

June 5, 2020

Dr. Taubman and President Mangelsdorf,

I hope this note finds you both well. My name is Guylda Richard Johnson and I am a current second year Internal Medicine and Pediatrics (Med-Peds) resident at the University of Rochester. I am also an alumnus of the School of Medicine and Dentistry, Class of 2018.

It is with pain, anger, sadness and frustration that I write this email—not only because it has been prompted by yet another murder of an unarmed black man at the hands of police, but also because this feels like déjà vu.

I have been here with you before.

I have been an active member of the medical and broader Rochester community for six years. In the past week, I have felt every emotion on the spectrum, witnessing the protests that have sparked conversation and action within and outside of our walls. And while it seems that shifts, however small, are occurring on the outside, my hope has been dashed as I learn and hear more from current medical and graduate students about the lack of movement made internally since we began having these conversations in December 2014.

From my time as a first year medical student, participating in the International Human Rights Day Die-In held in response to the killing of Michael Brown and Eric Garner, to my present as a proud mother, doctor, daughter, cousin, and niece of black men and women in America, I have fought to put an end to systemic racism in this country and in the Rochester medical community. That work has put me in contact with a broad range of leaders and administrators, all of whom have made public and private claims of their commitment to putting an end to concerns raised by myself and other members of the undergraduate, graduate and medical school populations at the University of Rochester when it comes to race—specifically, the treatment of the black members of our community and this country. Notable examples of this can be found below:

- **December 10, 2014:** On International Human Rights Day, sixty (60) students—wearing their white coats—laid down on the floor of the University of Rochester Admissions Office in national protest following the deaths of Michael Brown and Eric Garner. The ‘Die-In,’ carried out along with students from more than 70 schools across the country, was meant to send a clear and direct message: **racial bias is a public health issue.**
 - <https://www.democratandchronicle.com/story/news/2014/12/10/ur-med-students-protest-grand-jury-decisions/20212043/>
- **November 20, 2015:** On the undergraduate campus, the then sitting University of Rochester President Joel Seligman received a petition from several minority interest groups including, the Minority Student Advisory Board, the Spanish and Latino Students’ Association, the Douglass Leadership House and the Black Students’ Union. Racial tensions on the undergraduate campus had been rising as there were an increased number of racist postings on the social media forum, Yik Yak. The student’s demands were a call to **“implement immediate and lasting changes that will reduce intolerable acts of racism that students of color endure at our university.”** You can read the student’s original demands and President Seligman’s response using the links below.
 - <http://www.rochester.edu/college/OMSA/assets/pdf/Demands.pdf>
 - <http://www.rochester.edu/president/petition-response/>

In response to the undergraduate student petition, the Presidential Commission on Race and Diversity was created on November 23, 2015. No medical student representative had initially been invited to participate.

Days later, a brilliant then-first year medical student took the incredibly brave step of sending an email to the entire student body—as well as several members of leadership, including but not limited to, Dr. Mark Taubman

(Dean, School of Medicine and Dentistry and CEO of the University of Rochester Medical Center), Dr. David Lambert (Senior Associate Dean of Medical Student Education), and Dr. Linda Chaudron (Senior Associate Dean for Inclusion and Culture – SMD and Vice President for Inclusion and Culture – URMC)—to call attention to similar concerns.

In the email, titled “Letter to Address Racial Climate at University of Rochester School of Medicine” the student wrote:

For the past few years, I have witnessed silence among the administration when it comes to acknowledging the pervasiveness of implicit and explicit bias in the classroom, clinical wards, and within the institution... Although the biopsychosocial model seeks to address some of these biases which may affect healthcare delivery, the lack of faculty of color, sufficient competency and anti-racism training, and resources to support medical students has shown me that there is a lack of commitment by the administration towards ensuring that there is a healthy academic environment for Black students. It is difficult for me to stand in confidence with an institution which refuses to acknowledge the mental and emotional burden on Black medical students who are witnessing acts of terror repetitively being committed and targeted towards black communities globally and nationally.

While I have attached the original email from the student and responses from Drs. Lambert and Taubman here should you wish to revisit and read them in full (#1), I want to bring your attention to a few key excerpts here:

- Dr. Lambert: “Dean and CEO Taubman as well as President Seligman are committed to an inclusive learning and working environment. Dean and CEO Taubman along with Dr. Linda Chaudron, Associate Vice President and Senior Associate Dean for Inclusion and Culture Development (**a position created by Dean and CEO Taubman within the last year**) will be sharing a plan to get broader input from members of the medical center community and share progress on plans to enhance diversity, address problems, and promote inclusion. **This has been an integral part of the medical center's developing Strategic Plan.**”
- Dr. Taubman: “**Creating a culture of inclusion is a very high priority for me and is a major goal of the medical center.** Dr. Lambert noted below that we will be sharing a plan to get broader input on this issue from students and other members of the medical center community. **I plan to be actively involved in this effort.**”

That same day I was invited to serve as the URMC SMD student representative on the Presidential Commission on Race and Diversity. Our first meeting was on December 3, 2015. Below are the actions that were taken following that invitation:

- **December 7, 2015:** Dr. Taubman sent a message to medical students titled, “**Commitment to Inclusion Requires Careful Listening and Meaningful Response.**” In this message he wrote: “As a nation, we must do more to overcome the conscious and unconscious biases that creep into our everyday interactions. **Even if we can't fully control every interaction, we must support those who experience these bruising incidents. As Dean and CEO, I am personally committed to overcoming these biases in our medical center community. That's why one of the first appointments I made as CEO was to name an Associate Vice President for Inclusion and Culture Development, Dr. Linda Chaudron...**Health care at its core is about human interaction, and as such, our single most important asset is our people. By embracing our differences – our unique abilities, interests, and skills – we strengthen health care as a whole. As Dean and CEO, it's my responsibility to ensure that nothing stands in the way as each of you take advantage of the opportunities you've earned. The critical work of the Executive Committee on Diversity and Inclusion will help us to ensure that.” I have attached his original email for the full statement (#2).

- **December 10, 2015:** on the one-year anniversary of the Die-In, as a second-year medical student and the President of the Student National Medical Association, I co-organized the #ActionsSpeakLouder protest as part of the WhiteCoatsforBlackLives national movement. The purpose was a call to action after exactly one year of inaction. The protest was peaceful, well attended, and included members of leadership: Dr. Taubman, Dr. Lambert, and Dr. Chaudron, to name a few. These leaders walked away with tangible action items that we initially titled, “List of Recommended Corrective Actions.” I have attached the original list (#3). Below is the link to the media coverage of the event.
 - <https://www.democratandchronicle.com/story/news/2015/12/10/ur-med-students-call-addressing-racial-bias-care/77048980/>
 - In the article, after the protest Dr. Lambert is quoted as saying that “he and the students were on ‘the same page’... **we will actively engage in a dialogue with the students to try to meet their recommendations.**” In the video from the event, when speaking on the lack of progress in increasing the number of minority faculty, Dr. Lambert says, “...there are significant efforts to recruit minority or underrepresented faculty at the medical school. Through a variety of resources through the Office of Inclusion and Culture Development, through resources from the university to help to fund faculty members coming here. **There’s a budget of well over a million dollars that is put towards that effort.**”
 - Dr. Mark Taubman, noted "**Everything they have said is something that we have wanted to achieve.**"
- **February 8, 2016:** After numerous meetings with affinity group leaders, commission meetings, town hall meetings, and one-on-one meetings with Dr. Chaudron, Drs Taubman and Chaudron released a statement that included their detailed response to the List of Recommended Corrective Actions as well as a summary of the meetings with the various affinity groups. I have attached these documents as well as the original email (#4, #5, & #6).

Since then, it feels as if we have taken very few steps forward.

While this timely hints at steps taken in the right direction, calls like the one held on Monday, June 1, 2020—attended by several current medical and graduate student leaders and such administrative leaders as Dr. Mercedes Ramirez Fernandez (the First Vice President for Equity and Inclusion), Dr. Adrienne Morgan (Associate Vice President for Equity and Inclusion), and Dr. Chaudron—reinforced the harrowing reality that not much has actually changed. In hearing directly from the students, it was striking that one of the requests that the graduate students were pushing for was almost verbatim what we as medical students had listed as a recommended corrective action nearly five years ago. This highlights that our needs are consistent across various fields of study.

In the wake of another public lynching like that of George Floyd, deafening silence and persistent inaction beyond the appointing of under-resourced equity and inclusion leadership is draining my faith in this place that I have built a home within. I believed deeply in those promises and the work discussed years ago and have spoken positively of these efforts in conversations with prospective minority medical students and residents in efforts to improve our recruitment. While there has certainly been some good that has come out of these efforts as well, we are not nearly where we should have been by now with regards to addressing these age-old issues, and the limited strides made since those discussions occurred is both shameful and disheartening.

It pains me further to know that it has, once again, fallen on the shoulders of members of the student body looking to heal to find the balm for the wounds that have been inflicted on us after centuries of systemic racism in this country—especially after having done so several times over, over the course of a multi-year period.

In fact, a majority of actions taken have come from voices outside of those appointed to address this issue directly. Just two days ago (June 3, 2020), leaders of the Golisano Children’s Hospital coordinated and held a special Pediatric Grand Rounds, titled “From Disparity to Despair: A Conversation on Racism.” Attended by nearly 400 members of our community and led by guest speaker, Dr. Ray Bignall II, the one-hour didactic portion of his presentation—which was recorded—demonstrated Dr. Bignall’s comprehensive understanding of the history of Rochester and our issues with race. With likely less than 5 days’ notice, he shined a light on the power of attention and action. What excuse do we have, as citizens of Rochester, for not understanding the plight of our community?

In the past week, I have felt a spectrum of emotions. Despair. Rage. Hopelessness. It hurts to know that some of these emotions are rooted in a lack of adequate response from this institution. Those emotions and being here in this position again, reflecting on the empty promises from leaders that they would be actively involved in the efforts and work to overcome the biases in our medical community, and that medical students today are experiencing the same struggles that I did as a student is what has me writing this note.

The time for engaging in dialogue to “get broader input from members of the medical center community” has come and gone. There have been numerous action items provided by multiple minority associations that came during particularly difficult periods of upheaval here at the University. It is time for people who are tasked with addressing these issues to begin to take action in a manner that can be deemed effective and purposeful. To date, that has not been the case.

Placing women of color in positions with titles that imply a commitment that is not fulfilled does not solve the problem, especially when they are not given the tools or provided with the means to dissolve the red tape they face in enacting change. Pacifying the minority population does not distinguish racial injustice. It is time to put that million plus dollar budget that Dr. Lambert alluded to towards providing full uninhibited, no strings attached, support to people like Dr. Adrienne Morgan, Dr. Ramirez Fernandez, and Evelyn Parker (Director for Learner Inclusion and Culture, GME).

Attached you will find a series of emails and documents (numerically labeled to correlate with this letter) that covers the range of conversations had over the past six years where promises made were left unfulfilled. In providing this detailed view, I hope to showcase just how little traction has been made to address or enact the proposed solutions to what was deemed a major concern with racial inequality here at the University of Rochester Medical Center.

I sincerely hope this illuminates a very real need for immediate and sustained change. It is on you to engage, demonstrate your allyship, and reinvigorate the ailing black community that works alongside you as we strive to be “Ever Better,” together.

Meliora.

Signed,

Guylda Richard Johnson, MD

Attachments:

1. [Letter-to-Address-Racial-Climate-at-University-of-Rochester-School-of-Medicine.pdf](#)
2. [Commitment-to-Inclusion-Requires-Careful-Listening-and-Meaningful-Response.pdf](#)
3. [List-of-Recommended-Corrective-Actions.pdf](#)
4. [Response-to-recommended-corrective-actions.pdf](#)
5. [Summary-of-Medical-Student-Affinity-Group-Meeting-January-6.pdf](#)
6. [Message-from-Mark-Taubman-and-Linda-Chaudron-re-respond-to-rec-corrective-actions-list.pdf](#)