

This is a list of demands made to the University of Rochester Medical Center (URMC) and the School of Medicine and Dentistry (SMD) from the Underrepresented Medical Students, Residents, and Allies of these institutions as part of the National White Coats for Black Lives campaign #ActionsSpeakLouder. These demands reflect the recommended corrective actions previously submitted by students which still have yet to be met, as well as new demands relevant to the current activism of local Black-led organizations.

#: item included in 2015

@: item included in 2019 Racial Justice Report Card

*: item included in 2020 #URDoBetter Petition

Abolition of public safety structures centered on policing and violence

1. Rochester Police Department (RPD):
 - a. URMC should immediately cut all ties with the Rochester Police Department and encourage the Rochester City School District to do so as well.*
 - b. Call on the Rochester Police Department to release all individuals who were arrested at recent protests including but not limited to #BlackLivesMatter, #JusticeforGeorgeFloyd, and #DefundThePolice without collecting bail.
 - c. On 6/9/20, Section 50-A of the New York Civil Rights Law which shields police officer disciplinary records from inspection or review was repealed. Call on the City of Rochester to willingly release all disciplinary records of their officers ahead of the implementation of this change.
2. University of Rochester Department of Public Safety (DPS):
 - a. Disarm all currently armed sworn peace officers. @*
 - b. Eliminate the budget for campus policing and reallocate those funds to programs supporting BIPOC (Black, Indigenous, and people of color) students and staff and individuals in crisis. @*
 - c. Publicly release data on the race of students, faculty/staff, and community members involved in interactions with campus police officers, and develop a clear action plan to address racist inequities in campus police interactions. @
 - d. Publicly commit not to collaborate with ICE enforcement actions.
3. Reallocate funds from current public safety structures towards the development and implementation of alternative, non-carceral methods of ensuring safety on the school and hospital campuses. @*

Support for Underrepresented in Medicine (URM) Students

4. Admit incoming classes with over-representation of Black, Latinx, and Native American students (at least 26% Black, 34% Latinx, and 2% Native American), beginning in 2021.
 - a. Publicly release a detailed plan to admit a first-year class in 2021 with an overrepresentation of Black, Latinx, and Native American students. #@
 - b. Establish full scholarships to URSMD for BIPOC students graduating from the Rochester City School District. @*
 - c. Restructure the URMC website to directly highlight and make accessible resources for URM BIPOC students and prospective students. This should include but is not limited to updated links to affinity groups, mental health resources,

financial wellness resources, discrimination and workplace reporting procedures as well as incident reports. #

5. Address racial disparities in student grading, evaluation and recognition.
 - a. Abolish the Alpha Omega Alpha Honor Medical Society. @
 - b. Publicly release data on the racial disparities in the assignment of High Pass / Honors grades in clinical clerkships. Publish and implement a plan to immediately address these disparities. @
6. Cultivate an environment that celebrates and promotes the personal and professional success of URM graduate and professional students:
 - a. Rename Whipple Auditorium, Whipple Circle, George H. Whipple Lab for Cancer Research, and The George H. Whipple Society in honor of BIPOC who have contributed to the fields of medicine and science. @
 - b. Permanently display installations celebrating URM faculty, staff and alumni in the medical school and hospital.
 - c. Increase mental health services available to students of color by hiring providers with the appropriate training and experience to discuss the impact of trauma from racial bias, systemic racism, microaggressions, etc. #@
 - d. Increase by at least 50% the student-directed funding for BIPOC students to support mentorship, scholarships, national conference attendance, and other needs as determined by the students. #
 - e. Create support services for students, especially BIPOC, who are caregivers. Connect such students to local community organizations supplying funds, childcare, housing, food and other resources.
 - f. Establish a fund allocated for materials to support URM students' academic success. In doing so, increase free access to academic success tools including but not limited to high-quality tutors, board and shelf preparation materials.
 - g. Designate physical space within URMC/URSMD for the aforementioned resources and to be used at the discretion of BIPOC students.
7. Incorporate comprehensive anti-racism education into the medical school curriculum.#@
 - a. Include and abide by commitments to anti-racism and dismantling white supremacy into the MD Program Overall Educational Objectives.
 - b. Create intentional, longitudinal opportunities for engagement in the topics of race, racism, structural oppression, microaggressions, descrimination, and the history of racism in medicine. This should span all four years of training, may not consist of the addition of singular activities or events, and must include, but is not limited to the following demands:
 - i. Define specific learning objectives that can be assessed holistically and with open dialogue at the end of each semester. Students should engage in formal anti-racism training before beginning 1st year, before starting 3rd year, and again during Successful Interning.
 - ii. Hire and competitively compensate professional anti-racism educators, ideally from the local community, to facilitate conversations about race, antiracism training etc. The work of educating white students and classes as a whole must **not** fall on students of color or faculty of color who are often tasked with this uncompensated work. @

- iii. Ensure all modules that address healthcare disparities explicitly acknowledge and educate about structural racism. This must include more than definition of terms and must acknowledge that racism and the systems that uphold racism are at the core of all health disparities.
 - iv. Cease the use of racially stereotyped patients in clinical scenarios. Routinely incorporate counter-stereotypes into PBL cases.
 - v. Refuse to exploit poor local communities in the name of education. Cease the windshield tour assignment during 1st year. This activity asks students to visit areas of this city that have been historically disenfranchised without the intention to genuinely engage, thus reinforcing the notion that we only interact with the communities we serve when they come into the hospital.
8. Make explicitly clear the procedures for reporting, investigating and resolving incidents of bias and discrimination in the school and hospital. @
- a. Publicly release a regularly updated list of de-identified reported incidents with subsequent follow-up action taken, in a manner which protects the identities of those involved. Allow individuals the option of reporting incidents anonymously.

Support for URM Faculty, Staff and Patients

9. Promote and support URM faculty and staff such that the diversity of the URMC provider workforce is reflective of the Rochester community at a minimum.
- a. Publicly release a detailed plan to increase the hiring and recruitment of physicians of color. This must include a commitment to a provider workforce representative of at least 40.3% Black or African American, 18.3% Hispanic or Latino, and 1.1% American Indian and Alaska Native (as per US Census Bureau Population Estimates for Rochester, NY in 2019). #@
 - b. Guarantee protection of faculty, staff, and patients who speak out against racism and report incidents of conscious and unconscious bias with the administration. #
 - c. Incorporate comprehensive, longitudinal anti-racism education for faculty and staff. See Point 7 above. @
10. Ensure equitable compensation for all staff, and especially for healthcare workers and children that live in poverty, a disproportionate number of whom are Black women.
- a. Publicly release data on the minimum wages paid to all hospital and subcontracted staff. @
 - b. Publicly release disaggregated data on the demographics of employees who have received pay cuts and/or have been subject to furlough due to the financial impact of the COVID-19 pandemic.
 - c. Immediately guarantee all employees - including non-represented and represented staff, part time and full time staff, and staff with less than 2 years of benefit eligible service - will be compensated at a City of Rochester living hourly wage of \$12.58 (for the period of July 1, 2020 - June 30, 2021) with full benefits. @
11. Desegregate patient care. Eliminate the effective segregation of patient care that routinely occurs through triage decision-making, discrimination based on insurance status, and use of trainees to care for marginalized patients.

- a. Publicly release aggregate data on the racial demographics, primary language, and insurance status of patients seen in each URMC and affiliate care location. @
 - b. Publicly release data on the demographics of patients seen by providers of different training levels within the health system (residents, NPs, PAs, fellows, attendings). This should include student directed clinical outreach. @
 - c. Implement a clear action plan to address inequities in access to comprehensive care by fully-trained providers at URSMD sites (including Strong Memorial Hospital, Highland Hospital, Eastman Dental, and affiliated hospital centers). @
12. Incorporate anti-racism policies within the approval and funding of scientific research at URMC.
- a. Modify the IRB approval process to require researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-related genetics or any other biological notions of race must acknowledge that race is a sociopolitical construct and explicitly describe a plan for the responsible treatment of race-related genetics in the study. @
 - b. Endorse the Greater Rochester Black Agenda Group's statement that racism is a public health crisis and fund research into the impacts of racism on the local community. Studies that include race must define it as a sociopolitical construct and examine observed differences as a product of racism, whether through differential health access, economic inequality, etc. If scientists are looking to study the effects of geography, ancestry, or other demographic variables on health or disease, they must clearly state these intentions and carefully gather their data in a scientific manner. @
13. Ensure the provision of free healthcare services and health-related education at schools in RCSD.
- a. Provide comprehensive, longitudinal, sustainable care for RCSD students, teachers, and staff. These services must **not** perpetuate a model in which patients are provided care only or mostly by physicians-in-training without access to resources equivalent to receiving care at other URMC clinics.
 - b. Provide free health related, age appropriate educational resources to students of RCSD to promote health literacy.