹⁴⁹ including over \$3.0 billion from the National Institutes of Health. 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 Grant R24AG074915 awards \$3.4 million through May 31, 2026, to WashU to “increase diversity, equity, and inclusion” in Alzheimer’s Disease and related dementias (“ADRD”) research. The grant establishes a “culturally appropriate” registry called COEQUAL (Creating Opportunities to Increase Health Equity and Equality for Persons at Risk for ADRD) led by “diverse researchers” to recruit, enroll, and retain “diverse participants.” The project frames “health disparities in ADRD” as “social determinants of health, structural vulnerability, and systematic discrimination,” citing “ethnoracial factors, classism, systemic and systematic racism, ageism, historical mistrust of scientists, and suspicion of the healthcare system” as barriers.¹⁵⁰ This framing is then used to justify recruiting, enrolling, and retaining participants

¹⁴⁸ WASHU MEDICINE NEWS, *WashU Medicine Rises to No. 2 in Nation in NIH Research Funding*, WASH UNIV. IN ST. LOUIS (Mar. 11, 2024), <https://perma.cc/EK5P-BVLB>.

¹⁴⁹ *Washington University*, USASPENDING, <https://perma.cc/Q7CG-QRWU>.

¹⁵⁰ *Project Grant (FAIN: R24AG074915)*, USASPENDING, <https://perma.cc/UU6G-FKQG> (HHS Award).

based on race and other protected traits, embedding DEI preferences directly into Alzheimer’s research.

- HHS Grant R01MD016082 awards \$2.6 million to WashU for a project entitled “Efficacy of a Multi-Level School Intervention for LGBTQ Youth.” The grant funds a “school-based intervention” called “Proud & Empowered,” explicitly designed for “sexual and gender minority (SGM, e.g., lesbian, gay, bisexual, transgender) adolescents.” The project claims that SGM youth suffer from “minority stress” and disproportionate “behavioral health disparities,” and asserts these outcomes can be remedied through policies and structural changes imposed on schools. Participating schools must adopt LGBTQ-specific policies and resources, including Gender and Sexuality Alliances, “SGM-specific antibullying guidelines,” teacher and staff training, and the promotion of “openly supportive allies.” The grant envisions student-led campaigns to alter “school climate,” including norms, attitudes, and institutional environments, to affirm sexual and gender identities. In effect, WashU is using federal funds to insert ideological programming into schools under the guise of health research, conditioning resources and interventions on sexual orientation and gender identity classifications.¹⁵¹
- HHS Grant R01MD01682 obligates \$2.6 million to study “intimate partner violence among sexual minority youth.” The project targets adolescents ages 13 to 17 who identify as “sexual minority youth” and recruits participants based on sexual orientation, race, ethnicity, gender identity, and urbanicity. The grant frames intimate partner violence disparities as products of “minority stress” and measures victimization and perpetration, as well as protective factors such as “access to LGBT-friendly services.” Federal funds are thus being used to institutionalize sexual orientation and gender identity classifications into adolescent research, normalizing the recruitment of minors into federally funded studies structured explicitly around LGBTQ identity categories.¹⁵²
- HHS Grant UG1CA286946 obligates \$2.3 million to WashU for “building equity in cancer screening through research.” The grant aims to “bring equity principles to research and practice of cancer screening and early detection” by constructing a hub prioritizing “rigor, equity, diversity, and inclusion of

¹⁵¹ *Project Grant (FAIN: R01MD016082)*, USASPENDING, <https://perma.cc/6QXM-R5WE> (HHS Award).

¹⁵² *Project Grant (FAIN: R01MD017244)*, USASPENDING, <https://perma.cc/MJD9-2BV2> (HHS Award).

underrepresented populations” at the Siteman Cancer Center and seven healthcare systems in Missouri and Illinois. The project explicitly conditions participation and enrollment on demographic classifications, pledging that at least 50% of the 2,000 planned participants will be recruited from rural areas and 25% from “racial and ethnic groups under-represented in research.” Washington University and its community partners thus commit to structuring cancer screening research around identity-based quotas, embedding DEI preferences directly into recruitment, enrollment, and retention in federally funded clinical research.¹⁵³

- HHS Grant R01HL170079 awards \$2.3 million to WashU to embed a race-conscious framework into cardiovascular research. The grant begins with the assertion that there are “recognized racial disparities” in the diagnosis of hypertrophic cardiomyopathy, and that Black patients experience “lower rates of referral” for specialty care, genetic testing, risk stratification, and interventions, despite data showing higher rates of sudden cardiac death and severe heart failure. The project frames these differences as evidence of systemic “racial disparities,” then seeks to test biological and environmental “triggers” unique to Black patients. The study relies on explicitly race-based classifications and proposes to examine adverse outcomes in Black patients as a distinct population, embedding race as the primary analytic category instead of pursuing equal diagnostic and treatment standards for all patients.¹⁵⁴
- HHS Grant U54CA284110 obligates \$2.1 million to establish the US-Nigerian Cancer Control Center for Research on Implementation Science and Equity to conduct large-scale vaccination interventions in Nigeria. The grant frames its purpose as advancing “equity and capacity building” in implementation science, decentralizing vaccine delivery in community settings, and embedding “equity” into Nigerian cancer control. The project requires schools and communities to participate in interventions that directly promote human papillomavirus and hepatitis B vaccination, under the banner of “equity” and “sustainment” of evidence-based practices. In effect, HHS is channeling millions of dollars into overseas vaccine uptake campaigns and ideological “equity” initiatives, using African populations as test subjects under the guise of cancer prevention research.¹⁵⁵

¹⁵³ *Project Grant (FAIN: UG1CA286946)*, USASPENDING, <https://perma.cc/72DU-6QFF> (HHS Award).

¹⁵⁴ *Project Grant (FAIN: R01HL170079)*, USASPENDING, <https://perma.cc/6FUD-LEVY> (HHS Award).

¹⁵⁵ *Project Grant (FAIN: U54CA284110)*, USASPENDING, <https://perma.cc/B6XX-WJN9> (HHS Award).

VI. Requested Investigatory and Enforcement Actions

The evidence is overwhelming: Washington University 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 curricula, Washington University 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 most basic obligations. Washington University is conditioning future physicians to look through a lens of discrimination, racism, and white supremacy when making judgments—not a lens of merit, character, or competence.

By declaring that medicine must be reengineered to investigate and address biases, past injustices, and white supremacy, Washington University is indoctrinating its medical students to see patients and colleagues not as individuals, but as representatives of historical wrongs. It trains physicians to believe they must make reparations through their professional judgments, punishing some groups while privileging others. This is not education. It is ideological indoctrination that undermines the excellence demanded of those who practice medicine and hold patients' lives in their hands.

To ensure complete and verifiable compliance with federal civil rights laws, Supreme Court precedent, and Executive Orders 14151 and 14173, we respectfully request that the Department of Justice:

1. Initiate a formal investigation into Washington University School of Medicine, including its “holistic admissions process,” recruitment pipelines, residency selection process, faculty hiring practices, academic curricula, and grant-funded research. This investigation should specifically examine whether the university 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 Washington University 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 Washington University to dismantle all DEI-related offices, committees, working groups, and advisory boards that promote or implement discriminatory practices embedded within the medical school, clinical departments, and residency training programs.
4. Obtain a formal, written certification from the President of Washington University attesting to full compliance with *SFFA*, 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 HHS, 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 Washington University School of Medicine from FY 2021 to present, including all NIH, HHS, or other federal awards supporting DEI-related initiatives, and determine whether these funds have been used to sustain racially or sexually preferential systems. Where violations are found, DOJ should take immediate steps to suspend, terminate, or condition future funding in accordance with applicable law and federal enforcement authority.
7. Direct Washington University to adopt and publicly implement 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 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.

9. Investigate residency programs and curricular mandates to determine whether Washington University is unlawfully conditioning clinical opportunities, mentorship, or advancement on DEI compliance or identity-based criteria, and whether compulsory “bias” or “antiracism” trainings amount to compelled speech or discriminatory barriers to entry.

Washington University 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 Washington University as to any other institution.

So long as Washington University 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, it is polluting medical education, research, and clinical care with bias and prioritizing DEI 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.”¹⁵⁶ If discrimination persists, so does the violation.

Thank you for your attention to this matter.

Sincerely,
/s/ Megan Redshaw
Attorney
America First Legal Foundation
Resident of Missouri

¹⁵⁶ 600 U.S. at 230 (quoting *Cummings v. Missouri*, 71 U.S. 277, 325 (1867)).

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, 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
Dr. Mehmet Oz, Administrator for the Centers for Medicare & Medicaid
Services
The Honorable Andrea R. Lucas, Acting Chair, U.S. Equal Employment
Opportunity Commission
Monica J. Allen, General Counsel, Washington University
Catharine L. Hanaway Attorney General, Missouri

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Exhibit 1

WashU Medicine

Medical Student Admissions

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Requirements

WashU Medicine follows the holistic review process recommended by the AACMC, using balanced consideration of an applicant's experiences, attributes and metrics to determine their potential contribution to both our entering medical student class and to the field of medicine.

The School has established a list of prerequisites for admission (see "Required prerequisite course work", below). Courses used to meet prerequisites must be taken through an accredited university or college (see "Hours of undergraduate study", below) and appear on an official transcript. The Committee on Admissions (COA) will consider the rigor of the applicant's curriculum, their performance in each class, and grading practices at each respective institution. We do accept courses that have been taken pass/fail or pass/no pass. We also accept courses taken at a community college, through a summer school or online, as long as the institution meets our accreditation requirements. Prerequisites may be met in this manner. However, the majority of classes, especially science classes, should optimally be taken for a letter grade at an individual's primary undergraduate institution. Courses are expected to be completed by the June preceding one's matriculation to medical school (e.g., by June 2025 for the Entering Class of 2025).

How to Apply

Important Dates

Requirements

Selection Process

Recruitment Activities

The Interview: What to Expect

Admissions Committee Bios

Visiting Campus

Who Chooses WU?

My Application Status

Advanced Standing Transfer

HOME HOW TO APPLY EDUCATION FINANCIAL SUPPORT STUDENT LIFE FACTS & RESOURCES CONTACT US

Selection Process

Guiding Principles

The Committee on Admissions (COA) is charged with and is granted sole authority from the dean of the school of medicine to identify, admit and recruit those applicants who have the greatest potential to reflect and embody the mission, goals, and interests of Washington University School of Medicine.

Holistic review is used to select applicants and allows for a flexible, highly individualized process which gives balanced consideration to an applicant's experiences, attributes and metrics. Since all MD students are admitted to study under the Gateway Curriculum, our admissions process is guided by the mission, vision, and values of this curriculum.

Factors Considered in Application Review

The selection process has multiple stages. After an application is complete (including receipt of letters of recommendation), the application is evaluated by members of the Committee on Admissions.

Factors considered include the following (see list below). For further discussion of these factors, see the "Admissions-Related" questions on our FAQ page.

- Rigor of curriculum
- Academic record (GPA and MCAT Score)
- Extracurricular activities (work, service to community and others, research, leadership, sports and hobbies)
- Other accomplishments
- Essays (personal statement on the AMCAS application and secondary application responses)
- Distance traveled — challenges and hardships overcome
- Letters of recommendation

How to Apply

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The Interview: What to Expect

Admissions Committee Bios

Visiting Campus

Who Chooses WU?

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Exhibit 2

AAMC.ORG | STUDENTS & RESIDENTS | CAREERS IN MEDICINE (CIM) | AAMC STORE | SIGN IN

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PROFESSIONAL SERVICE

Holistic Review

Holistic Review considers the “whole” applicant.

Holistic Review is a flexible, mission-driven approach to recruit and assess an individual’s competencies by considering their experiences, attributes, and academic metrics in order to select applicants who will best contribute to the program’s unique goals, learning environment, and the practice of medicine. The core principles of holistic review are outlined below.

Core Principles

1. Selection criteria are aligned with the program’s curriculum, mission, community health needs, and the needs of the physician workforce. These criteria, including competencies and other characteristics, are assessed and supported by each applicant’s experiences, attributes, and academic metrics. Selection criteria are:
 - a. Clearly defined and transparently communicated to applicants and advisors as well as faculty, staff, and leadership.
 - b. Equitably applied and appropriately chosen for each stage of selection to create a qualified, broadly diverse, mission-aligned candidate pool.
 - c. Defined, evaluated, and informed by performance data, educational expectations, and available support services to ensure success.
2. Programs consider the context of each applicant to understand how their unique educational opportunities, financial resources, communities, and lived experiences may contribute to the program and the practice of medicine.
3. Programs review interviewed applicants to select/rank a cohort of learners encompassing the complementary experiences, qualities, and characteristics needed to achieve their institutional and program mission and goals. While programs may not make selection decisions based on protected applicant characteristics (e.g., race, sex, disability, etc.) schools can consider an applicant’s discussion of any personal experience - even those related to race, sex, or other protected characteristics - to illustrate examples of mission-aligned experiences or qualities sought by the program.

4. At the conclusion of each selection cycle, programs review, evaluate, and refine recruitment, screening, application review, interview, selection, and entry policies, processes, and practices, to ensure they are fair, effective, and valid.



Watch the Experiences, Attributes, Academic Metrics, and Competencies (EAMC) Model video (4 minutes).

[Video transcript \(PDF\)](#)


[Experiences, Attributes, Academic Metrics and Competency Model \(EAMC\) Graphic \(PNG\)](#)

Tools and Resources

The AAMC has compiled tools and resources to assist admissions officers and program directors in applying holistic review to their selection processes.

- [Holistic Considerations for the Admission Cycle](#)
- [There is No Admission without Mission](#)
- [Socially Accountable Admissions: Using a different lens to evaluate medical school applicants and promote workforce diversity](#)
- [Mitigating Bias in the Admissions Process](#)
- [Holistic Student Support](#)
- [Holistic Review Primer for Admissions Officers](#)
- [Holistic Review Primer for Program Directors](#)
- [Scholarly Publications About Holistic Review](#)
- [Roadman to Excellence](#)

AAMC STORE HOME / ROADMAP TO EXCELLENCE: KEY CONCEPTS FOR EVALUATING THE IMPACT OF MEDICAL SCHOOL HOLISTIC ADMISSIONS (PDF)



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Overview:

Roadmap to Excellence: Key Concepts for Evaluating the Impact of Medical School Holistic Admissions (PDF)

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[Roadmap to Excellence: Key Concepts for Evaluating the Impact of Medical School Holistic Admissions \(PDF\)](#)

The benefits of using holistic review to increase student body diversity within medical schools are two-fold. Diversity can lead to a more robust learning environment that helps students develop into more broad-thinking, socially-engaged, competent, and caring professionals. Second, it lends itself to shaping a diverse physician workforce that services the health care needs of a diverse population. This publication provides a roadmap to excellence by addressing both.

Holistic Considerations for the Admission Cycle

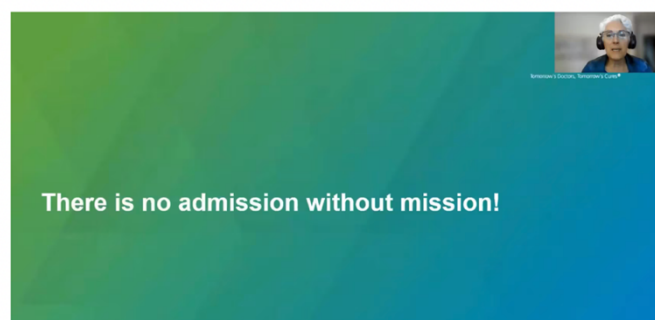
This tool will help you identify holistic strategies you can implement across all phases of the admission cycle. The strategies were developed in collaboration with innovators and leaders in medical school admissions and are applicable in all states regardless of ability to consider race and ethnicity. To make it easy to use, we've provided both a PDF and Word version of the checklist tool; the PDF includes additional contextual information.

- [Holistic Admissions Considerations for the Admission Cycle \(PDF\)](#)
- [Holistic Admissions Considerations Checklist \(Word\)](#)

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There is No Admission without Mission

This presentation is an excerpt from the 2023 AMCAS Opening Cycle for Schools webinar held on June 14, 2023. This segment showcases two schools, the University of Kansas School of Medicine and the University of Maryland School of Medicine, that have actively identified their institutional mission and the health concerns of their community or region and aligned their admissions policies and criteria accordingly.



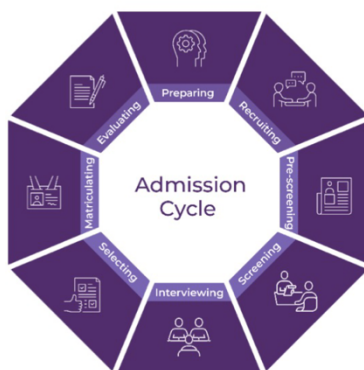
Additional resource:

[There is No Admission without Mission transcript \(PDF\)](#)

University of Kansas School of Medicine Resources

- [Premed Advisors Conference](#): Each year, Kansas physicians, scientists, advisors, and potential medical students come together for this one-day conference about health care and medical education. Features include discussions about the MCAT® exam and [ask us about medical school tips for successful](#)

The Admission Cycle



Definitions: Admission Cycle Stages

- **Preparing:** Inventorying the strengths and resources of the school and the needs of the community it serves and linking these to the mission, goals, and **diversity interests of the institution**. Reviewing evaluation results from the previous cycle and determining if changes need to be made to admission criteria (that is, keeping, adjusting, removing, or adding). Creating or revising any rubrics and other tools, as well as committee and interviewer training to be used during the upcoming cycle. Setting guidelines for evaluating application files that can be consistently and equitably applied to all applicants.
- **Recruiting:** Implementing outreach strategies to attract the kind of students who, upon graduation, will become physicians who reflect and embody the school's mission, goals, and diversity interests.
- **Pre-screening:** Passive pre-screening (that is, built into the application management system) includes practices such as communicating academic thresholds to receive a secondary application. **Active pre-screening includes practices such as screening the most mission-aligned applicants first.**
- **Screening:** Assessing application files for mission alignment in a way that is consistently and equitably applied to all applicants.
- **Interviewing:** Evaluating an applicant's personal attributes, competencies, and readiness to enter medical school and providing applicants the opportunity to acquire information about the medical school.
- **Selecting:** Making mission-aligned decisions about applicants who have been interviewed. Selection decisions include:
 - **Accept:** Applicant to whom an official offer of acceptance has been extended regardless of whether they have responded to the offer.
 - **Hold:** Applicant still under consideration but for whom additional information or review may be necessary.
 - **Reject:** Applicant who has been denied admission and is no longer being considered for that cycle following admissions committee review.
 - **Wait-list:** Applicant who has been placed on a school's alternate list.

Key Terminology

Diversity: All aspects of human differences, including socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography (including rural and highly rural areas), disability, and age.

EAMs: Experiences, attributes, and academic metrics.

- Experiences: Life circumstances and chosen activities applicants have experienced, as well as the context in which these experiences have taken place.
- Attributes: Applicants' skills, abilities, personal qualities, core competencies for entering medical students, and relevant demographic identities.
- Academic metrics: Quantitative academic components of an applicant's portfolio.

Medical student performance data: Data relating to student performance, including data on institutional and national assessments, courses that students enroll in and complete, clinical rotation evaluations, grade-point average, remediation, retention, degree or credential attainment, and enrollment status.

Mission aligned: A medical school's admission policies, procedures, and criteria are set up specifically to align with the mission and goals of the medical school.

Mission-aligned applicant pool: A variety of applicants whose experiences, attributes, and stated interests support the mission-aligned criteria identified by the school.

Partners and collaborators: The AAMC is moving away from using the term "stakeholder." We use "partners and collaborators" throughout this document as synonymous with what "stakeholder" is traditionally understood to mean in an educational context.

Rubric or structured rating form: A comprehensive guide for consistently evaluating applicants against a structured set of defined criteria or attributes.

Holistic Review Primer for Program Directors

These tools and resources provide an overview of **holistic review in residency selection**. This primer is designed to quickly help you 1) review the criteria you are prioritizing and 2) define and assess if your materials and processes reflect your priorities.



This webinar was a partnership between the AAMC and the Organization of Program Directors Associations (OPDA). It features Jennifer Swails, MD, the program director of the Internal Medicine Residency Program at McGovern Medical School at the University of Texas Houston. In this presentation you will learn:

- What holistic principles are and why they are important
- **How holistic principles can help program directors screen in mission-aligned applicants**
- **Ideas for incorporating holistic principles into screening and selection processes**
- **Ways to apply holistic principles in ERAS and the supplemental ERAS application to find the applicants you**

Socially Accountable Admissions: Using a different lens to evaluate medical school applicants and promote workforce diversity

UC DAVIS HEALTH | Center for a Diverse Healthcare Workforce

Mark Henderson, MD
Associate Dean, Admissions

Charlene Green, PsyD
Director, Admissions, Student Affairs, and Diversity

Tonya Fancher, MD, MPH
Director, Center for a Diverse Healthcare Workforce
Associate Dean, Workforce Innovation and Education Quality Improvement



This presentation helps you to think through the elements of the medical school admissions process you can influence and control and how Holistic Review can be applied to your admissions process. (4 minutes)

Additional resource:

[Activity 2: Applying Holistic Review to Medical School Admissions \(Word\)](#)

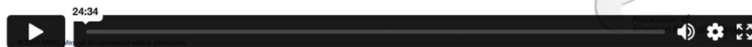
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Mitigating Bias in the Admissions Process

This presentation is an excerpt from the 2022 AMCAS Cycle Opening and Mitigating Bias in the Admissions Process webinar held on June 10, 2021. The purpose of this segment is to raise awareness of how bias can influence the admissions process as well as steps individuals, their committees, and reviewers can take to mitigate bias. The presentation featured 3 speakers who focused on different aspects of bias in admissions. Below you will find information about each speaker, as well as their area of focus for the presentation.

Bias in Admissions

June 10, 2021



This presentation is an excerpt from the 2022 AMCAS Cycle Opening and Mitigating Bias in the Admissions Process webinar held on June 10, 2021. (24 minutes)



Learn
Serve
Lead

Additional resources:

- [Forty-Five Common Rater Errors in Medical and Health Professions Education](#)
- [Bias Research \(PDF\)](#)

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Bias Breakers: Continuous Practice for Admissions and Selection Committees

This training goes beyond onetime awareness of unconscious bias and focuses on bias recognition and mitigation strategies for admissions committees. Through active learning, the curriculum incorporates committee comments and highlights admissions structures to illustrate what bias can look like and sound like. Each bias type is illustrated with original graphics designed by medical students and is accompanied by concrete strategies for illuminating and mitigating the bias. There is also a review deck that can be incorporated into committee meetings, briefings, and trainings to encourage space repetition and continuous practice.

2023 AMCAS Cycle Opening and Mitigating Structural Bias in the Admissions Process

These two recordings are excerpts from the 2023 AMCAS Cycle Opening and Mitigating Structural Bias in the Admissions Process webinar that took place on June 14, 2022.

Speaker



Sunny Nakae, PhD, MSW
Senior Associate Dean for Equity, Inclusion, Diversity and Community Partnerships
California University of Science and Medicine School of Medicine

Additional resources:

- [Part 1 transcript \(PDF\)](#)
- [Part 2 transcript \(PDF\)](#)

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Dr. Sunny Nakae discusses what structural bias is and provides tools and strategies for mitigating structural bias within the admissions process. (18 minutes)

URIM Applicants by Diversity Indicator

Application Year: 2021 (Data shown for Year 2021)

Underrepresented Groups at My School | Underrepresented Groups in Region | Underrepresented Groups Nationally

AMCAS School of Medicine	Total Applied at My School	Total Accepted at My School	Northeast Region	Total Applied in Region	Total Accepted in Region	National	Total Applied Nationally	Total Accepted Nationally
AMCAS School of Medicine	1,309	376		3,147	382		3,433	390

Click here for more info

UNDERREPRESENTED CATEGORY	MY SCHOOL		REGION		NATIONALLY	
	# of Applicants	School Rate	# of Applicants	School Rate	Applicant Count National	National Rate
Female	188	30.77%	135	71.81%	195	12.22%
Black or African American Alone*	29	26.61%	19	65.52%	29	10.98%
Hispanic, Latino or of Spanish Origin Alone*	25	32.05%	16	64.00%	29	15.76%
American Indian or Alaska Native	3	100.00%	1	33.33%	3	47.86%

Antonia Brathwaite and Dr. Leila Harrison explore how the AMCAS Integrated Admissions Reports can be used to **address structural bias within the admissions process**. (32 minutes)

Holistic Review Primer for Admissions Officers

These tools and resources provide an overview of holistic review in admissions. This primer is designed to quickly help you 1) review the criteria you are prioritizing and 2) define and assess if your materials and processes reflect your priorities.

CORE PRINCIPLE 1

In a holistic admissions process, selection criteria are:

- Broad-based**
- Linked to school mission and goals**
- Promote diversity and inclusion as essential to excellence**

Additional resource:
[Activity 1: Applicant Criteria Identification and Prioritization \(Word\)](#)

This presentation introduces you to the conceptual underpinnings of Holistic Review as applied to medical school admissions. (8 minutes)

Selecting and Prioritizing Applicant Criteria

Purpose: A critical part of holistic admissions is identifying Experiences, Attributes, and Metrics (EAMs) that are grounded in your mission and promote diversity and inclusion. Developing a shared understanding of how these criteria are prioritized facilitates recruitment, helps orient reviewers and interviewers, and informs the development of evaluation rubrics. This activity will help you to "widen the lens" through which you assess applicants by identifying and ranking the mission-driven EAMs that would add value to your institution.

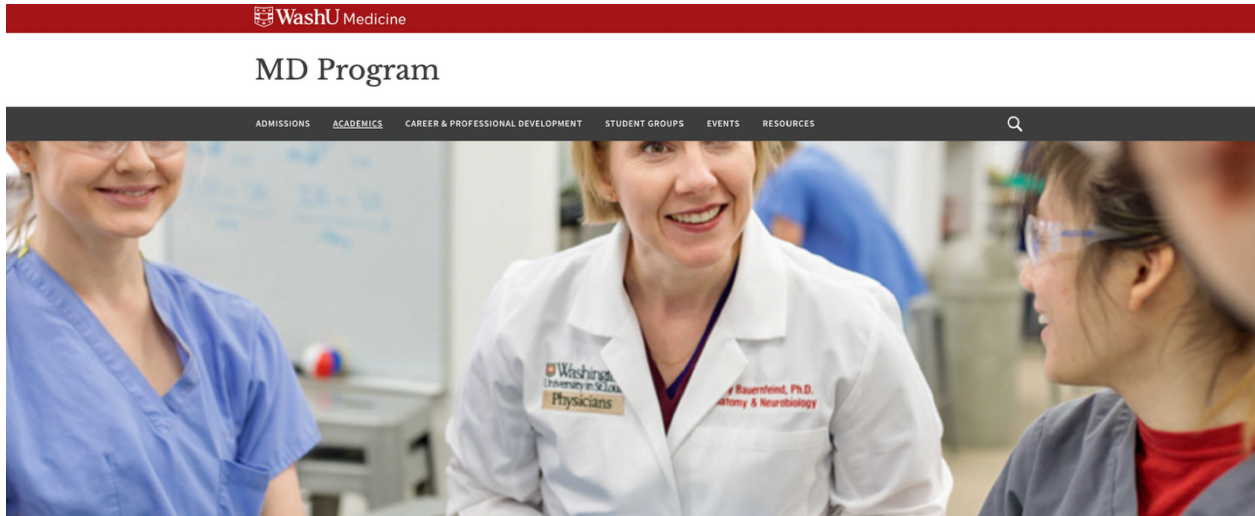
Directions: Choose the two most important criteria within each domain as follows:

1. Review the criteria listed and choose which criteria are the most important when making selection decisions for your school.
2. You can add any criteria that you believe are important in achieving your mission.
3. For each domain, highlight the top two criteria that you believe are most important when making selection decisions for your program. (To clarify: Experiences, Attributes, and Metrics are the domains, so within the Experiences domain, you should select the two criteria you feel are most important when making a selection decision).

Criteria for Attributes

- Geography
- Gender identity
- Faith
- Problem-solving
- Critical reasoning
- Written communication
- Citizenship or residency status
- Sex
- Age
- Reliability and dependability
- Sexual orientation
- Initiative
- Socioeconomic status
- Compassion
- Teamwork
- Cultural competence
- Service orientation
- Motivation for medical career
- Resilience and adaptability
- First-generation college student
- Personal interests
- Intellectual curiosity
- Maturity
- Languages spoken
- Perspectives
- Leadership
- Values and beliefs

Exhibit 3



Academics

Advancing human health by training physicians to create the future of medicine, science and society.

Enriched by a culture that supports diversity, inclusion, critical thinking and creativity, our students will go on to:

- Change the face of medicine through discovery and innovation;
- Reimagine health care to make high quality care accessible to all; and,
- Educate and inspire generations to come.

In alignment with our mission, we are committed to addressing racism in education.

Academics

[Curriculum](#)

[Degree Programs](#)

[Academic Support](#)

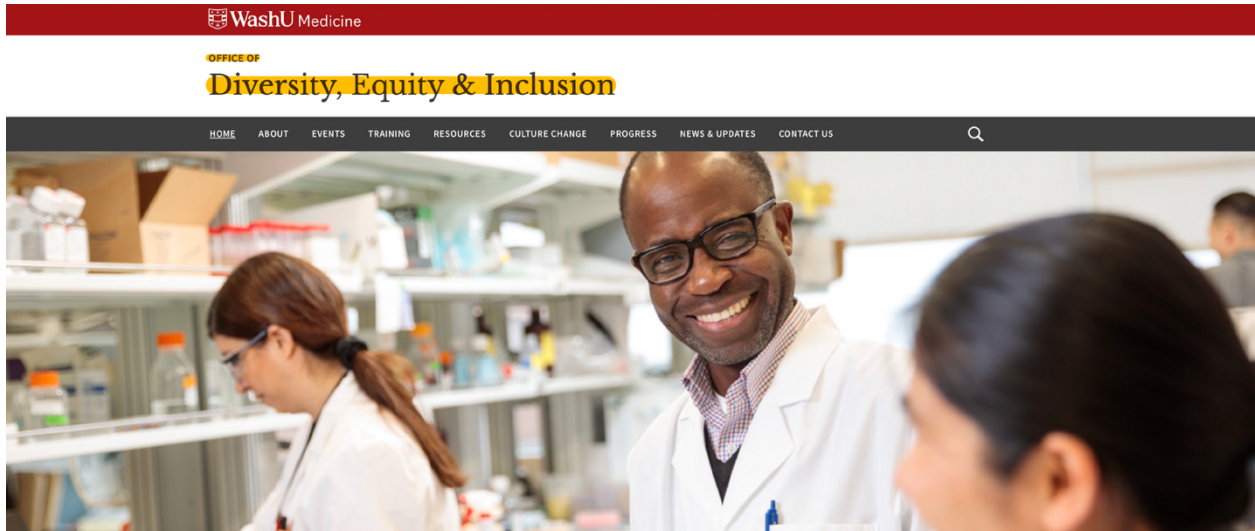
[Competency-based Assessment](#)

[Program Evaluation of the Gateway Curriculum](#)

[Educational Technology](#)

[Learning Environment](#)

Exhibit 4



Infusing diversity, equity and inclusion throughout the Washington University School of Medicine community

The mission of the Office of Diversity, Equity and Inclusion is to:

Provide leadership, expertise and advocacy on all diversity, equity and inclusion efforts within Washington University School of Medicine.

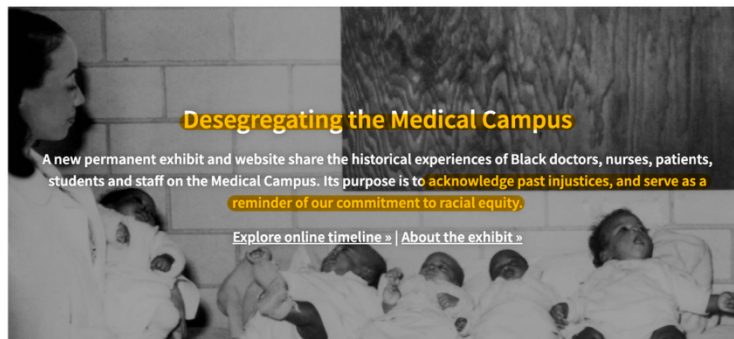
Direct, lead and advance institutional efforts that create a welcoming, diverse and inclusive environment where everyone is valued and respected.

Enhance and develop community partnerships designed to address health needs and promote health equity within the St. Louis community and beyond.

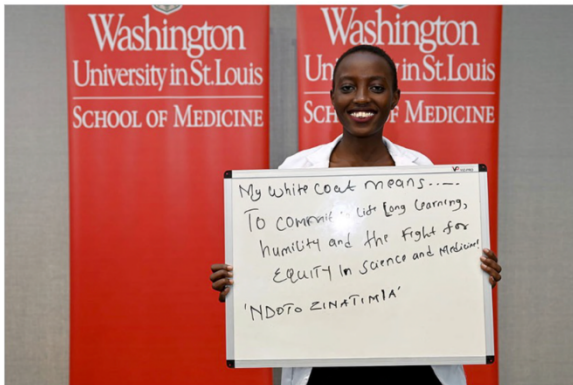
WashU Medicine receives 2024 National Association of Diversity Officers in Higher Education Institutional Excellence Award for professional schools

The honor recognizes campuswide work by faculty, staff and students who help foster a diverse and inclusive culture based on collaboration, innovation and best practices.

[Medical school honored with diversity, equity & inclusion award »](#)



Core areas of focus housed within the **Office of Diversity, Equity and Inclusion:**



Office of Diversity Programs

Enhances the medical educational environment through **recruitment of a culturally diverse academic workforce, while preparing a diverse student body to become leaders in a vibrant, global society.** Offers programs for high school students; current students, trainees and junior faculty; visiting medical students and more.

Office of Diversity Programs



Academic Pathway Programs

Builds an intentional and deliberate infrastructure to improve efforts in recruiting, retaining, and developing underrepresented applicants in medicine (UIM) and the STEM workforce. Connects high school, college, and doctoral students with educational and scientific activities which otherwise may be inaccessible.

Academic Pathway Programs



Programming and Professional Development

Provides education, programming and consultation to the **WashU Med** community for **increased understanding and skill development around the work of diversity, equity and inclusion, utilizing frameworks for culture change, restorative justice, health equity**, community building and self-compassion.

Education & Training

Equity Champions Program

Programming & Perspectives Events

Equity-Centered Culture Change Curriculum

Martin Luther King, Jr. Commemoration Week

Join us as we celebrate 2025 MLK Jr. Week at WashU Medicine. We invite all members of our community to participate and reflect on ways to further Dr. King's vision of justice and equality in our daily lives. From the kickoff of our book and film club to the commemoration of the Desegregation History exhibit and **updates on our DEI initiatives**, there's something for everyone. Highlighting the week, Dr. Kemi Doll will deliver a keynote as part of the Inclusive Excellence Speaker Series.

MLK Week events

Upcoming events

2
SEP

WUSM 1.0 Diversity, Equity and Inclusion Training Open Session (Virtual)

Sep 2, 2025
12:00 pm – 1:00 pm

4
SEP

WUSM 1.0 Diversity, Equity and Inclusion Training Open Session (In-person)

Sep 4, 2025
12:00 pm – 1:00 pm

9
SEP

WUSM 2.0 Diversity, Equity and Inclusion Training Open Session (Virtual)

Sep 9, 2025
12:00 pm – 1:00 pm

10
SEP

Communi-Tea: Building & Strengthening Community with Restorative Practice

Sep 10, 2025
9:00 am – 10:00 am

Latest news and updates



EVENTS

Martin Luther King Jr. Commemoration Week 2025

December 26, 2024

In honor of Dr. Martin Luther King, Jr., this year's program features opportunities to engage with impactful discussions, thought-provoking exhibits, and inspiring speakers, all centered around themes of equity, inclusion, and social justice.



NEWS & ANNOUNCEMENTS

Residency Program honored for diversity, equity and inclusion

December 20, 2024

The WashU Medicine Internal Medicine Residency Program received the Accreditation Council for Graduate Medical Education (ACGME) 2025 Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award. The honor recognized an initiative led by assistant professor Cassandra Fritz, MD, aimed at recruiting and mentoring residents who are underrepresented in medicine.



DE&I STATEMENTS, NEWS & ANNOUNCEMENTS

Medical school honored with diversity, equity & inclusion award

June 28, 2024

Washington University School of Medicine in St. Louis has received the 2024 National Association of Diversity Officers in Higher Education Institutional Excellence Award for professional schools. The honor recognizes campuswide work by faculty, staff and students who help foster a diverse and inclusive culture based on collaboration, innovation and best practices.

Exhibit 5

[CONTACT](#) [WORKDAY HELP](#) [WORKDAY LOGIN](#)



Student Body Diversity

[Student Data](#) > Student Body Diversity



STUDENT DATA

[Current Enrollment & Graduation Data](#)

[Student Body Diversity](#)

[Enrollment Visualization](#)

[Historical Data](#)

[Requesting Student Data](#)

Washington University in St. Louis values the diversity of its student body, which adds complexity to student learning and the student experience.

Spring 2025 – 10th Week

Sex

	Undergraduate	Graduate	Total University
Female	56%	50%	53%
Male	44%	50%	47%



STUDENT DATA

Current Enrollment & Graduation Data

[Student Body Diversity](#)

[Enrollment Visualization](#)

[Historical Data](#)

[Requesting Student Data](#)

Race / Ethnicity

	Undergraduate	Graduate	Total University
Hispanic	12.6%	5.3%	9.2%
American Indian	0.1%	0.1%	0.1%
Asian	20.3%	8.2%	14.5%
Black	9.5%	5.5%	7.6%
Pacific Islander	0.1%	0.0%	0.1%
White	40.2%	32.8%	36.7%
Two or more races	5.9%	3.2%	4.6%
Unknown	2.4%	4.0%	3.2%
International	9.1%	40.7%	24.2%

Additional [institutional data](#), including student diversity, is published in collaboration with the Office of the Provost and the Director of Institutional Research and Analysis.

Exhibit 6



Equity strengthens our community.

Dr. Anna Gonzalez, Vice Chancellor for Student Affairs, hosts a student welcome reception on the Village lawn.

WashU aims to be a diverse community fully committed to the principles of equity, fairness and inclusive excellence. We will pursue and value equity, diversity and inclusion in our research, learning, clinical and administrative environments so that we, collectively and individually, can benefit from the rich perspectives and contributions of individuals from all backgrounds.

Exhibit 7



Meet our community.

We have a vibrant and growing community dedicated to equity, diversity and inclusion on our campus.

- [Explore community offices and groups](#)
- [Explore the Cultivating Connections platform](#)

We strive to make WashU a more inclusive place.

We've come a long way on our march toward achieving equity and inclusion on campus, but we still have work to do.

17%
First-generation students in Class of 2027

52%
Class of 2027 who identify as students of color

\$1.0bn
Financial aid commitment for need-blind admissions

5/5
Stars on Campus Pride Index

[Track our progress](#)

Exhibit 8



Meet our community.

We have a vibrant and growing community dedicated to equity, diversity and inclusion on our campus.

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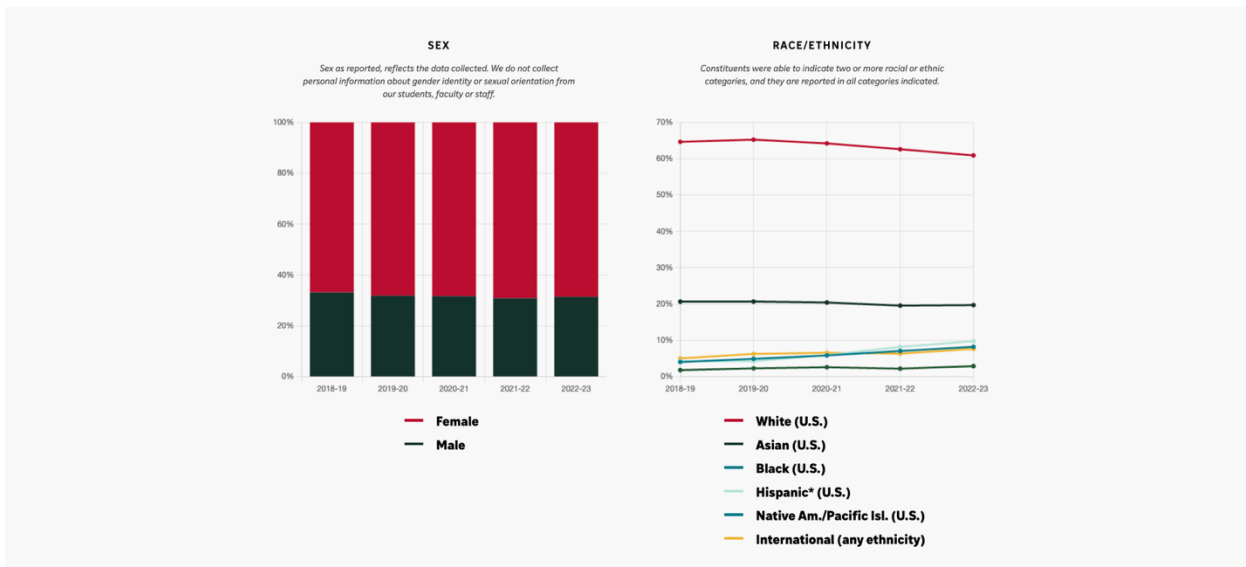
5/5
Stars on Campus Pride Index

\$1.0bn
Financial aid commitment for need-blind admissions

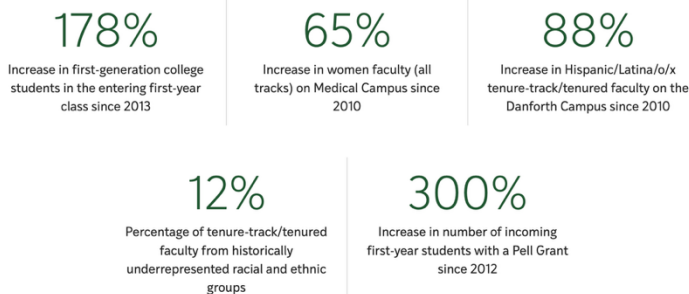
Exhibit 9

Students: Medical Campus - Graduate/Professional

Students Faculty Staff PostDocs

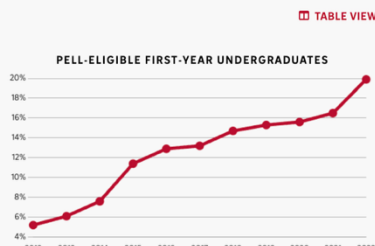


Recent progress



Socio-economic diversity

As part of our ongoing effort to attract and retain highly talented low-income students, we are working to increase our percentage of first-year, full-time students who are eligible for the Federal Pell Grant Program.



Graduate/Professional Origin

Country	Number of Students
Afghanistan	< 5
Albania	< 5
Algeria	< 5
Antigua and Barbuda	< 5
Argentina	5
Australia	5
Austria	< 5
Azerbaijan	< 5
Bangladesh	11
Barbados	< 5
Belgium	< 5
Belize	< 5
Bolivia	< 5
Bosnia and Herzegovina	< 5
Brazil	23
Bulgaria	< 5
Cambodia	< 5
Cameroon	5
Canada	32
Chile	7
China	2,999

We have a global community.


Faculty Origin
Faculty Degrees
Undergraduate Origin
Graduate/Professional Origin

© Mapbox © OpenStreetMap. Improve this map.





[VIEW TEXT-ONLY VERSION](#)

Faculty or student origin indicates individual's country of birth; faculty degrees indicates the location of the degree-granting institution for the faculty member's terminal degree. Faculty includes Danforth Campus tenured and tenure-track. Data from Fall 2022. Faculty data is compiled based on Washington University's annual November 1 census; student data is compiled based on the 10th week of the fall semester.

Exhibit 10

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- DEI Programs
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Washington University School of Medicine in St. Louis    

Medical School

Mailing Address	Phone
660 S Euclid Avenue St. Louis, Missouri 63110	(314) 362-5000
Email address	Website
mdadmissions@wustl.edu	https://medicine.wustl.edu/

School Information

"Washington University School of Medicine is committed to advancing human health throughout the world. As noted leaders in patient care, research and education, our outstanding faculty has contributed many discoveries and innovations to science and medicine since the school's founding in 1891. Located on the Washington University Medical Campus adjacent to the Cortex Innovation Community, we are one of seven schools of Washington University in St. Louis." The school enrolls 1,422 students and employs 2,603 faculty. (Source: <https://medicine.wustl.edu/about/>) (Source: <https://medicine.wustl.edu/about/facts/>)

General Information

The Executive Faculty of the Washington University School of Medicine approved "an Anti-Racism statement and a school-wide Understanding Systemic Racism (USR) curriculum." According to the school, "The curriculum will include core components (ex. Historical Context, Shared Terminology, Identity Reflection, Race as a Social Construct) as well as track-specific topics (ex. Cultural Humility, Clinical Applications, Bias in Science, Action Planning)." Additionally, the Office of Education will require diversity and bias training for all searches and admissions processes including student, resident, fellow, faculty, and staff positions in education." See developments below:

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- [The 1619 Project](#)

Actions Taken

Admissions Policies

The Office of Education recognizes "that MCAT, NBME subject exam, and USMLE scores, like all standardized tests, suffer from the consequences of systemic racism and other forms of bias and therefore must always be considered as only one aspect of a true holistic review process. Admissions has already commissioned an internal review to ensure we are using evidence-based (where available) and emerging best practices in student selection."

[Link](#) [Archive](#)

The mission of the school's Office of Diversity, Equity and Inclusion is to "enhance the educational environment through recruitment of a culturally diverse academic workforce while preparing a diverse student body to become leaders in a vibrant, global society."

[Link](#) [Archive](#)

Anti-Racism, Bias, and Diversity Training

In March of 2021, the school released a link on Facebook describing the school's commitment to training students, residents, and fellows on Asian American bias.

[Link](#) [Archive](#)

The Office of Diversity, Equity, and Inclusion offers trainings for the School of Medicine to develop "a greater awareness, understanding, commitment, and action framework regarding diversity, equity and inclusion."

[Link](#) [Archive](#)

The Office of Diversity, Equity, and Inclusion offers four training sessions on the "fundamentals of diversity education." The sessions cover DEI "Awareness, Understanding, Commitment, and Action." It also provides training modules on "Cultural Awareness," "isms," and "Unconscious Bias" among others.

[Link](#) [Archive](#)

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Curriculum Changes and Requirements

The Office of Education will "investigate our UME curriculum and its artifacts for evidence of structural racism and other biases. We will be developing a team of individuals to review these items for that purpose. We will expand this process as we learn how to do it effectively."

[Link](#) [Archive](#)

The Executive Faculty of the Washington University School of Medicine approved "an Anti-Racism statement and a school-wide Understanding Systemic Racism (USR) curriculum." According to the school, "The curriculum will include core components (ex. Historical Context, Shared Terminology, Identity Reflection, Race as a Social Construct) as well as track-specific topics (ex. Cultural Humility, Clinical Applications, Bias in Science, Action Planning)."

[Link](#) [Archive](#)

The school's Understanding Systemic Racism curriculum is "being created and led by a diverse, multidisciplinary, interprofessional team anchored within the WUSM Office of Diversity, Equity, and Inclusion..." The Executive Faculty "further pledged time and support... to help tailor and teach the USR curriculum, again embedding this work into each department to ensure longitudinal change." Learners of this curriculum will "Understand both historical and present-day structural racism specific to St. Louis and its impact on the healthcare system, medical education, research and institutional climate/culture."

[Link](#) [Archive](#)

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





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Program and Research Funding

In **October of 2021**, the school announced on Facebook that it received a **grant from the Merck Foundation to fund underrepresented researchers.**

[Link](#) [Archive](#)

Medical departments throughout the school offer several programs that "provide funding and networking opportunities to visiting fourth year medical students from diverse backgrounds." Students who are "members of groups underrepresented or inadequately supported in medical training or who are socioeconomically disadvantaged are strongly encouraged to apply."

[Link](#) [Archive](#)

The Department of Psychiatry in the School of Medicine has a "DEI Funding Program." The grant offers funding to "support individuals in [the] department that are actively working to create positive change and address systemic barriers to equality." The grant can support diversity and inclusion in the workplace, DEI education and training, and "increase diversity within a team" among others.

[Link](#) [Archive](#)

Seven million dollars worth of grants were dedicated to Alzheimer's research in pursuit of "racial equity" in 2021. The funding was awarded because "the factors that place Black people at elevated risk remain poorly understood, partly because Black people historically and systematically have been underrepresented in Alzheimer's studies."

[Link](#) [Archive](#)

The MD Diversity Programs has a "Visiting Medical Students" program which provides "funding and networking opportunities to fourth-year medical students interested in our residency training programs." Those particularly encouraged to apply are those who are "members of groups underrepresented or inadequately supported in medical training or who are socioeconomically disadvantaged."

[Link](#) [Archive](#)

Through the **Equity Champions Program**, faculty and staff in the role "receive professional development to support their competency in leading discussions and training around anti-racism culture change and leadership within their department." The program is one of the "foundational strategies for [the] culture change [that] is building the capacity of [the] institution to understand and dismantle systemic racism."

[Link](#) [Archive](#)

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





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Faculty/Staff Requirements

The Executive Faculty have undergone "an 'Introduction to Systemic Racism' workshop led by Crossroads, an independent organization that provides anti-racism organizing and training."
[Link](#) [Archive](#)

The Office of Education will "require diversity and bias training for all searches and admissions processes including student, resident, fellow, faculty, and staff positions in education"
[Link](#) [Archive](#)

The Office of Education will partner "with the Office of Diversity, Equity and Inclusion (DEI) to provide all UME course, clerkship, and coaching faculty with training on systemic racism and white supremacy culture and how this impacts both education and health."
[Link](#) [Archive](#)

The school's Office of Diversity, Equity and Inclusion facilitates the "**Fundamentals of diversity, equity and inclusion**" training sessions (four-part series) and employees are "expected to complete all four sessions by their fourth year of employment."
[Link](#) [Archive](#)

The Office of Diversity, Equity, and Inclusion required "Unconscious Bias Training for Managers" which is "designed to develop skills needed to attract, hire and retain a diverse workforce and to create a climate where all staff is encouraged to develop their talents and ideas."
[Link](#) [Archive](#)

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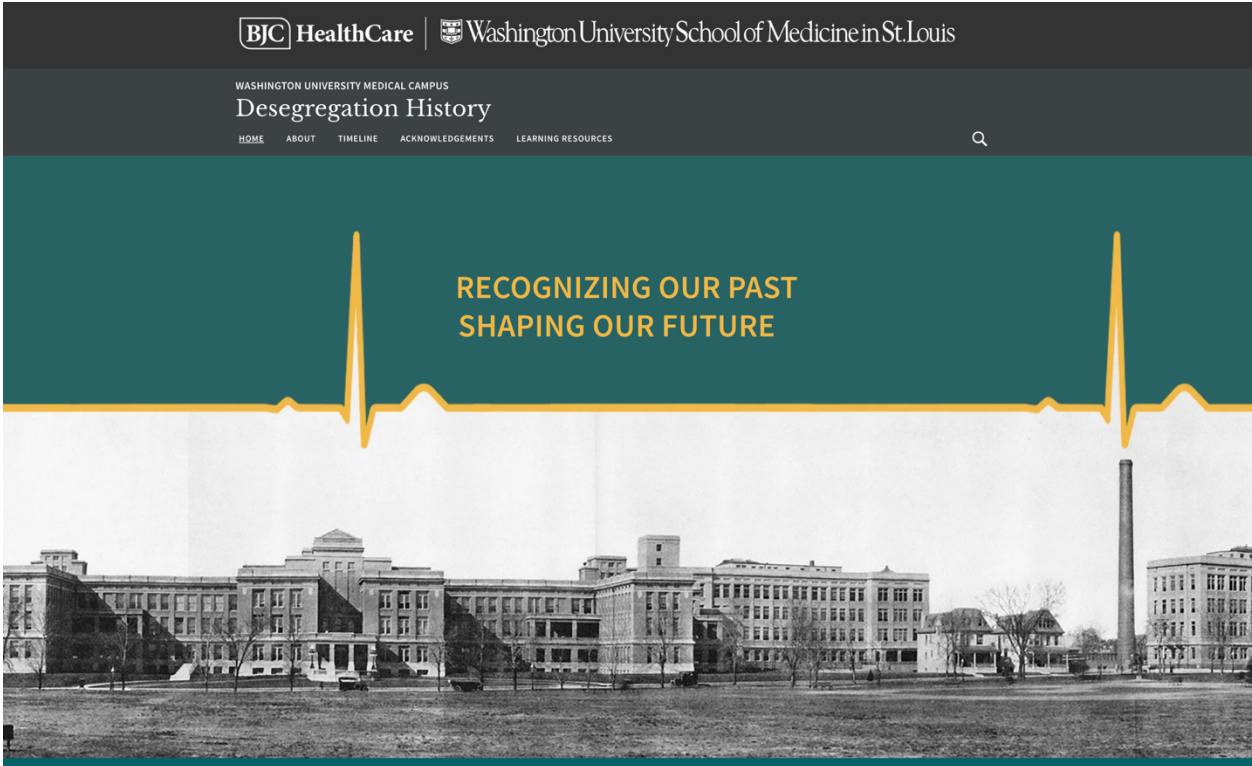
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Exhibit 11



WashU Medicine, Barnes-Jewish Hospital and St. Louis Children's Hospital are strongly committed to creating a more equitable future for our employees, our patients and our greater community.

We know that to improve upon our present, we must understand our past. This online exhibit depicts the historical experiences of Black and African American individuals — doctors, nurses, patients, students and staff — on the Medical Campus. Its purpose is to inform, acknowledge past injustices, and serve as a reminder of our commitment to racial equity.

[Explore the timeline](#)

Our ongoing work

The desegregation history timeline depicts just one segment of the larger history of racial justice and is part of broad, ongoing efforts to ensure that our institutions and communities are places where all people feel included, are treated fairly and justly, and are recognized for their meaningful contributions.

Across BJC HealthCare and WashU Medicine, work is ongoing to increase diversity in medicine and biomedical science, offer professional development programs on DEI for faculty and staff, address health disparities, support health care equity in the region and much more.

Learn more:

[DEI at WashU Medicine](#)

[DEI at BJC HealthCare](#)

Exhibit 12

ANNOUNCEMENTS PROFESSIONAL DEVELOPMENT

Our Commitment to Addressing Racism in Education

By Leslie • June 8, 2020

We recognize that systemic racism and inequity pervades education and our institutions from early childhood to higher education and continuing professional development. We fundamentally believe that a diverse and inclusive learning environment is critical but insufficient to ensure we achieve our mission of advancing human health and eliminating the persistent health disparities and inequities that plague our city, country and world. We know that we are in a highly privileged position to contribute to necessary change in our institution and to health professions education broadly. To this end, we make the following commitments, some of which we have been working on quietly but diligently for some time:

1. We will educate ourselves as we attempt to educate others

- We will require diversity and bias training for all searches and admissions processes including student, resident, fellow, faculty, and staff positions in education.
- We have partnered with the Office of Diversity, Equity and Inclusion (DEI) to provide all UME course, clerkship, and coaching faculty with training on systemic racism and white supremacy culture and how this impacts both education and health. A link to that draft training is [here](#).
- We will continue to educate ourselves as individuals and as an education team on issues of structural racism, best practices in education, and effective leadership to ensure we can maximally contribute to change.

2. We will investigate and address biases, discrimination, racism and white supremacy culture in all aspects of our educational work.

- We will implement best practices in holistic review. We recognize that MCAT, NBME subject exam, and USMLE scores, like all standardized tests, suffer from the consequences of systemic racism and other forms of bias and therefore must always be considered as only one aspect of a true holistic review process. Admissions has already commissioned an internal review to ensure we are using evidence-based (where available) and emerging best practices in student selection.
- We will significantly expand education in social and structural determinants of health at both the UME and GME level. We commit to training on inequity and how it contributes to both harm and privilege in health and society.

Exhibit 13



Progress

As we celebrate progress made, we recognize the work ahead and reaffirm our commitment to moving equity forward for everyone.

WashU Medicine's ongoing efforts to foster inclusion and equity for all marginalized groups within our community and beyond — have led to progress. Representation of groups historically underrepresented in medicine has steadily increased among students, faculty and staff. The new Doctor of Medicine (MD) curriculum emphasizes learning in health equity and advocacy. Several research initiatives are successfully boosting representation in clinical trials to ensure that advances in health care benefit everyone. And efforts to support health care equity in the region are ongoing.

Still, much work remains.

Desegregation of the medical campus

In April 2024, WashU Medicine and BJC HealthCare unveiled a permanent exhibit and website documenting the history of desegregation at WashU Medicine, Barnes-Jewish Hospital and St. Louis Children's Hospital. The history explores more than a century of perspectives of doctors, nurses, patients, students and staff, with an emphasis on the leaders who fought for desegregation and continue to fight for equity today.

[See the history](#)

The list below describes some of the ongoing initiatives and progress made in diversity, equity and inclusion at Washington University School of Medicine.

Increasing diversity in science and medicine

Hiring

In 2017, the Executive Faculty Senior Leadership Committee for Diversity, Equity and Inclusion established expectations, accountability processes and resources to promote equity in hiring.

- Faculty: From 2017 to 2024, representation of people underrepresented in medicine (7.6%) increased by 83%, and representation of women (42%) increased by 46%.
- Staff: From 2017 to 2024, representation of people underrepresented in medicine (21%) increased by 67%.

Academic leadership positions

In 2017, the school of medicine had no department chairs or program heads (executive faculty) from populations underrepresented in medicine. In 2024, 21% of the executive faculty are people underrepresented in medicine.

From 2017 to 2024, the number of women in executive faculty positions increased by 133%, from 13% in FY17 to 29% in FY24.

Medical student recruitment

Through longstanding, focused recruitment efforts — along with a new curriculum that features flexibility, individual coaching, and a special emphasis on social justice — the Doctor of Medicine (MD) program has achieved significant progress in recruiting a diverse class.

Among the entering class of 2023:

- 31% of students are from groups underrepresented in medicine (doubled from 2016)
- 17% are from socioeconomically disadvantaged backgrounds
- 7% are first-generation students

Pathway programs

The Office of Diversity, Equity and Inclusion's Academic Pathways Programs lead efforts for recruiting, retaining, and developing applicants from populations that historically have been underrepresented in medicine and the STEM workforce. The 30+ programs connect middle school, high school, college, college graduates and doctoral students with educational and scientific activities that otherwise may be inaccessible.

Notable among the pathway programs is the Collegiate School of Medicine and Bioscience (CSMB), a St. Louis public school founded in 2013 for students with interests in science, medicine and health. In August 2023, U.S. News & World Report ranked CSMB the #2 public high school in Missouri and #150 in the nation.

Exhibit 14



Academic Pathway Programs

Academic Pathway Programs is an intentional and deliberate infrastructure to improve efforts in recruiting, retaining, and developing applicants in medicine and the STEM workforce.

Housed within the Office of Diversity, Equity and Inclusion, we are building an educational ecosystem that connects high school, college, and PhD and MD-PhD students in empowering educational and scientific activities, while simultaneously providing many students with exposure and access to science-based research that they would otherwise lack. Our work includes curated outreach and community engagement activities as well as oversight of research-based K-12, undergraduate, and graduate programs.

We envision that Academic Pathway Programs will create and evolve additional science- and medicine-based programs through partnerships with local and national organizations, post-secondary institutions and nonprofit agencies to drive the success of all students, especially those from communities with limited access.

Academic Pathway Programs

[Contact Academic Pathway Programs](#)

Exhibit 15

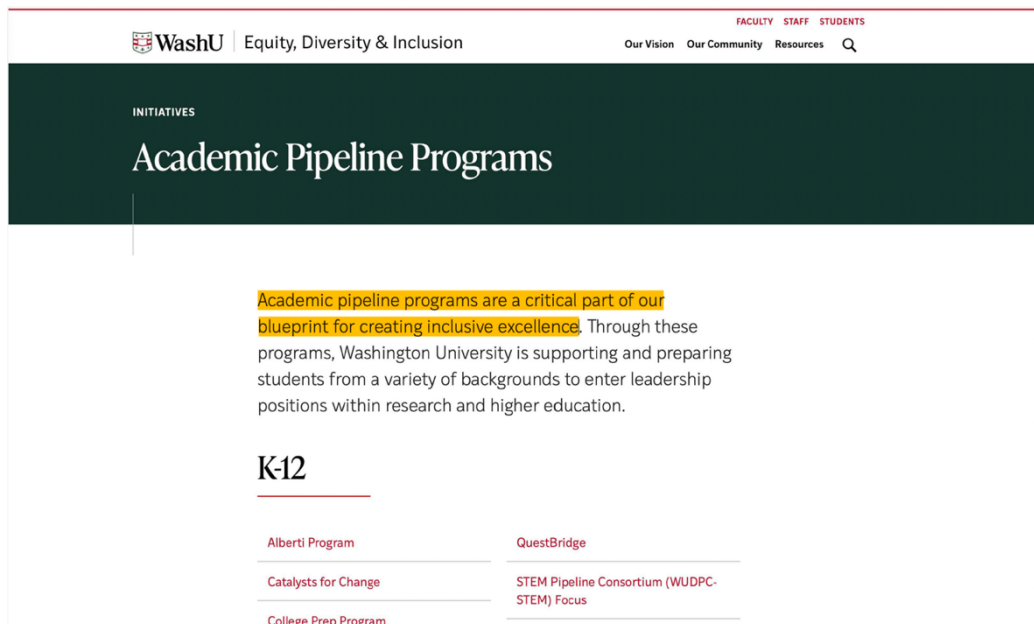


Exhibit 16

ABOUT

Welcome from the Dean

Mission & Vision

Diversity, Equity & Inclusion

Commitment from Dean Perlmutter

Facts & Figures

Leadership

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Diversity, Equity & Inclusion

As core values of WashU Medicine, diversity and inclusiveness fuel success in everything we do.



Backed by strong commitments from the WashU Medicine dean and school leadership, and priorities and programs coordinated by the Office of Diversity, Equity and Inclusion, we are laying the foundation for a stronger, more equitable campus and community where everyone is welcomed, respected and supported.

The Office of Diversity, Equity and Inclusion drives WashU Medicine's efforts to promote equity for the medical school community. Programs, training curricula, events and initiatives are designed to be transformative – to raise awareness, inspire action, support equitable employment and cultivate a culture of diversity and inclusion.

[DIVERSITY, EQUITY & INCLUSION WEBSITE](#)

Exhibit 17

WashU Medicine

OFFICE OF DIVERSITY, EQUITY & INCLUSION

MD Diversity Programs

ABOUT EDUCATIONAL PROGRAMS STUDENT LIFE COMMUNITY ENGAGEMENT NEWS EVENTS

Dedicated to promoting a diverse and culturally aware medical school community

Our mission is to enhance the educational environment through recruitment of a culturally diverse academic workforce, while preparing a diverse student body to become leaders in a vibrant, global society.

What we do

WashU Medicine

OFFICE OF DIVERSITY, EQUITY & INCLUSION

MD Diversity Programs

ABOUT EDUCATIONAL PROGRAMS STUDENT LIFE COMMUNITY ENGAGEMENT NEWS EVENTS

Dedicated to promoting a diverse and culturally aware medical school community

Our mission is to promote health equity and enhance the educational environment at WashU Medicine where all learners can thrive and succeed as future physician leaders in a vibrant, global society.

What we do

Exhibit 18

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Diversity & Inclusion Commitment

Statement from Dean Perlmutter:

WashU Medicine's commitment to diversity, equity and inclusion is sincere and longstanding.

With an attitude of honest self reflection, we are taking deliberate action to build an environment that attracts, welcomes and retains people from many backgrounds and provides an environment in which everyone can thrive. These efforts are central to success in everything we do: addressing the world's most intractable scientific challenges, training culturally sensitive leaders in medicine, and providing health care for an ethnically and racially diverse patient population.



Dean David H. Perlmutter, MD

The 2015 formation of the Dean's Senior Leadership Committee (SLC) on Diversity and Inclusion guided the medical school in creating a formal framework for progress and accountability across our institution. This work led to the new, **senior-level diversity and inclusion position**, the creation of the **Office of Diversity, Equity and Inclusion**, updates to hiring and retention policies, and the ongoing development and implementation of programs to promote awareness, understanding and accountability.

Our ambition is clear — to become an environment that supports equity, diversity, inclusion, critical thinking and creativity — and in doing so, to strengthen our city and make the world a healthier place. I look forward to sharing more stories of progress and seeing what we can accomplish together.

Sincerely,

David H. Perlmutter, MD
Executive Vice Chancellor for Medical Affairs
Spencer T. and Ann W. Olin Distinguished Professor
George and Carol Bauer Dean, School of Medicine
Washington University in St. Louis

Exhibit 19

ABOUT

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Why St. Louis

Mission & Vision Statements

The mission of Washington University in St. Louis is to act in service of truth through the formation of leaders, the discovery of knowledge and the treatment of patients for the betterment of our region, our nation and our world.

Our vision

WashU Medicine will lead in advancing human health through the promotion of wellness and delivery of outstanding health care, innovative research and the education of tomorrow's leaders in biomedicine within a culture that supports diversity, inclusion, critical thinking and creativity.

Our mission

In leading the advancement of human health, WashU Medicine will:

- Cultivate excellence and collegiality within an equitable and inclusive community
- Attract, develop, advance and support a diverse and talented current and future workforce
- Innovate through discoveries and inventions in basic, clinical, translational and population sciences
- Build and support an environment that fosters exceptionally creative research, health care, education and the well-being of our workforce
- Use our academic excellence and scientific rigor to continually advance and enhance health care in a way that ensures access, compassion, high value, equity and evidence-based care for all people in our community, including those who are underserved and uninsured
- Observe the highest standards of ethics, integrity and humanity across all missions
- Apply advances in research, education and health care to the betterment of the human condition locally and globally

Exhibit 20

Diversity statement

Washington University School of Medicine's culture of collaboration and inclusion is the foundation for success in everything it does. The School of Medicine recognizes that by bringing together people from varying backgrounds, experiences and areas of expertise, it can develop richer solutions to complex scientific questions, train culturally sensitive clinicians and provide health care in a way that best serves our diverse patient population. To support these values, the School of Medicine is deeply committed to building a diverse and inclusive community in which everyone is welcomed and valued. As the School of Medicine engages more fully with the community around it and appeals more broadly to student talent, it is committed to diversifying its own ranks. Washington University encourages and gives full consideration to all applicants for admission, financial aid and employment regardless of race, color, ethnicity, age, religion, sex, sexual orientation, ability, gender identity or expression, national origin, veteran status, socio-economic status, genetic information. We implement policies and practices that support the inclusion of all such potential students, trainees and employees and are committed to being an institution that is accessible to everyone who learns, conducts research, works and seeks care on our campus. We provide reasonable accommodations to those seeking that assistance.

The diversity statement was revised and endorsed by the School of Medicine Academic Affairs Committee on December 10, 2020. It was approved by the Executive Faculty on January 6, 2021.

Exhibit 21



Culture Change

In early 2021, the Executive Faculty of Washington University School of Medicine approved a “WUSM Leadership Commitment to Culture Change,” naming racism as a public health crisis and committing to address racism within our institution, policies, and educational frameworks.

The commitment includes a campus-wide Equity-Centered Culture Change curriculum aimed at building the capacity of our community to do the work of anti-racism as individuals and as an institution.

Culture Change

[Equity-Centered Culture Change Curriculum](#)

[Equity Champions](#)

[Equity Champion Application](#)

Exhibit 22

Commitment to Culture Change From Washington University School of Medicine Leadership

Discussions about racism, health disparities, and the role of medical, professional, biomedical, and basic science education in eliminating those disparities are prevalent and pressing. At Washington University School of Medicine, we want to be clear that we are actively working to address these systemic challenges, and we are fundamentally shifting our educational programming and enhancing our professional development to support the change we want to see in our community and the world.

We firmly believe that "race," as a social identity, is a social construct. While genetic ancestry and epigenetics have relevance to precision medicine, genetics and genomics, and other bioscience fields, the misuse of race in medicine, bioscience research, and society has contributed to profound disparities in health, wealth, education, and opportunity. Similarly, medical and bioscience research has incorrectly conflated social identity categories as predictors of health outcomes, leading to miseducation and perpetuation of harm in the fields of healthcare and bioscience research.

Racism, a social sickness disproportionately affecting communities of color, is a public health crisis. We are accountable for healing and repairing its harm, and can do so by working diligently and intentionally to achieve health equity.

There are current structures, practices, and policies within our own healthcare, research, and education systems and institution that are directly in conflict with our ability to achieve health, educational, and social equity. It is our duty to identify and rectify these systemic inequities. We commit to a culture of trying because change is hard and conflicts will arise.

Our commitment is to continuous learning and remaining open to the changes that are needed to achieve health and educational equity. We commit to support each other in the pursuit of these goals for the betterment of the community.

Culture Change

Equity-Centered Culture Change Curriculum

Equity Champions

Equity Champion Application

Commitment and time allocation

Equity Champions are asked to commit to two-years of service in the role with supported time from their department or division. Based on success, facilitation skills, and perceived need for ongoing training, Champions may be invited to continue for at least another two-year term.

Department/division commitment

- Departmental commitment is based on faculty/staff numbers and departmental structure.
- Please speak to your division chief or department chair for details on the effort and time required.
- Minimum effort is 0.1 FTE or ½ day per week per individual faculty or staff member. In addition, Faculty and Staff must obtain division commitment to clear the applicant from work/clinical duties for a 5-day, in-person, intensive training.
- Number of faculty/staff trained will depend on departmental size and commitment.
- Applicants will be required to provide a letter of support from department and division leadership committing to support with the effort and time described above.

Training

- We completed our 2025 Equity Champion training in May 2025. Upcoming dates for 2026 are below. The application deadline is February 27, 2026. (Participants must attend all five days of training.)
- Faculty and Staff must obtain division commitment to clear the applicant from work/clinical duties during this time.
- Champions will participate in the entire equity-centered culture change leadership curriculum, as well as select portions of the clinical, trainee, and research curricula.
- Champions will have additional training/coaching related to teaching, facilitating difficult conversations, and train-the-trainer sessions.

Culture Change

Equity-Centered Culture Change Curriculum

Equity Champions

Equity Champion Application

With this commitment to Culture Change, the Executive Faculty have also:

- Engaged in a workshop led by Crossroads, an independent organization that provides culture change organizing and training.
- Committed to meaningful and sustained culture change at the School of Medicine, starting with:
 - The rollout of the [Equity-Centered Culture Change](#) curriculum. This professional development program will provide universal language and concepts to support positive culture change with skills tailored to role and responsibilities.
 - The creation of an Equity Champions program, which develops intentional partnerships between the Office of Diversity, Equity, and Inclusion and departments/unit functions on campus, with department-supported positions for staff and faculty to help facilitate the implementation of the Equity-Centered Culture Change curriculum.

Articles and books on anti-racism

Whether you're just beginning or looking to expand your anti-racism journey, our collection of resources can help you actively identify and oppose racism and advocate for racial equity.

[Anti-racism resources](#)

Professional development for faculty and staff

Education and programming

In partnership with 60 [Equity Champions](#) from departments across campus, the Office of Diversity, Equity, and Inclusion provides a multi-session [Equity-Centered Culture Change curriculum](#) specifically focused on advancing racial equity in medical education, health care and biomedical science.

The Office of Diversity, Equity and Inclusion additionally provides [ongoing education and programming](#) for faculty, staff and trainees on a range of topics including [equity in mentoring](#), [how to manage bias](#), [speaking up when discrimination occurs](#) and [centering equity in decision making](#).

Office of Diversity, Equity & Inclusion

Washington University School of Medicine
Postal Address: MSC 8106-29-12400, 660 S. Euclid Ave. | St. Louis, MO 63110
Office: Mid Campus Center, Suite 12400
314-273-2809
MedDEI@wustl.edu
[All contact information »](#)



DESEGREGATION OF WASHU MEDICINE

A timeline installation on campus and online explores more than a century of perspectives of doctors, nurses, patients, students and staff. [Desegregation timeline »](#)

DIVERSITY STATEMENT

Washington University School of Medicine's culture of collaboration and inclusion is the foundation for success in everything we do. [WashU Medicine Diversity Statement »](#)

Exhibit 23

WashU Medicine

OFFICE OF
Diversity, Equity & Inclusion

HOME ABOUT EVENTS TRAINING RESOURCES CULTURE CHANGE PROGRESS NEWS & UPDATES CONTACT US

Training

Training & professional development

The focus of our training is to support members of the WashU Medicine community in developing greater awareness, understanding, and skills for positive culture change that leads to the best outcomes for our students, patients, staff, and faculty. Our offerings are open to all WashU Medicine community members, and participation is voluntary.

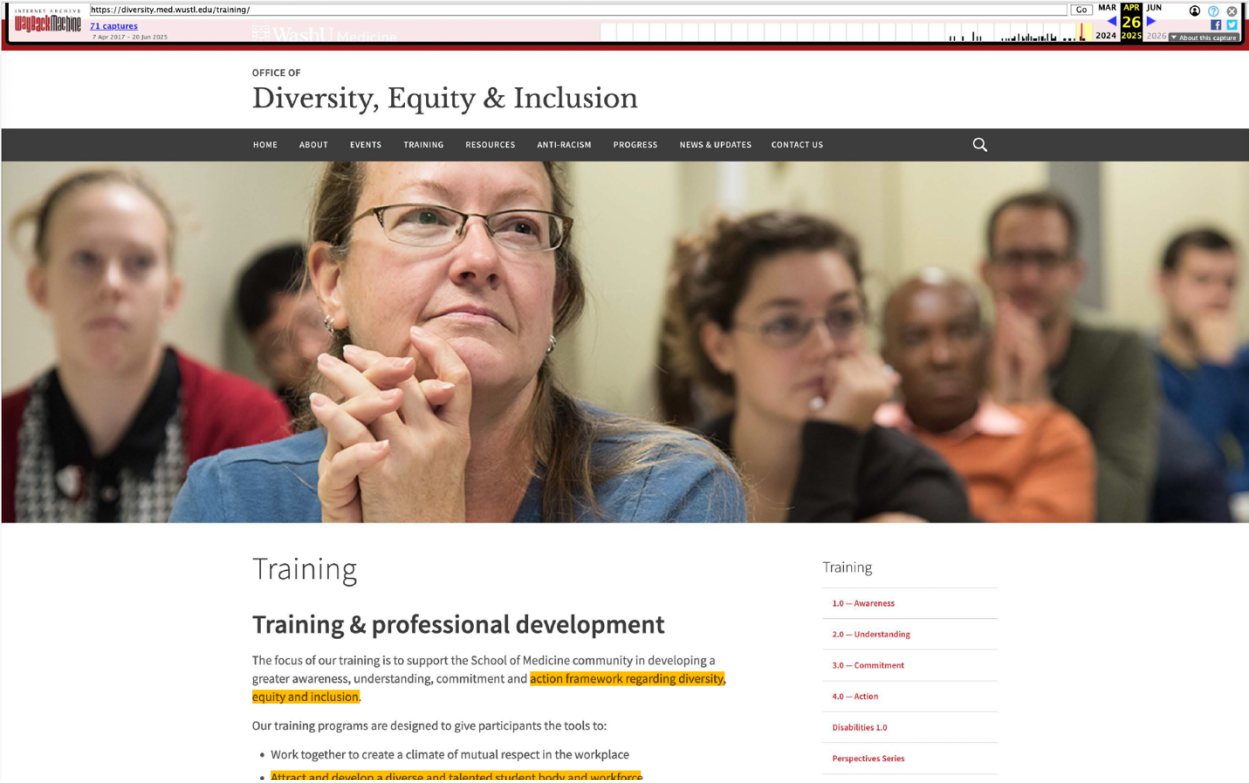
Our training and education programs are designed to give participants the tools to:

- Center relationships and humanity by working together to create a climate of mutual respect in the workplace
- **Attract and develop a talented student body and workforce**
- Recognize the importance of creating a supportive environment for optimal learning, working, and patient care
- **Address the unconscious bias that can contribute to health disparities**

Training

- Awareness
- Understanding
- Commitment
- Action
- Disabilities 1.0
- Perspectives Series
- Request Training Session
- About Online Training on Zoom
- Training Tracking Form

Exhibit 24



OFFICE OF
Diversity, Equity & Inclusion

HOME ABOUT EVENTS TRAINING RESOURCES ANTI-RACISM PROGRESS NEWS & UPDATES CONTACT US

Training

Training & professional development

The focus of our training is to support the School of Medicine community in developing a greater awareness, understanding, commitment and **action framework regarding diversity, equity and inclusion.**

Our training programs are designed to give participants the tools to:

- Work together to create a climate of mutual respect in the workplace
- **Attract and develop a diverse and talented student body and workforce.**

Training

- 1.0 – Awareness
- 2.0 – Understanding
- 3.0 – Commitment
- 4.0 – Action
- Disabilities 1.0
- Perspectives Series

Exhibit 25



Equity Champions

One of our foundational strategies for culture change is building the capacity of our institution to understand and address health equities. The Equity Champion role is a key part of our campuswide initiative for equity-centered culture change.

All faculty and staff at every level and from all departments and divisions are eligible to apply to join the Equity Champion program. We value the perspective that each individual will bring to this effort. Equity-centered culture change requires that people in different roles and experiences are represented throughout the process.

Description of Equity Champion Role

The faculty and staff in this role will receive professional development to support positive culture change in their department or area. Equity Champions partner with the Office of Diversity, Equity, and Inclusion to offer our education learning journey. Champions will serve for a minimum two-year term, with the potential to be invited to continue.

Equity Champions work in tandem with the Office of Diversity, Equity, and Inclusion's Programming and Professional Development team to provide support and leadership in four primary ways:

- 1. Outlining plan for delivery of the [Equity-Centered Culture Change curriculum](#)**
Champions may support the planning and scheduling of training delivery for their department.
- 2. Tailoring the Equity-Centered Culture Change curriculum**
Champions may help tailor portions of the curriculum for their department to ensure maximum relevance and application.
- 3. Opportunities to co-facilitate the curriculum**
Champions may co-facilitate small group discussions throughout the training.
- 4. Identify areas to enhance positive culture change**
Champions may identify opportunities to cultivate positive culture change.

Culture Change

[Equity-Centered Culture Change Curriculum](#)

[Equity Champions](#)

[Equity Champion Application](#)

Exhibit 26

The screenshot shows a web browser window with the URL <https://diversity.med.wustl.edu/anti-racism/understanding-systemic-racism-curriculum/>. The browser's address bar also shows the date and time: FEB 26 2024, 10:25. The website header features the WashU Medicine logo and the text "OFFICE OF Diversity, Equity & Inclusion". A navigation menu includes links for HOME, ABOUT, EVENTS, TRAINING, RESOURCES, ANTI-RACISM, PROGRESS, NEWS & UPDATES, and CONTACT US. The main content area is titled "Understanding Systemic Racism Curriculum" and contains the following text:

The Understanding Systemic Racism (USR) curriculum was created and is led by a diverse, multidisciplinary, interprofessional team anchored within the WUSM Office of Diversity, Equity, and Inclusion, with intentional overlap with the key designers of the medical school's Gateway Curriculum. That team has spent over a year developing and piloting an intensive curriculum requiring in-depth discussion and personal reflection, with tracks tailored by roles (managerial/leadership, clinical faculty & staff, clinical trainees, research and basic sciences, and non-clinical staff).

The Executive Faculty further pledged time and support for department-level Equity Champions (both faculty and staff) to help tailor and teach the USR curriculum, again embedding this work into each department to ensure longitudinal change.

Below are general objectives for the curriculum.

Learners will:

- Utilize a shared language for the work of anti-racism, inclusion, equity and diversity.
- Develop a greater understanding of individual, institutional, and structural racism.
- Understand both historical and present-day structural racism specific to St. Louis and its impact on the healthcare system, medical education, research and institutional climate/culture.
- Reflect on individual identity and our socialization processes and their impact on behavior.
- Practice strategies for reducing and managing bias in education, leadership, patient care, research and interprofessional relationships.
- Learn how to speak up when witnessing or experiencing racism and bias in the workplace.
- Apply a racial equity lens to decision-making, policy, standards of practice.
- Problem solve to address identified inequities at the institutional, departmental, division or team level and apply acquired knowledge to implement longitudinal change.

On the right side of the page, there is a sidebar titled "Anti-Racism" with a search bar and a list of items: "Understanding Systemic Racism Curriculum", "Equity Champions", and "Equity Champion Application".

Exhibit 27

The screenshot shows a web page with a dark red header containing the WashU Medicine logo. Below the header is a white navigation bar with the text "OFFICE OF Diversity, Equity & Inclusion". A dark grey navigation bar contains links for HOME, ABOUT, EVENTS, TRAINING, RESOURCES, CULTURE CHANGE, PROGRESS, NEWS & UPDATES, and CONTACT US, along with a search icon. The main content area has a yellow background for the title "Equity-Centered Culture Change Curriculum". The text describes the curriculum's creation by a diverse, multidisciplinary team and its focus on intensive curriculum with tracks tailored by roles. It also mentions the launch in 2021 with Executive Faculty support and department-level Equity Champions. Below the text are general objectives and a list of learner objectives. A sidebar on the right titled "Culture Change" contains links for "Equity-Centered Culture Change Curriculum", "Equity Champions", and "Equity Champion Application".

WashU Medicine

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HOME ABOUT EVENTS TRAINING RESOURCES CULTURE CHANGE PROGRESS NEWS & UPDATES CONTACT US

Equity-Centered Culture Change Curriculum

The Equity-Centered Culture Change (ECC) curriculum was created and is led by a diverse, multidisciplinary, interprofessional team anchored within the WashU Medicine's Office of Diversity, Equity, and Inclusion. The team spent over a year developing and piloting an intensive curriculum requiring in-depth discussion and personal reflection, with tracks tailored by roles (managerial/leadership, clinical faculty & staff, clinical trainees, research and basic sciences, and non-clinical staff).

At the launch of the program in 2021, the Executive Faculty pledged time and support for department-level Equity Champions (both faculty and staff) to help tailor and teach the Equity Centered Culture Change curriculum, again embedding this work into each department to support longitudinal change.

Below are general objectives for the curriculum.

Learners will:

- Utilize a shared language for the work of culture change, inclusion, equity, and diversity.
- Develop a greater understanding of the levels of racism within our society.
- Understand St. Louis' history and its impact on the healthcare system, medical education, research, and institutional climate/culture.
- Reflect on our socialization processes and their impact on behavior.
- Practice strategies for reducing and managing bias in education, leadership, patient care, research and interprofessional relationships.

Culture Change

- Equity-Centered Culture Change Curriculum
- Equity Champions
- Equity Champion Application

Common questions:

Does the Equity-Centered Culture Change replace Fundamentals of Inclusive Excellence training modules?

No. The Fundamentals of Inclusive Excellence sequence of courses is focused on basic presentation of core concepts related to diversity, equity and inclusion across campus. That introductory sequence (or its equivalent) is considered a prerequisite for the majority of a department or division to have completed before embarking on the Equity-Centered Culture Change curriculum. The Equity-Centered Culture Change curriculum is a deeper dive into the origins and lasting impacts of inequities and builds on those foundational concepts.

Can I participate in the curriculum if I am not part of the Equity Champions program?

Yes! Although the Equity-Centered Culture Change curriculum is a core part of the Equity Champions program, the Office of Diversity, Equity and Inclusion welcomes all individuals with a strong interest in culture change and equity work to participate in the curriculum to become vocal upstanders for change within their work environments. Open sessions of the curriculum are offered throughout the year to people who have completed all Fundamentals of Inclusive Excellence. Email WUSMdiversitytraining@wustl.edu for more information.

How will campus-wide implementation move forward?

The Equity-Centered Culture Change curriculum will be implemented in a staged rollout over several years. The curriculum team will determine the scheduling of departments/divisions to participate in the first round of training based on key factors including:

- **Readiness:** Where is the department/division on their diversity, equity and inclusion journey?
- **Impact:** In what specialties do the most significant/persistent health disparities exist? What departments are working to address issues of retention for students, trainees, staff, and faculty?
- **Access:** Willingness to roll out Equity-Centered Culture Change to areas of the department, including staff, trainees, faculty, management, and research/basic sciences.

[Universitywide calendar of DEI events »](#)

Upcoming events on the Medical Campus

[View events in calendar format »](#)

4 SEP	WUSM 1.0 Diversity, Equity and Inclusion Training Open Session (In-person) Sep 4, 2025 12:00 pm – 1:00 pm
9 SEP	WUSM 2.0 Diversity, Equity and Inclusion Training Open Session (Virtual) Sep 9, 2025 12:00 pm – 1:00 pm
10 SEP	Communi-Tea: Building & Strengthening Community with Restorative Practice (In-Person) Sep 10, 2025 9:00 am – 10:00 am
10 SEP	Healing Ourselves: Building Deeper Connections – Part 1: Implicit Bias Sep 10, 2025 11:30 am – 12:30 pm
11 SEP	WUSM 2.0 Diversity, Equity and Inclusion Training Open Session (In-Person) Sep 11, 2025 12:00 pm – 1:00 pm
16 SEP	WUSM 3.0 Diversity, Equity and Inclusion Training Open Session (Virtual) Sep 16, 2025 12:00 pm – 1:00 pm
17 SEP	Healing Ourselves: Building Deeper Connections – Part 1: Implicit Bias Sep 17, 2025 11:30 am – 12:30 pm
18 SEP	WUSM 3.0 Diversity, Equity and Inclusion Training Open Session (In-Person) Sep 18, 2025 12:00 pm – 1:00 pm
23 SEP	WUSM 4.0 Diversity, Equity and Inclusion Training Open Session (Virtual) Sep 23, 2025 12:00 pm – 1:00 pm

Events

[Calendar View](#)

[Recordings of Past Events](#)

[Dr. Martin Luther King Jr. Commemoration](#)

[Add an Event](#)

Exhibit 28

Diversity, Equity & Inclusion

HOME ABOUT EVENTS TRAINING RESOURCES CULTURE CHANGE PROGRESS NEWS & UPDATES CONTACT US



Awareness

Shared Language

The goal of this interactive training is to provide participants with a basic awareness of cultural diversity as well as how culture influences the workplace, campus and clinical care environment at Washington University School of Medicine. The class is a combination of experiential and didactic training designed to:

- Define diversity, equity and inclusion
- Communicate the importance of diversity, equity and inclusion initiatives to the university
- Explore the impact of exclusion
- Understand the importance of being an ally.

How to attend

All employees are welcome to attend [open training sessions](#) offered monthly. In addition, departments, programs and other business units may [request group training](#).

About Fundamentals of Inclusive Excellence

Diversity, equity and inclusion leaders provide a series of four one-hour group training sessions on the fundamentals of diversity education for departments, programs and other business units. Each session is designed to provide a greater understanding of:

- What diversity means and how to define it
- What aspects of diversity affect us (i.e., biases and prejudices)
- How biases and prejudices manifest in our day-to-day thoughts and actions
- How to recognize and mitigate biases and prejudices when we do encounter them

Facilitators use a standard format in each session that consists of psycho-educational presentations in the form of data from research presented in PowerPoint, and interactive, hands-on and experiential exercises to illuminate the concepts being presented.

Training

Awareness

[Understanding](#)

[Commitment](#)

[Action](#)

[Disabilities 1.0](#)

[Perspectives Series](#)

[Request Training Session](#)

[About Online Training on Zoom](#)

[Training Tracking Form](#)



Understanding

Examining Unconscious Bias

Facilitators provide experiential activities that align with materials from the American Association of Medical Colleges (AAMC) to demonstrate how unconscious bias is something that every individual holds. The goal of this interactive training is to highlight the concept of unconscious bias, how it influences individuals on a daily basis, and provides tangible tools for mitigating unconscious bias.

How to attend

All employees are welcome to attend [open training sessions](#) offered monthly. In addition, departments, programs and other business units may [request group training](#).

About Fundamentals of Inclusive Excellence

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Training

[Awareness](#)

Understanding

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Action

Applying Principles of Inclusive Excellence

Building on recently developed skill sets to speak up, this session empowers participants to proactively combat bias and prejudicial statements/behaviors made on campus. Participants will engage in activities that assess:

- **Where are we now?**
The current state of diversity, equity and inclusion
- **Where do we want to be?**
What a warm, welcoming, diverse, and inclusive Washington University School of Medicine would look like
- **What does it take to get there?**
Identifying the challenges and opportunities to accomplish the diversity, equity and inclusion goals

How to attend

All employees are welcome to attend [open training sessions](#) offered monthly. In addition, departments, programs and other business units may [request group training](#).

About Fundamentals of Inclusive Excellence

Diversity, equity and inclusion leaders provide a series of four one-hour group training sessions on the fundamentals of diversity education for departments, programs and other business units. Each session is designed to provide a greater understanding of:

- What diversity means and how to define it
- What aspects of diversity affect us (i.e., biases and prejudices)
- How biases and prejudices manifest in our day-to-day thoughts and actions
- How to recognize and mitigate biases and prejudices when we do encounter them

Training

[Awareness](#)

[Understanding](#)

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Exhibit 29

Perspectives Series

Perspectives is a monthly dialogue series open to all members of the Washington University community. **The goal of Perspectives is to strengthen our community's ability to discuss important topics related to diversity, inclusion, and equity in meaningful ways.** Such programs are widely used at workplaces across the country as a **tool in building a diverse and inclusive culture.**

[See upcoming sessions](#)

What to expect ▼

Two ways to participate ▲

- Monthly open sessions. View our calendar to [find a session](#).
- **Custom sessions:** If scheduling is a challenge for your group or you would like to address a specific topic, we are happy to schedule a session customized to your group's needs. We need at least eight participants per session.

Past topics — available by request ▲

- **Gender Roles: Socializing Masculine and Feminine**
- **Supporting our Trans Community**
- Generational Differences
- Invisible Disabilities in the Workplace
- Intersectionality
- Exploring Differences Between Introverts and Extroverts
- Deserving & Undeserving: Classism and the Socialization of Compassion
- **They said What?: Microaggressions and Why They Hurt**
- **The Model Minority Myth**
- **Walking Our Talk: Integrity in Diversity, Inclusion and Allyship**

Training

[Awareness](#)

[Understanding](#)

[Commitment](#)

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[Disabilities 1.0](#)

[Perspectives Series](#)

[Request Training Session](#)

[About Online Training on Zoom](#)

[Training Tracking Form](#)

Exhibit 30

Partners & Initiatives

Though our office oversees the School of Medicine's efforts to promote equity for the medical school community, an ever-growing network of campus groups and organizations extend from our office to support these efforts.

For medical (MD) students, trainees and faculty

As part of the Office of Diversity, Equity and Inclusion, the **Office of Diversity Programs** promotes diversity among medical educators and students, preparing medical students, trainees and junior faculty to lead in a global society. Programs include Saturday Scholars [for high school students](#), programs for [visiting medical students](#), [community engagement opportunities](#) and much more.

[Office of Diversity Programs website »](#)

For PhD students (DBBS)

The Division of Biology and Biomedical Sciences (DBBS) is committed to building and supporting a diverse community of scholars.

[DBBS Diversity Outreach »](#)

For international students

The **Office for International Students and Scholars** embraces the university's mission of welcoming promising students from around the world.

[OISS website »](#)

For faculty

The **Office of Faculty Promotions & Career Development** supports reviews and promotions, career development, mentoring, policy changes, gender equity and diversity.

[Faculty development website »](#)

About

[Mission & Vision](#)

[Dean's Message](#)

[Our Team](#)

[Partners & Initiatives](#)

Exhibit 31



About

Our mission is to promote health equity and enhance the educational environment at WashU Medicine where all learners can thrive and succeed as future physician leaders in a vibrant, global society.

In 1972 the Office of Minority Affairs (OMA) was created to recruit and provide support for minority medical students. By 1996, the country's growing cultural diversity and increasing concern with health inequities prompted the OMA to expand its mission under a new name, the Office of Diversity Programs. This office replaced its predecessor and added the goal of teaching students the skills needed to attend to an ethnically and racially diverse patient population. In 2018, a new schoolwide diversity and inclusion leadership position was created. At that time, the Office of Diversity Programs joined the Office of Diversity, Equity and Inclusion.

ODP provides students with the opportunities to volunteer in free clinics in underserved neighborhoods, engage in service to the community, and develop an understanding of culturally competent health care. We also take an active role in improving the public health infrastructure in the St. Louis region while educating our students about public health and health inequities.

As you take a closer look you will appreciate the warmth, collaborative spirit, and enthusiasm of our talented students, residents and faculty who make Washington University School of Medicine a supportive and inviting place to study.

Will Ross, MPH, MD
Associate Dean for Diversity
Principal Officer for Community Partnerships

About

- [A Message from the Dean](#)
- [Student Welcome from the Assistant Dean for Student Diversity](#)
- [Directories](#)
- [Profiles](#)
- [Contact Us](#)

Exhibit 32

Student- and trainee-run organizations at the medical school

Students

Connections is a student-led initiative that promotes inclusion and encourages its members to explore their diverse identities at Washington University in St. Louis.

[Connections website »](#)

Medical student groups

Over 60 student-established groups range from community service to affinity groups to professional development.

[Student groups directory »](#)

Residents and fellows

The Washington University Minority Medical Association (WUMMA) fosters an inclusive medical community and supports the development of trainees who are under-represented in medicine.

[WUMMA website »](#)

Universitywide initiatives

Universitywide programs and initiatives empower community members to drive change and foster an environment that is more equitable and welcoming to all.

- [Equity, diversity and Inclusion at Washington University](#)
- [Office of Institutional Equity \(OIE\)](#)
Building infrastructure to support a diverse and inclusive community, OIE is responsible for upholding WashU's commitment to the fair and equitable treatment of all employees of the university community.
- [The Center for Diversity and Inclusion](#)
Supports and advocates for undergraduate, graduate and professional students from underrepresented and/or marginalized populations, creates collaborative partnerships with campus and community partners, and promotes dialogue and social change among all students.

Mission & Vision

Dean's Message

Our Team

Partners & Initiatives

Exhibit 33

[Visit the News Hub](#)

Medical school honored with diversity, equity & inclusion award

Racial and health equity, inclusion threaded through school's mission

by [Kristina Sauerwein](#) • May 13, 2024



MATT MILLER

Washington University School of Medicine in St. Louis has received the 2024 National Association of Diversity Officers in Higher Education Institutional Excellence Award for professional schools. Holding the award is David H. Perlmutter, MD, the George and Carol Bauer Dean, and Sherree A. Wilson, PhD, associate vice chancellor and associate dean of diversity, equity & inclusion for the Office of Diversity, Equity & Inclusion at the School of Medicine.

Washington University School of Medicine in St. Louis has received the 2024 National Association of Diversity Officers in Higher Education Institutional Excellence Award for professional schools. The honor recognizes campuswide work by faculty, staff and students who help foster a diverse and inclusive culture based on collaboration, innovation and best practices.

The award is given to institutions that have demonstrated measurable progress in promoting and sustaining innovative diversity efforts within the campus community. Such efforts include curricular reform, institutional leadership and transformation, assessment policies and practices, professional development, accountability measures, and outreach efforts.

"Creating and sustaining a climate that is diverse and inclusive takes conscious effort and honest reflection," said David H. Perlmutter, MD, executive vice chancellor for medical affairs, the George and Carol Bauer Dean of the School of Medicine and the Spencer T. and Ann W. Olin Distinguished Professor. "It is reaffirming to see WashU Medicine recognized for our efforts."

Sherree A. Wilson, PhD, who joined the Medical Campus in 2018 as the school's inaugural associate vice chancellor and associate dean of diversity, equity and inclusion for the Office of Diversity, Equity & Inclusion (ODEI), said the award is "recognition of WashU Medicine's schoolwide commitment to diversity, equity and inclusion.

"Our success in large part is due to DEI being embedded as a shared institutional responsibility," Wilson said. "We've intentionally threaded these critical values throughout the school's mission to support an environment that fosters creative research, health care and education to accomplish the goal of ensuring every person on the Medical Campus feels included and respected."

Among steps taken at the medical school:

- An increase in diversity among senior leaders serving on the Executive Faculty, the medical school's primary decision-and-policy-makers. In 2017, three of the 26 Executive Faculty leaders were women, and none came from populations underrepresented in medicine. Currently, the group includes seven women and three people from underrepresented populations.
- Since 2017, the school has increased the number of faculty from populations historically underrepresented in medicine and research by 82%, to 215 from 118. Also in that time, female faculty have increased by 46%, to 1,199 from 819.

- Among first-year medical students, 30% of the entering class of 2023 are from populations underrepresented in medicine, double the percentage of such students who entered medical school in 2017. Further, the school's Gateway Curriculum, launched in 2020, integrates a health equity and justice thread, with an emphasis on social and structural determinants of health, and community outreach.
- In 2021, a "Commitment to Anti-Racism" statement was issued, articulating the school's intent to address any systemic disparities across its missions. Also, a professional development curriculum – Understanding Systemic Racism, for faculty, staff and trainees – was developed and implemented.
- The Office of Diversity, Equity and Inclusion offers and facilitates DEI education on a broad range of topics, including advancing disability inclusion; inclusive search practices; communications across cultures; and how to be an upstander, one who speaks up, intervenes or interrupts bullying.
- In 2022, the Executive Faculty Task Force on Climate & Culture was established in response to concerns about elements of the culture that can lead to a negative atmosphere for people of color and other members of the WashU Medicine community. The task force in 2023 released a report with recommendations on how to foster a more inclusive climate and culture, and has begun implementing those recommendations.

Exhibit 34


View Job Listings.
To get started, please choose a department to view specific listings.


Select a Department ▼

Welcome from Dean Perlmutter

Thank you for your interest in joining the faculty of Washington University School of Medicine in St. Louis. We have nearly 3,000 faculty members, and we are recruiting more talented people than ever.

[READ MORE](#)





A Commitment to Diversity and Inclusion

As one of the largest employers in St. Louis with more than 8,900 faculty and staff employees, we have a responsibility to be diverse and inclusive. Our patients and biomedical science benefit when the best and the brightest people from diverse backgrounds work together toward our mission and toward being the best community members we can be.

×


Thank you for your interest in joining the faculty of the Washington University School of Medicine in St. Louis. We have nearly 3,000 faculty members, and we are recruiting more talented people than ever.

Our School of Medicine faculty are leaders in their respective fields, changing the face of research, education and clinical care. Together, they create an unparalleled environment of collegiality and multidisciplinary collaboration. Whatever your focus, you'll benefit from the support of colleagues eager to share their expertise and pursue common goals.

We know that bringing together people from varied places, backgrounds and training is essential to the success of all of our missions. **We are committed to recruiting for diversity and inclusion, which leads to better outcomes for all patients and provides richer solutions to the complex challenges of academic medicine.**

Above all, we are a community driven to improve and advance human health in our region and across the globe, and we look forward to identifying outstanding faculty candidates eager to apply their talents and education toward this higher purpose.

We invite you to learn more about the school, our campus community and St. Louis, and to explore current opportunities at the School of Medicine.



David H. Perlmutter, MD
Executive Vice Chancellor for Medical Affairs and Dean
Washington University School of Medicine

Exhibit 35

Washington University School of Medicine Faculty Hiring Policy

Adopted February 2016

It is the policy and intent of the University to: (1) provide equal employment opportunity to all job applicants and employees; (2) administer recruiting, hiring, compensation and benefits practices, training, upgrading and promotion procedures, transfer and terminations of employment without discrimination because of race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information; (3) provide a workplace free from harassment based on any of the foregoing factors; and (4) encourage the hiring of minorities, women, disabled individuals, Vietnam era and other veterans and disabled veterans.

Washington University is committed to the principles of affirmative action, and as a government contractor, the University is required to establish affirmative action programs for the employment and advancement of women and minorities, Vietnam-era or special disabled veterans, and the disabled.

The University does not discriminate in access to, or treatment or employment in, its programs and activities on the basis of race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information.

Any applicant who wishes to identify himself or herself as a person with a disability or who wishes to seek reasonable accommodation for a disability may contact the Human Resources Department. Submitting information about a disability is voluntary. If information is provided, it will be kept confidential until after hire and then only disclosed to supervisors who may need to be informed about work restrictions or accommodations needed.

The School of Medicine is committed to enhancement of quality, fairness and diversity in its advertising, recruitment and selection processes and seeks applicants of the highest caliber. Such processes will comply with all applicable laws and the School's Appointments & Promotions Guidelines and Requirements and seek to support the missions of the medical school.

Departments, programs and centers (hiring units) should view filling faculty positions as a long-term commitment requiring compatibility with the hiring unit's business model and approach the conduct of search and selection accordingly.

The search process includes all activities used to hire faculty at WUSM including position posting and advertising, applicant screening, selecting and hiring. All open faculty positions must be posted in the Faculty Hiring System.

All posted faculty openings should remain posted for a minimum of 14 days.

All interested parties are invited to apply online. **In particular, women and minorities are encouraged to apply.** Applicants must have applied online and completed all required steps, including submission of requested documents, in order to be considered for the position. No applicant may be hired without having completed this online process.

All advertisement must conform to the content and description of the opening as described in the posting in the Faculty Hiring system. Elements such as description of the opportunity, education and experience requirements and credentials, screening steps and deadlines must match that described on line. All advertising also must contain the University's AA/EEO statement. In addition, hiring units are encouraged to advertise openings nationally and internationally (when appropriate) to encourage adequate communication of opportunity. **All advertisement should specifically encourage applicants of qualified and diverse background to apply.**

In general, open faculty positions will be filled through a thorough and rigorous search process involving a search committee established by the Hiring Authority.¹ Hiring faculty without a formal search process or search committee may occur under specific circumstances occasionally. For more information on this and other possible exceptions to the hiring policy and on the process involved, see Frequently Asked Questions in the appendix.

A diverse search committee helps to encourage a diverse candidate pool. Hiring Authorities are encouraged to appoint committee members with diverse backgrounds, perspectives and expertise and who possess a demonstrated commitment to diversity.

Each search committee should typically be composed of a minimum of three faculty members and should appoint one of the search committee members or add a staff member to serve as a "diversity advisor" to the committee. In addition to the usual functions of the search committee, the faculty member serving in this role will **monitor the procedures and outreach efforts of the committee, review the diversity of the applicant pool and group interviewed, compile data and report back to the committee and Hiring Authority. The diversity advisor also will assist the Hiring Authority in posting the search description in the Hiring Summary form.** Staff members on faculty search committees serving in the role of "diversity advisor" will not participate in other functions of the search committee including decision-making regarding candidates. All hiring units should use best practices in recruiting a diverse applicant pool. **To recruit diverse applicants, a critical mass of diverse faculty is needed.** Faculty resources such as the past and present members of the **WUSM Faculty Diversity Committee, Gender Equity Committee and the Academic Women's Network** are available to assist in this process.

It is expected that all members of the search committee and the Hiring Authority will participate in appropriate review of the best practices of conducting a robust outreach effort and search process to be conducted by a Search & Hiring Process Improvement Team prior to the commencement of each search.

Exhibit 36

Faculty Opportunities

Opportunity Details

Department

Department of Psychiatry

Division

Psychiatry

Track

Research

Rank

Commensurate w/Experience

Title

Faculty Positions in Omics and Functional Genomics of Neurodegenerative Disease

Position Description

The NeuroGenomics and Informatics (NGI) Center (<https://neurogenomics.wustl.edu/>) at Washington University School of Medicine, seeks to appoint two faculty positions with interdisciplinary research interests and approaches that focus on improving our understanding of Alzheimer Disease and related dementias. Anticipated start date is summer-fall 2024.

The NGI is looking for outstanding candidates with interest in **generating and/or leveraging multi-omic data to understand the biology of neurodegeneration vs healthy aging**. Competitive faculty should have **experience in neurobiology, human genomics, data integration and/or computational biology**; selected faculty should address these questions using state of the art techniques in cellular, molecular biology and functional genomics (iPSC, organoids, CRISPR), multi-omic data (spatial transcriptomics, single cell omics, long read sequencing) and statistical learning (supervised vs unsupervised) using excellent computer language, cloud computing resources and containerization.

Both **junior-level and established scientists are encouraged to apply**. **The NGI highly encourages applications from women and underrepresented groups, and we are thoroughly committed to providing the necessary resources and support for advancing career goals**. Once identified by the NGI, the successful

Exhibit 37

Washington University School of Medicine in St. Louis WUSTL DIRECTORIES

Faculty Opportunities

Opportunity Details

Department
Department of Medicine

Division
IM - Infectious Diseases

Track
Clinician

Rank
Assistant Professor

Title
Faculty position in Transplant Infectious Diseases

Position Description
The Division of Infectious Diseases in the Department of Medicine at Washington University in St. Louis is seeking a full-time transplant infectious diseases clinician. The clinical work emphasis can be adjusted per faculty preference to balance between inpatient and outpatient care. The WashU Division of ID runs a large and thriving clinical program, with services in general ID, HIV, HCV, transplant ID, fungal infections, mycobacterial infections, bone & joint infections, tropical infections, infections related to intravenous drug use, infection prevention, and antimicrobial stewardship. In the Transplant ID section, we care for patients with oncologic diseases, hematologic, and solid organ transplants. Washington University is a leader in transplantation, with high volumes of transplantations. Our clinical faculty can pursue academic careers in six different areas, including education, research, clinical excellence, quality improvement/patient safety, administration, and entrepreneurship. Our mentorship programs and resources are geared towards ensuring all ID faculty advance in their academic careers.

Responsibilities:

- Provide inpatient care on the Transplant ID consult services, both teaching and non-teaching, at our affiliated hospitals
- Provide outpatient care in either Transplant ID clinics
- Actively participate in teaching residents and fellows about ID
- Possible role for leadership in specific transplant groups

Washington University in St. Louis is an equal-opportunity employer committed to diversity and inclusion in the workplace. We encourage applications from individuals of all backgrounds and identities. Review of applications will begin immediately and continue until the position is filled.

For inquiries or further information, please contact Barbara Trautner, MD, PhD, Co-Chief, Division of Infectious Diseases.

Contact Name

Stephanie Montgomery

Contact Email

montgomery.stephanie@wustl.edu

Contact Phone

3146230893

Posting Date

8/1/2025

End Date

10/1/2025

An Equal Opportunity Affirmative Action Employer

Washington University in St. Louis is committed to the principles and practices of equal employment opportunity and affirmative action. It is the university's policy to recruit, hire, train, and promote persons in all job titles without regard to race, color, age, religion, gender, sexual orientation, gender identity or expression, national origin, veteran status, disability, or genetic information. Washington University seeks an exceptionally qualified and diverse faculty; women, minorities, protected veterans and candidates with disabilities are strongly encouraged to apply.

[APPLY](#)

[Back to List](#)

Exhibit 38

Our Strategic Vision

We will mobilize research, education, and patient care to establish WashU and St. Louis as a global hub for transformative solutions to the deepest societal challenges.

A globally informed, community-driven vision for academic distinction



Guiding Principles

- Academic Distinction
- Community Impact
- Equity, Diversity, and Inclusion**
- Global Perspective
- Stewardship



Exhibit 39

Find a Doctor Admissions Giving Information for - Announcements - WashU Directories

 Search 


HOME ABOUT EDUCATION RESEARCH PATIENT CARE IMPACT NEWS

◀ Visit the News Hub

Residency Program honored for diversity, equity and inclusion

Fritz leads efforts to recruit, mentor physicians from underrepresented groups

December 20, 2024



The Internal Medicine Residency Program at WashU Medicine has received the Accreditation Council for Graduate Medical Education (ACGME) 2025 Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award. The honor recognized the program's initiative DEAS@DOM (Inclusion, Diversity, Equity, Allyship and Social Justice), aimed at recruiting and mentoring residents who are underrepresented in medicine (URIM). It was led by Cassandra Fritz, MD, an assistant professor of medicine in the Division of Gastroenterology.

The Internal Medicine Residency Program at Washington University School of Medicine in St. Louis has received the Accreditation Council for Graduate Medical Education (ACGME) 2025 Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award. The honor recognizes accredited institutions that have helped “to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments.”

The Internal Medicine Residency Program, part of WashU Medicine’s Department of Medicine (DOM), was noted for the initiative IDEAS@DOM (Inclusion, Diversity, Equity, Allyship and Social Justice), aimed at recruiting and mentoring residents who are underrepresented in medicine (URiM). Led by Cassandra Fritz, MD, an assistant professor of medicine in the Division of Gastroenterology, IDEAS@DOM has resulted in a significant increase in the number of URiM applicants matching into the program — from 9.7% of applicants in 2021 to 27% in 2024.

IDEAS@DOM also includes a council of residents who helped create and disseminate a diversity, equity, and inclusion strategic plan for the resident program focused on mentorship, recruitment, and community engagement. Additionally, Fritz, along with members from the IDEAS@DOM resident council developed the Gateway to Residency Program, which serves as a boot camp for medical students from disadvantaged backgrounds to prepare them for the internal medicine application process. Through the initiative, applicants receive mentorship and networking opportunities from WashU Medicine URiM residents and faculty members.

Fritz, along with other leaders in the program, will be honored in February during the 2025 ACGME Annual Educational Conference in Nashville, Tenn.

Read more on the Accreditation Council for Graduate Medical Education [website](#).



Exhibit 40

Division of Dermatology



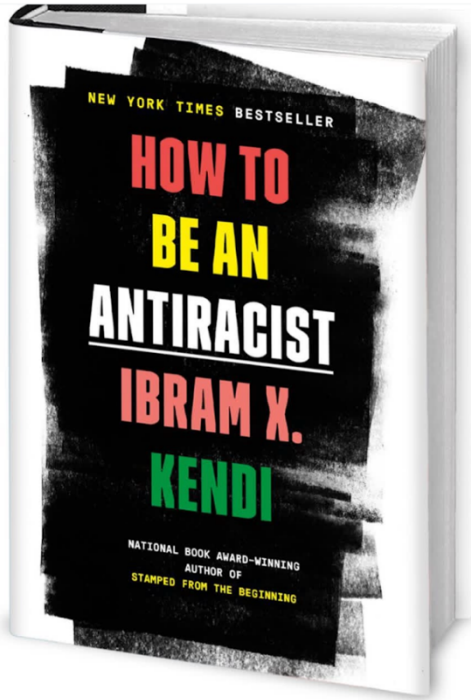
Inclusion

Mission

The Division of Dermatology is committed to upholding fairness and opposing all forms of judgement. We are committed to actively addressing and correcting imbalances in all our operations, including education, research and clinical care. As medical professionals, we recognize the significant impact that unequal access to health care, education, employment, public safety, and housing can have on overall well-being. These factors contribute to health differences that we are determined to eliminate.

Education

Residency Program
How to Apply
Physician Scientist Training Program (PSTP)
Clinical Curriculum and Schedule
Clinical and Didactic Education
Didactic Schedule



♥ 34 💬 1 ↻ ▼



washuderm Our Diversity, Equity, & Inclusion committee, Dr. Sion Jasmine, Dr. Alex Hickman @alexpants48, and Dr. Alex Aria @alexaria12 organized a resident book club to discussion antiracism, diversity, and inclusion. This past week, we met to discuss "How to be an Anti-Racist" by @ibramxk. Second year, Dr. Christine Yokoyama @christinecy612 is reading "Antiracist Baby" to her newborn Madeline. "Antiracist Baby" is a baby board book also written by @ibramxk. Thank you to our Diversity committee for providing this forum for discussion of such important topics. #diversity #inclusion #antiracist #dermatology

Exhibit 41

MIR / [Outreach](#) / Executive Outreach Committee

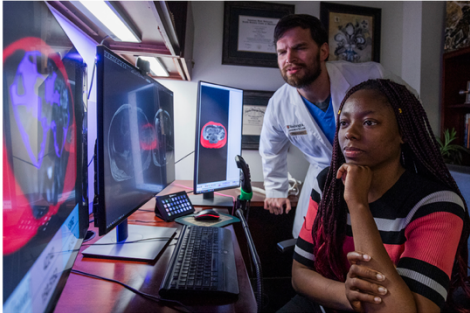
Executive Outreach Committee

Members of the MIR Executive Outreach Committee participate in interest groups and advocate on campus and beyond. Promoting equity for all members of the MIR community means just that — *all* of us need to feel safe and supported in both the physical spaces we move through and the education, patient care and research efforts we drive.

MIR / Outreach

Outreach

The Office of Outreach fosters a community that embraces and reflects a range of backgrounds, experiences and perspectives. We aim to create a stimulus for innovation and problem solving, local community outreach, excellence in education, research and scholarship, and best practices in patient care.



Goals and Programs

Our goal is for MIR to become a model for excellence through pluralistic hiring practices, policies and cutting-edge research on health disparities relating to radiological health care.

[Learn More](#)

Exhibit 42

[MIR](#) / [Research](#) / [Training Opportunities](#) / [Summer Research Program](#)

Summer Research Program

The MIR Summer Research Program offers undergraduate and medical students an excellent introduction to current radiological sciences research. You can start this 10-week program, which is based on approximately 40 hours per week, any time between May 24 and June 1.

[Participating Faculty](#) ☾

[Areas of Research](#) ☾

[Stipend](#) ☿

Applicants selected for the Summer Research Program will receive \$7,000 for a 10-week summer research period.

Exhibit 43

Name: _____

MIR Summer Research Program **Washington University School of Medicine**

Application Deadline: Friday, January 31, 2025

Program Website: <https://www.mir.wustl.edu/education/summer-research-program/>

Full Name: _____

Current Address:

Current phone number: _____

Permanent Address:

Phone number where you can be reached from early January to March 2025: _____

E-mail address (school): _____

E-mail address (personal): _____

Can you work in the United States? Yes No

Are you studying in the United States on a Visa? Yes No If so, Visa type? _____
(Please note that Washington University will *not* sponsor visas for this program)

I identify myself as: Male Female Other _____

I qualify as a member of an underrepresented minority (URM), as per the Association of American Medical Colleges (AAMC): Yes No

Underrepresented in Medicine (URM)

The Association of American Medical Colleges defines URM status applicants as: "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." (Revised March 19, 2004) -- Before June 26, 2003, the AAMC used the term "underrepresented minority (URM)," which consisted of Blacks, Mexican-Americans, Native Americans (American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans.)

<https://www.aamc.org/what-we-do/equity-diversity-inclusion/underrepresented-in-medicine>

Undergraduate Education

School: _____ Years: _____ to: _____ Location: _____

Major: _____ Degree(s) and year(s) when obtained/expected: _____

Overall GPA: _____

Exhibit 44

EDWARD MALLINCKRODT DEPARTMENT OF
Pediatrics

HOME ABOUT PEOPLE DIVISIONS PATIENT CARE RESEARCH EDUCATION CALENDAR GIVING

Home / Education / Residency / Resources /

Diversity

— “ —

Improving cultural diversity within the academic workforce is not only a 21st century moral imperative, but is the centerpiece in our national effort to eliminate health inequities.

— Will Ross, MD MPH
Associate Dean for Diversity
Associate Professor of Medicine
Washington University School of Medicine

As a national leader in pediatric health, St. Louis Children's Hospital (SLCH) serves a unique and varied population of patients. **The diversity of our patient population – by race, ethnicity, country of origin, socioeconomic status, religion, gender identity, sexual orientation, language spoken – is a strength of our community and our training program** and challenges us to continually strive for better, more nuanced care grounded in mutual respect and cultural competency.

Residents receive regular education in implicit and unconscious bias and cultural competency through case discussions and resident conferences. Our residents also have opportunities to engage in meaningful community outreach, particularly through their advocacy rotations, quality improvement projects and the advocacy pathway within the residency program.

We strive to recruit, support and educate a diverse group of trainees and to equip all of our graduates with the tools to improve patient outcomes by providing culturally effective, context-sensitive health care for children. As an institution, we aim to provide a work environment where differences are accepted and embraced and where equality is cherished.

Community building & engagement

Washington University Minority Medical Association (WUMMA)
Focuses on networking and professional development for residents and fellows of color.

Lesbian, Gay, Bisexual, Transgender, Queer Med (LGBTQ Med)
LGBTQ Med's mission is to improve health care for lesbian, gay, bisexual, transgender and queer patients.

Pediatric Residency Diversity Committee (RDC)
The RDC's mission is to foster an inclusive environment by improving diversity of representation within the residency and working with the associate program director for diversity & inclusion to expand the resident curriculum on cultural competency, healthcare inequities and unconscious bias.

Office of Diversity Programs
Central diversity office of Washington University School of Medicine.

Exhibit 45

Diversity Scholarship

Washington University Emergency Medicine Leadership in Emergency Medicine Diversity Scholarship (WUEM LEaD)

We are excited to accept applications to Washington University's Leadership in [Emergency Medicine](#) Diversity Scholarship. We are proud to partner with the Washington University School of Medicine's [Office of Diversity Program](#) in this new venture. We are strongly committed to promoting diversity, inclusion, and cultural sensitivity within our division and believe that doing so is critical to executing our mission of providing exemplary health care to all who are in need with efficiency and compassion. We seek all individuals who can bring their diverse experience not only to our program but to our patients and community as well. Examples of these types of diversity would include but are certainly not limited to: historically underrepresented ethnicities in medicine, those who may be socio-economically, or educationally disadvantaged, and any others whose backgrounds and experiences would bring the diversity described above.

Details

- Applicants will be reimbursed the \$75 dollar VSAS application fee.
- Scholarship recipients will be reimbursed up to \$2000 dollars for travel, housing and other living expenses.
- Applicants will receive guidance and mentorship from our fantastic faculty, to help applicants excel during their fourth year clerkships and ultimately be successful in the match.

[Education](#)

[Residency](#)

[Fellowships](#)

Medical Students

[Phase 3 Rotations](#)

[Division Rotations](#)

[Diversity Scholarship](#)

[Preclinical Emergency Medicine Interest Group](#)

[Alumni](#)

[Journal Club](#)

Exhibit 46

NEWS

Office of Inclusion and Diversity (OID)
– now known as Inclusion, Diversity,
Equity, Allyship and Social Justice
(IDEAS) at Department of Medicine

Department of Medicine news release • October 13, 2022

[View Content](#)



Exhibit 47

NEWSROOM SECTIONS ▾

Committee appointed, has begun work to develop guidance in support of inclusive excellence at WashU

July 25, 2025

SHARE  


A committee of Washington University in St. Louis faculty and administrators has begun its work with general counsel to develop guidance for leaders, staff and students. Appointed by Chancellor Andrew D. Martin, [the Inclusive Excellence Advisory Committee \(IEAC\)](#) will make recommendations to university leadership for how WashU can achieve its community-focused goals in support of its students, faculty and staff, while continuing to comply with federal guidance and laws.

"At WashU, our greatest strength is our people. We represent many different cultures, backgrounds, experiences and ways of thinking, including a wide variety of political views. This is what makes us strong. This is what makes us WashU," Martin said when the committee was announced in May. "This work is about supporting our students, faculty and staff. The work of this committee will help us to be more effective at cultivating and supporting the type of community we aspire to be, where all feel welcome, included and valued."

Grounded in the mission, vision and goals of the university, the IEAC is charged with working with the Office of the General Counsel to:



- Develop clear guidance for leaders, faculty, staff and students on activities and programming in support of inclusive excellence that is grounded in existing relevant law as set forth in statutes, regulations and case law;
- Identify exemplar programs and activities in support of achieving inclusive excellence, both at WashU and elsewhere.

Exhibit 48



[Search Award Data](#)
[Explore the Data](#)
[Download the Data](#)
[Find Resources](#)

AWARD PROFILE **Grant Summary**

Project Grant FAIN R24AG014915 In Progress (8 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

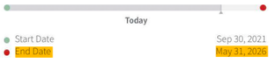
Recipient

WASHINGTON UNIVERSITY, THE
 1 BROOKINGS DR
 SAINT LOUIS, MO 63130-4862
 UNITED STATES
 Congressional District: MO-01

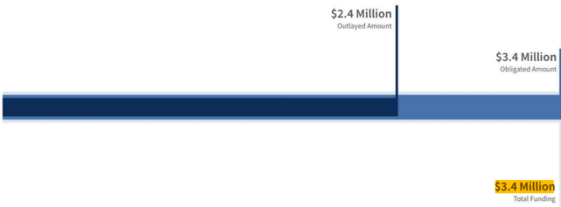
Assistance Listings (CFDA Programs)

93.866 - AGING RESEARCH
[VIEW MORE INFO ABOUT THIS PROGRAM](#)

Dates



\$ Award Amounts **Description**



Category	Amount
Outlayed Amount	\$2,419,571.44
Obligated Amount	\$3,421,299.00
Non-Federal Funding	\$0.00
Total Funding	\$3,421,299.00

THE COEQUAL REGISTRY: CREATING OPPORTUNITIES TO INCREASE HEALTH EQUITY AND EQUALITY FOR PERSONS AT RISK FOR ALZHEIMER DISEASE AND RELATED DEMENTIAS (ADRD) INCREASES AND YET PROVIDES THE OPPORTUNITY FOR THE DEVELOPMENT OF RESEARCH STRATEGIES THAT SUPPORT THE NEEDS OF OUR AGING COMMUNITY. IN MISSOURI, THE PROJECTED TOTAL NUMBER OF PEOPLE 65 AND OLDER LIVING WITH ADRD WILL INCREASE FROM 120,000 IN 2020 TO 130,000 BY 2025. **RESEARCH PARTICIPANTS IN ADRD ARE AT RISK FOR EXPERIENCING THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH SUCH AS SOCIAL ISOLATION AND SYSTEMATIC DISCRIMINATION. ETHNIC/RACIAL FACTORS, CLASSISM, SYSTEMIC AND SYSTEMIC BIAS, HISTORY, HISTORICAL MISTRUST OF SCIENTISTS, AND SUSPICION OF THE HEALTHCARE SYSTEM ALL ARE FACTORS LINKED TO REDUCED RECRUITMENT, ENROLLMENT, AND RETENTION IN ADRD RESEARCH. THE MAIN OBJECTIVE OF THIS STUDY IS TO ESTABLISH A NOVEL APPROACH TO RECRUITING, ENROLLING, AND RETAINING UNDER-RESOURCED COMMUNITIES INTO AN ADRD RESEARCH REGISTRY NAMED COEQUAL. **CREATING OPPORTUNITIES TO INCREASE HEALTH EQUITY AND EQUALITY FOR PERSONS AT RISK FOR ALZHEIMER DISEASE AND RELATED DEMENTIAS** WE PROPOSE USING A COMMUNITY AND PATIENT ENGAGED RESEARCH FRAMEWORK (CPER) TO DEVELOP AND TEST THE FEASIBILITY OF A HIGH-YIELD RECRUITMENT PROCESS TO CREATE A RESEARCH REGISTRY FOR RECRUITMENT, ENROLLMENT, AND RETENTION OF UNDER-RESOURCED PARTICIPANTS INTO ADRD RESEARCH. THE STUDY TEAM CONSISTS OF DIVERSE RESEARCHERS, COMMUNITY MEMBERS, AND FAMILY AND PATIENT ADVOCATES PARTNERED WITH WASHINGTON UNIVERSITY SCHOOL OF MEDICINE KNIGHT ALZHEIMER'S DISEASE RESEARCH CENTER (KNIGHT ADRC) IN ST. LOUIS, MISSOURI. WE HYPOTHESIZE THAT THE CREATION OF A CULTURALLY APPROPRIATE RESEARCH REGISTRY WILL AID IN THE RECRUITMENT, ENROLLMENT, AND RETENTION OF DIVERSE PARTICIPANTS INTO ADRD RESEARCH, AS WELL AS THOSE WHO ARE MORE REPRESENTATIVE OF THE MEDICAL COMORBIDITIES EXPERIENCED BY COMMUNITY-LIVING OLDER ADULTS. THE SPECIFIC AIMS ARE TO: 1. IDENTIFY AND ENHANCE CURRENT PRACTICES AND RESOURCES TO PROMOTE HIGH-YIELD RECRUITMENT, ENROLLMENT, AND RETENTION OF UNDERREPRESENTED PARTICIPANTS INTO ADRD RESEARCH. 2. DETERMINE IF NIA ADORE (ALZHEIMER'S & DEMENTIA OUTREACH, RECRUITMENT & ENGAGEMENT RESOURCES) MATERIALS ARE ACCURATE, ACCESSIBLE, AND ACTIONABLE FOR MEETING BEST PRACTICES TO INCREASE RECRUITMENT, ENROLLMENT, AND RETENTION FOR UNDER-RESOURCED PARTICIPANTS IN ADRD RESEARCH. 3. ESTABLISH AND IMPLEMENT THE COEQUAL RESEARCH REGISTRY IN THE ST. LOUIS AREA TO INCREASE THE RECRUITMENT, ENROLLMENT, AND RETENTION OF N=2000 UNDER-RESOURCED PARTICIPANTS WHO ARE COGNITIVELY UNIMPAIRED AND IMPAIRED INTO ADRD RESEARCH. THIS STUDY PROVIDES A SYSTEMATIC PROCESS FOR THE ENROLLMENT OF UNDER-RESOURCED PARTICIPANTS INTO ADRD. **STUDIES OUR PURPOSE TO BUILD A SUSTAINABLE RESEARCH REGISTRY THAT EXPANDS THE EXISTING SUCCESS AND BENEFITS OF THE KNIGHT ADRC TO INCREASE DIVERSITY, EQUITY, AND INCLUSION IN ADRD RESEARCH.****

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Project Grant FAIN **801MD016082**

In Progress (1 year, 2 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

WASHINGTON UNIVERSITY, THE
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SAINT LOUIS, MO 63130-4862
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Congressional District: MO-01

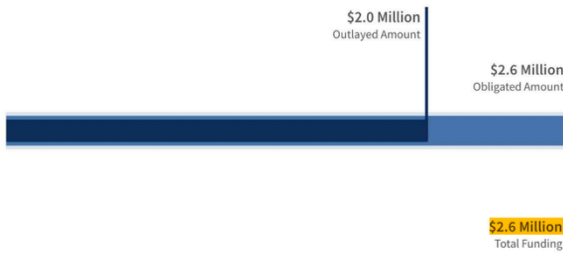
Assistance Listings (CFDA Programs)

93.307 - **MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH**
VIEW MORE INFO ABOUT THIS PROGRAM

Dates



\$ Award Amounts



● Outlayed Amount	\$1,955,211.19
● Obligated Amount	\$2,612,462.00
○ Non-Federal Funding	\$0.00
● Total Funding	\$2,612,462.00

Description

EFFICACY OF A MULTI-LEVEL SCHOOL INTERVENTION FOR LGBTQ YOUTH. PROJECT SUMMARY THE GOAL OF THIS STUDY IS TO TEST THE EFFICACY OF A THEORETICALLY INFORMED, SCHOOL-BASED INTERVENTION FOR SEXUAL AND GENDER MINORITY (SGM; E.G., LESBIAN, GAY, BISEXUAL, TRANSGENDER) ADOLESCENTS, PROUD & EMPOWERED (P&E). STUDIES FOUND THAT SGM STUDENTS ARE 8 TO 10 TIMES MORE LIKELY TO EXPERIENCE VICTIMIZATION IN SCHOOLS THAN HETEROSEXUALS, WITH RATES EVEN HIGHER AMONG **TRANSGENDER YOUTH. THIS BIAS-BASED VICTIMIZATION, PART OF WHICH IS COMMONLY KNOWN AS MINORITY STRESS, HAS BEEN CITED AS A PARTICIPATING FACTOR IN THE SUBSTANTIAL BEHAVIORAL HEALTH DISPARITIES SGM FACE WHEN COMPARED TO THEIR HETEROSEXUAL COUNTERPARTS, SUCH AS DEPRESSION, ANXIETY, SELF-HARM, AND SUICIDAL IDEATION AND ATTEMPT. THESE DISPARITIES ARE UNIQUE TO SGM, AS WHEN COMPARED TO SIMILARLY VICTIMIZED NON-SGM PEERS, VICTIMIZED SGM ADOLESCENTS REPORT SIGNIFICANTLY HIGHER RATES OF SUICIDE. WHEN SCHOOLS LACK SGM BULLYING POLICIES, SGM STUDENTS ARE MORE LIKELY TO REPORT SUICIDALITY THAN PEERS IN SCHOOLS WITH PROTECTIVE POLICIES.** STUDIES ALSO INDICATE THAT SGM VICTIMIZATION IS MORE COMMON IN SCHOOLS THAT LACK **PROTECTIVE POLICIES AND RESOURCES SUCH AS GENDER AND SEXUALITY ALLIANCES (GSAs), SGM-SPECIFIC ANTI-BULLYING GUIDELINES, TEACHER AND STAFF TRAINING, AND OPENLY SUPPORTIVE ALLIES. THEREFORE, IT IS CLEAR THAT ANY INTERVENTION FOR SGM YOUTH MUST SIMULTANEOUSLY (A) HELP SGM YOUTH COPE WITH THE EFFECTS OF MINORITY STRESS AND (B) WORK TO REDUCE THE LIKELIHOOD OF FUTURE VICTIMIZATION BY ADDRESSING SCHOOL-LEVEL FACTORS.** THE P&E INTERVENTION SEEKS TO ADDRESS THESE OUTCOMES THROUGH A NOVEL MULTI-LEVEL SCHOOL-BASED INTERVENTION. SUPPORTED BY NINE YEARS OF RESEARCH INCLUDING AN NIH-SUPPORTED FEASIBILITY STUDY CONDUCTED AT FOUR SCHOOLS (1R21MD013971), WE WILL DETERMINE THE INTERVENTIONS' EFFICACY BY COMPLETING THREE SPECIFIC AIMS: 1) DETERMINE PARTICIPANT-LEVEL EFFICACY OF THE INTERVENTION IN AN RCT WITH 24 SCHOOLS; 2) DETERMINE THE SCHOOLWIDE INTERVENTION EFFECTS ON (A) REPORTING OF MINORITY STRESS AND BEHAVIORAL HEALTH OUTCOMES AMONG ALL SGM STUDENTS AND (B) PERCEPTIONS OF SCHOOL CLIMATE (I.E., NORMS, ATTITUDES, BELIEFS, BULLYING BEHAVIOR TOWARD SGM), POLICIES) AMONG ALL STUDENTS; 3) EXAMINE FACTORS THAT MAY AFFECT INTERVENTION SUCCESS (E.G., FIDELITY OF IMPLEMENTATION, BARRIERS OR FACILITATORS TO IMPLEMENTATION, SCHOOL OR STUDENT CHARACTERISTICS) TO **PREPARE THE INTERVENTION FOR FUTURE DISSEMINATION.** **FOLLOWING THE COMPLETION OF ALL TEN P&E SESSIONS, SCHOOL-LEVEL FACTORS WILL BE ADDRESSED BY STUDENT-LED IMPLEMENTATION OF ENVIRONMENTAL CHANGE STRATEGIES AT THE SCHOOL, FOCUSED ON KEY DOMAINS OF SCHOOL CLIMATE: SAFETY, RELATIONSHIPS, TEACHING AND LEARNING, AND INSTITUTIONAL ENVIRONMENT. THIS INNOVATIVE R01 APPLICATION BRINGS TOGETHER A TEAM OF NATIONALLY RECOGNIZED MINORITY STRESS AND PREVENTION SCIENCE EXPERTS AND RESPONDS TO A NATIONALLY ESTABLISHED PUBLIC HEALTH NEED FOR RESEARCH FROM THE NATIONAL ACADEMY OF MEDICINE, THE NATIONAL INSTITUTES OF HEALTH (N01-MD-19-001), AND THE NATIONAL GAY AND LESBIAN TASK FORCE.**

Cooperative Agreement # **FAIN U54CA284110**

In Progress (2 years, 11 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

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Congressional District: MO-01

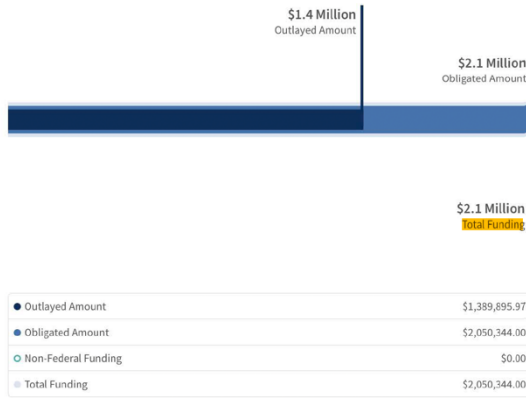
Assistance Listings (CFDA Programs)

93.397 - CANCER CENTERS SUPPORT GRANTS
VIEW MORE INFO ABOUT THIS PROGRAM

Dates



\$ Award Amounts



Description

US-NIGERIAN CANCER CONTROL CENTER FOR RESEARCH ON IMPLEMENTATION SCIENCE AND EQUITY (C3-RISE) - ABSTRACT NIGERIA HAS A SUBSTANTIAL NUMBER OF PREVENTABLE CANCER DEATHS EACH YEAR. THE HUMAN PAPILLOMAVIRUS (HPV) VACCINE AND HEPATITIS B (HBV) VACCINE ARE BOTH EVIDENCE-BASED STRATEGIES TO PREVENT CANCER, BUT THEY HAVE NOT BEEN WIDELY SCALED UP IN NIGERIA. THIS SUGGESTS THE NEED FOR INNOVATIVE STRATEGIES THAT LEVERAGE IMPLEMENTATION SCIENCE AND TAP THE COLLECTIVE WISDOM OF NIGERIA, AFRICA'S MOST POPULOUS COUNTRY. **WE PROPOSE THE US-NIGERIAN CANCER CONTROL CENTER FOR RESEARCH ON IMPLEMENTATION SCIENCE AND EQUITY (C3-RISE).** OUR OVERALL MISSION IS TWO PART: (A) USE PARTICIPATORY IMPLEMENTATION SCIENCE STRATEGIES (I.E. CROWDSOURCING OPEN CALLS AND APPRENTICESHIPS) TO EXPAND UPTAKE OF HPV AND HBV VACCINES FOR CANCER PREVENTION; AND (B) **SERVE AS A HUB FOR EQUITY AND CAPACITY BUILDING IN IMPLEMENTATION SCIENCE** TO ADVANCE THE UNDERSTANDING OF INTERVENTION UPTAKE AND SUSTAINMENT OF EVIDENCE-BASED INTERVENTIONS TO PREVENT CANCER. THIS PROJECT BRINGS TOGETHER AN EXCEPTIONAL GROUP OF MULTI-DISCIPLINARY RESEARCHERS FROM THE NIGERIAN INSTITUTE OF MEDICAL RESEARCH (THE APEX FEDERAL HEALTH RESEARCH ORGANIZATION, SIMILAR TO THE US NIH), ST. LOUIS UNIVERSITY, AND THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. WE PROPOSE THE FOLLOWING AIMS: (1) **TO ACCELERATE EQUITABLE CANCER CONTROL** BY DEVELOPING, TESTING, AND REFINING PARTICIPATORY IMPLEMENTATION STRATEGIES TO DECENTRALIZE VACCINES TO PREVENT CANCER IN COMMUNITY SETTINGS; (2) TO ENHANCE THE SCIENTIFIC PRODUCTIVITY OF C3-RISE BY PROVIDING OVERARCHING OPERATIONAL AND SCIENTIFIC OVERSIGHT; (3) TO SUPPORT INNOVATIVE RESEARCH AND THE DEVELOPMENT OF SCHOLARS TRAINED TO ACCELERATE THE UPTAKE AND SUSTAINMENT OF EVIDENCE-BASED CANCER CONTROL INTERVENTIONS IN NIGERIA. THESE AIMS WILL BE ACCOMPLISHED BY A NURTURING HUB OF TWO CORES (ADMINISTRATIVE, CAPACITY BUILDING) ALONGSIDE TWO RESEARCH STUDIES (STUDY 1 FOCUSED ON HPV VACCINATION, STUDY 2 ON HBV VACCINATION). OUR THREE PARTNER INSTITUTIONS LAUNCHED A PARTICIPATORY IMPLEMENTATION SCIENCE PROJECT FOUR YEARS AGO THAT DIRECTLY INFORMED NATIONAL NIGERIAN HEALTH GUIDELINES, TRAINED 231 STUDENTS, PROVIDED MENTORSHIP OPPORTUNITIES TO 43 FACULTY, AND CULMINATED IN A WHO/TDR PRACTICAL GUIDE ON CROWDSOURCING FOR HEALTH (UHG10096929). THIS LED TO A RECENTLY AWARDED NCI R01 GRANT (R01-CA271033) THAT USES PARTICIPATORY IMPLEMENTATION SCIENCE TO DEVELOP INNOVATIVE STRATEGIES TO ENHANCE HPV SERVICES IN NIGERIA. **C3-RISE WILL LEVERAGE THIS MOMENTUM TO CATALYZE CUTTING-EDGE CANCER RESEARCH, TRAINING, COMMUNITY ENGAGEMENT, AND POLICY TRANSLATION. OUR PROJECT WILL INCREASE HEALTH EQUITY** AND IT ALIGNS WITH THE NIGERIAN NATIONAL CANCER CONTROL PLAN BY FOCUSING ON PARTICIPATION, CAPACITY BUILDING, AND SUSTAINMENT. THIS US4 GRANT APPLICATION DIRECTLY RESPONDS TO NIH, NCI, AND NIMH STRATEGIC PRIORITIES.

Project Grant # **FAIN R01MD017244**

In Progress (1 year, 5 months remain)

Awarding Agency
Department of Health and Human Services (HHS)

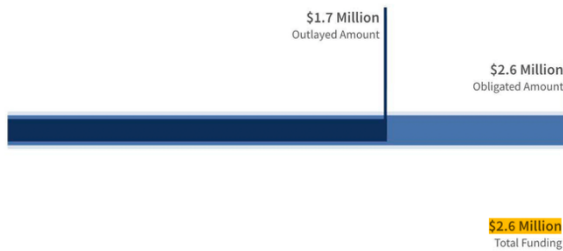
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SAINT LOUIS, MO 63130-4862
UNITED STATES
Congressional District: MO-01

Primary Assistance Listings (CFDA Programs)
93.307 - MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH
[VIEW ALL 2 CFDA PROGRAMS](#)



\$ Award Amounts

Description



● Outlayed Amount	\$1,749,486.88
● Obligated Amount	\$2,590,591.00
○ Non-Federal Funding	\$0.00
■ Total Funding	\$2,590,591.00

TRAJECTORIES OF INTIMATE PARTNER VIOLENCE AMONG SEXUAL MINORITY YOUTH - PROJECT SUMMARY SEXUAL MINORITY ADOLESCENTS (SMA; AGES 13-17) EXPERIENCE HIGHER RATES OF INTIMATE PARTNER VIOLENCE (IPV) THAN THEIR HETEROSEXUAL PEERS, INCLUDING BEING MORE LIKELY TO EXPERIENCE PSYCHOLOGICAL AND PHYSICAL ABUSE, 9-11 AND BEING FOUR TIMES MORE LIKELY TO EXPERIENCE RAPE. 12 HOWEVER, THIS EMERGING BODY OF LITERATURE HAS A NUMBER OF SIGNIFICANT LIMITATIONS. FIRST (AIM 1), STUDIES HAVE LARGELY FAILED TO LOOK BEYOND VICTIMIZATION OF IPV AND HAVE NOT MEASURED IPV PERPETRATION AMONG SMA. SECOND (AIM 1), STUDIES OF IPV AMONG SMA HAVE APPROACHED SMA AS A HOMOGENOUS GROUP AND HAVE NOT IDENTIFIED WITHIN-GROUP DIFFERENCES IN SMAS' EXPERIENCE OF IPV, INCLUDING BY **RACE, ETHNICITY, GENDER IDENTITY, OR URBANICITY**. RESEARCH HAS BEEN INCONCLUSIVE IN THESE REGARDS, MAKING HYPOTHESES DIFFICULT, 13-20 ALTHOUGH DIFFERENCES MAY INFORM INTERVENTION. THIRD (AIM 2), IDENTIFIED ASSOCIATIONS BETWEEN THE EXPERIENCE OF IPV AND NEGATIVE HEALTH OUTCOMES (I.E. MENTAL HEALTH SYMPTOMOLOGY, SUBSTANCE USE, HOMELESSNESS) ARE LARGELY CROSS-SECTIONAL: THE TEMPORAL RELATIONSHIPS BETWEEN IPV AND BEHAVIORAL HEALTH FOR SMA ACROSS ADOLESCENCE REMAINS UNCLEAR. 21 FOURTH (AIM 3), ALMOST NOTHING IS KNOWN OF THE UNIQUE ETIOLOGICAL FACTORS THAT INFLUENCE IPV EXPERIENCES FOR SMA. WHILE CROSS-SECTIONAL STUDIES HAVE IDENTIFIED RELATIONSHIPS BETWEEN SEXUALITY-BASED MINORITY STRESS 22 AND SEXUAL ASSAULT, 13, 23-26 THE PROSPECTIVE LITERATURE IS NEARLY NONEXISTENT. FINALLY (AIM 3), EVEN LESS IS KNOWN ABOUT HOW SMA-SPECIFIC PROTECTIVE FACTORS (SUCH AS ACCESS TO LGBT-FRIENDLY SERVICES) 27-29, 29-33 MAY ATTENUATE IPV TRAJECTORIES. IN GENERAL, THE ONLY LONGITUDINAL STUDIES OF IPV AMONG SMA TO DATE ARE LIMITED BY (A) THE INCLUSION OF VIOLENCE ONLY IN THE CONTEXT OF DATING; (B) A FAILURE TO ASSESS PERPETRATION OR BIDIRECTIONAL IPV; (C) A RELIANCE ON SINGLE-CITY URBAN SAMPLES LARGELY COMPOSED OF ADULTS (18+); AND (D) THE INCLUSION OF NO, OR LIMITED, MEASURES OF MINORITY STRESS AND RESILIENCE. WE PROPOSE TO ADDRESS THESE LIMITATIONS, AND TO EXPLAIN THE PROSPECTIVE RELATIONSHIPS BETWEEN IPV EXPERIENCES (INCLUDING VICTIMIZATION AND PERPETRATION), RISK AND RESILIENCE FACTORS, AND OTHER BEHAVIORAL HEALTH OUTCOMES IN A DIVERSE COHORT OF SMA (AGES 13-17 AT BASELINE). **WE RELY ON METHODS REFINED IN OUR PRIOR WORK (R01MD01252) TO RECRUIT A NATIONAL SAMPLE OF DIVERSE SMA (I.E., RACE AND ETHNICITY, GENDER, URBANICITY, N = 1,500) THROUGH A HYBRID SOCIAL MEDIA AND RESPONDENT-DRIVEN SAMPLING STRATEGY** WE WILL FOLLOW PARTICIPANTS FOR 36 MONTHS. PROPOSED BY ESTABLISHED MPPS (GOLDBACH, STEPHENSON), CO-PI (RHOADES, SCHRAGER), AND A BIOSTATISTICIAN (MAMEY) IN THIS AREA, 39-44 OUR EFFORTS ARE CENTERED ON IDENTIFYING TARGETS FOR FUTURE INTERVENTIONS TO REDUCE THE SIGNIFICANT BURDEN OF IPV CARRIED BY THIS POPULATION.

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Cooperative Agreement # [FAIN-U01CA286946](#)

In Progress (2 years, 3 months remain)

Awarding Agency
Department of Health and Human Services (HHS)

Recipient
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1 BROOKINGS DR
SAINT LOUIS, MO 63130-4862
UNITED STATES
Congressional District: MO-01

Primary Assistance Listings (CFDA Programs)
93.399 - CANCER CONTROL
VIEW ALL 2 CFDA PROGRAMS



\$ Award Amounts



Outlayed Amount	\$816,085.97
Obligated Amount	\$2,291,995.00
Non-Federal Funding	\$0.00
Total Funding	\$2,291,995.00

Description

BUILDING EQUITY IN CANCER SCREENING THROUGH RESEARCH: THE SITEMAN CATCHMENT CSRN HUB **TO BRING EQUITY PRINCIPLES TO RESEARCH AND PRACTICE OF CANCER SCREENING AND EARLY DETECTION,** WE WILL BUILD A CSRN ACCESS HUB AT SITEMAN CANCER CENTER. IMPROVING EARLY DETECTION IS CRITICAL TO REDUCING THE GROWING BURDEN OF CANCER IN OUR SOCIETY AND **HAS THE POTENTIAL TO REDUCE CANCER HEALTH DISPARITIES. FOR THIS TO HAPPEN, RESEARCH MUST NOT ONLY INCLUDE GROUPS WHO HAVE TRADITIONALLY BEEN MARGINALIZED AND UNDER-REPRESENTED IN RESEARCH, WE MUST CONSIDER THOSE COMMUNITIES IN RESEARCH DESIGN AND CONDUCT. RESEARCH CONDUCTED AT THE SITEMAN CATCHMENT HUB WILL PRIORITIZE RIGOR, EQUITY, DIVERSITY, AND INCLUSION OF UNDER-REPRESENTED POPULATIONS.** WE REPRESENT A COLLABORATION OF **SITEMAN CANCER CENTER AND SEVEN COMMUNITY-BASED HEALTHCARE SYSTEMS IN MISSOURI AND ILLINOIS,** LED BY AN EXPERIENCED MULTI-DISCIPLINARY TEAM, OUR TIME-TESTED ADMINISTRATIVE STRUCTURE ENGAGES REPRESENTATION FROM PARTICIPATING SITES, COMMUNITY PARTNERS, COMMUNITY-BASED CLINICIANS, AND INSTITUTIONAL EXPERTS IN THIS ENDEAVOR. WE DRAW ON THE DEEP CLINICAL RESEARCH INFRASTRUCTURE AND SUPPORTS AT SITEMAN CANCER CENTER AND WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, AND ORGANIZED OUR HUB INTO FOUR CORES: ADMINISTRATIVE, PARTICIPANT, STUDY PROTOCOL, AND DATA. WE ARE FOUNDED ON INTENTIONAL INTEGRATION, ENGAGEMENT, AND TRANSPARENT COMMUNICATION STRATEGIES. THE SPECIFIC AIMS OF OUR CENTER ARE: (1) CONTRIBUTE TO THE SCIENTIFIC DEVELOPMENT OF CSRN RESEARCH INCLUDING AN INITIAL MULTI-CANCER DETECTION VANGUARD STUDY THAT IS **INCLUSIVE OF DIVERSE POPULATIONS AND CONSIDERS HEALTH EQUITY IN ITS APPROACH;** (2) **RECRUIT AND RETAIN DIVERSE PARTICIPANTS TO CSRN STUDIES WITH REPRESENTATION ACROSS RURAL AND URBAN, INCOME AND INSURANCE, AND RACIAL AND ETHNIC BACKGROUNDS,** AND (3) IMPLEMENT CSRN PROTOCOLS, INCLUDING DIAGNOSTIC FOLLOW-UP AS NEEDED. BUILDING ON OUR EXPERIENCE CONDUCTING RESEARCH THAT INCLUDES GROUPS TRADITIONALLY UNDER-REPRESENTED IN **RESEARCH, WE PROPOSE TO ENROLL 2000 INDIVIDUALS ACROSS OUR REGION INTO THE VANGUARD STUDY, WITH AT LEAST 50% FROM RURAL AREAS AND 25% FROM RACIAL AND ETHNIC GROUPS UNDER-REPRESENTED IN RESEARCH, AND WITH PURPOSEFUL INCLUSION OF LOW-INCOME AND UNDER-INSURED ADULTS. WE WILL WORK CLOSELY WITH COMMUNITY PARTNERS TO SUPPORT RECRUITMENT AND ENSURE PROTOCOLS ARE ACCESSIBLE TO DIVERSE INDIVIDUALS.** THE SITEMAN CATCHMENT HUB HAS SEVERAL NOTABLE STRENGTHS AND INNOVATIONS. FIRST, WE SERVE AND ARE COMMITTED TO POPULATIONS THAT ARE MEDICALLY UNDERSERVED AND UNDER-REPRESENTED IN CLINICAL RESEARCH. SECOND, OUR MULTIDISCIPLINARY LEADERSHIP TEAM IS DEDICATED TO EQUITY AND INCLUSION, AND HAS DEEP EXPERIENCE WITH CANCER SCREENING RESEARCH AND CLINICAL TRIALS. THIRD, WE ENGAGE ORGANIZATIONAL PARTNERS AND COMMUNITY PARTNERS IN HUB LEADERSHIP. FOURTH, WE HAVE STRONG INSTITUTIONAL SUPPORT AND INFRASTRUCTURE THAT WILL SUPPORT THE CONDUCT OF THIS RESEARCH. ACCESS TO QUALITY DATA, AND RIGOR IN OUR APPROACH. WE NEED SOUND EVIDENCE TO INFORM ADVANCES IN CANCER SCREENING AND EARLY DETECTION, INCLUDING CONSIDERING FEASIBILITY AND ACCEPTABILITY OF FUTURE IMPLEMENTATION IN DIVERSE SETTINGS AND POPULATIONS. THE SITEMAN CATCHMENT CSRN HUB WILL DELIVER ON THAT NEED.

Project Grant # **FAIN R01HL170079**

In Progress (2 years, 8 months remain)

Awarding Agency
Department of Health and Human Services (HHS)

Recipient
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1 BROOMINGS DR
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UNITED STATES
Congressional District: MO-01

Assistance Listings (CFDA Programs)
93.837 - CARDIOVASCULAR DISEASES RESEARCH
VIEW MORE INFO ABOUT THIS PROGRAM



\$ Award Amounts



Description

DETERMINING POTENTIAL MECHANISMS OF WORSE OUTCOMES IN BLACK HCM PATIENTS - HYPERTROPHIC CARDIOMYOPATHY (HCM) IS THE MOST COMMON HERITABLE CARDIAC DISEASE. INDIVIDUALS WITH HCM HAVE ADVERSE CLINICAL OUTCOMES, INCLUDING HEART FAILURE, ARRHYTHMIAS, AND SUDDEN CARDIAC DEATH (SCD) IT IS ESTIMATED THAT, IN THE U.S., 6 OUT OF 7 INDIVIDUALS WITH HCM ARE UNAWARE OF THEIR DIAGNOSIS. **THERE ARE RECOGNIZED RACIAL DISPARITIES IN THE DIAGNOSIS OF HCM. WHILE BLACK INDIVIDUALS HAVE BEEN OBSERVED TO HAVE MORE CLINICAL AND ECG SIGNS THAT SHOULD PROMOTE CONSIDERATION OF THE DIAGNOSIS OF HCM, HCM IS UNDERDIAGNOSED IN BLACK PATIENTS.** FURTHERMORE, EVEN ONCE DIAGNOSED, THERE **ARE WELL-RECOGNIZED DISPARITIES BETWEEN BLACK AND WHITE PATIENTS** WITH HCM; BLACK PATIENTS HAVE LOWER RATES OF REFERRAL TO HCM CENTERS, REFERRAL FOR GENETIC TESTING, REFERRAL FOR SCD RISK STRATIFICATION, AND REFERRAL FOR INTERVENTIONS SUCH AS SEPTAL REDUCTION THERAPY AND IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR (ICD) PLACEMENT. **THE LOWER RATES OF REFERRAL ARE IN DIRECT OPPOSITION TO THE DATA THAT SHOWS THAT, COMPARED TO WHITES, BLACK INDIVIDUALS WITH HCM** HAVE APPROXIMATELY 2-FOLD THE RISK OF SCD AND DEVELOPMENT OF CLASS III OR IV (MODERATE OR SEVERE) HEART FAILURE. THERE ARE SEVERAL POTENTIAL CONTRIBUTORS TO THESE RACIAL DISPARITIES. HCM IS TYPICALLY DIAGNOSED USING ROUTINE ECHOCARDIOGRAPHY AND CLINICAL GENETIC TESTING IS USED TO HELP DIAGNOSE AMBIGUOUS CASES. BLACK INDIVIDUALS WITH HCM ARE MORE LIKELY TO HAVE AMBIGUOUS PRESENTATIONS AND CLINICAL TESTING IS LESS USEFUL AS, COMPARED TO WHITES, BLACK PATIENTS WITH HCM ARE ~40% LESS LIKELY TO HAVE A PATHOGENIC OR LIKELY PATHOGENIC (P/LP) SARCOMERIC VARIANT IDENTIFIED AND MORE THAN 40% MORE LIKELY TO HAVE VARIANTS OF UNCERTAIN SIGNIFICANCE (VUS). FURTHERMORE, HYPERTENSION (HTN) IS MORE PREVALENT IN BLACK INDIVIDUALS AND PHYSICIANS MAY ATTRIBUTE THE PATIENT'S LEFT VENTRICULAR HYPERTROPHY TO HTN AND NOT CONSIDER HCM. IN ADDITION, RECENT EVIDENCE SUGGESTS THAT HTN MAY BE AN ENVIRONMENTAL MODIFIER / "TRIGGER" OF WORSE DISEASE IN PATIENTS WITH HCM. DR. HUEBSCH, CO-INVESTIGATOR ON THIS PROPOSAL, CREATED AN IN VITRO MICROHEART (MHM) MODEL SYSTEM FROM CARDIOMYOCYTES DERIVED FROM HUMAN INDUCED PLURIPOTENT STEM CELLS (iPSC) HARBORING SINGLE SARCOMERE MUTATIONS AND HAS USED THIS MODEL SYSTEM TO HELP TEASE APART THE CONTRIBUTIONS OF AFTERLOAD AND GENETICS IN HCM. WE HYPOTHESIZE THAT THE PRESENCE OF (1) MULTIPLE SARCOMERIC VARIANTS AND (2) HTN CONTRIBUTE TO THE WORSE OUTCOMES OBSERVED IN BLACK HCM PATIENTS. AIM 1. TO ASSESS ADVERSE OUTCOMES IN BLACK HCM PATIENTS WITH (VS WITHOUT) (A) MORE THAN ONE VARIANT (I.E. 2 P/LP VARIANTS OR 1 P/LP VARIANT + 1 OR MORE VUS) AND (B) HTN, IN 2 REAL-WORLD U.S. COHORTS OF HCM PATIENTS. AN EXPLORATORY ANALYSIS USING SOMASCAN ASSAYS TO IDENTIFY NOVEL PLASMA PROTEOMIC BIOMARKERS OF ADVERSE OUTCOMES WILL ALSO BE PERFORMED. AIM 2. TO CHARACTERIZE THE EFFECTS OF MULTIPLE VARIANTS ON CARDIAC PHYSIOLOGY AND FIBROSIS IN OUR NOVEL IN VITRO MHM MODEL SUBJECTED TO INCREASED AFTERLOAD. COMBINING PATIENT CLINICAL DATA WITH POWERFUL IN VITRO TOOLS OF IPSC TECHNOLOGY, GENOME EDITING AND TISSUE ENGINEERING, WILL ALLOW US TO GAIN IMPORTANT INSIGHTS AND UNDERSTANDING OF POTENTIAL TRIGGERS AND MECHANISMS CONTRIBUTING TO WORSE OUTCOMES IN BLACK HCM PATIENTS.