



# **Statement on Affirmative Action**

## **Decision**

**Student National Medical Association**

Health Policy and Legislative Affairs Committee

# Statement on Affirmative Action

## Fourth Revision

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## Representative Education

Founded in 1964 by medical students from Howard University School of Medicine and Meharry Medical College, the Student National Medical Association (SNMA) is the nation's oldest and largest, independent, student-governed organization focused on the needs and concerns of medical students of color. The SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians.

### Introduction

The recent Supreme Court cases on affirmative action, *Students for Fair Admissions v. President and Fellows of Harvard* and *Students for Fair Admissions v. University of North Carolina*, effectively ends race-conscious admission practices in higher education - thereby eroding 50 years of precedent.<sup>1</sup> Through the 6-3 ruling by the court's conservative justices, educational institutions will now have limited consideration during their admissions process. This ruling presents as a threat to diverse student bodies and future workforces. Moreover, the absence of affirmative action will be felt drastically among medical schools, one of the most selective programs in the nation.<sup>1</sup> Already, there has been a devastating impact on the diversity of medical student classes (nearly 5% decrease) at twenty-one public universities in eight states due to affirmative action bans from 1985 to 2019.<sup>2</sup> The effects of these recent rulings will inevitably exacerbate current concerns regarding disparities within education and healthcare.

Historically, academic institutions have been slow in their inclusion of different ethnic and gender backgrounds at every educational level.<sup>3</sup> This exclusion has resulted in a lack of diversity amongst healthcare providers which has led to a build-up of consequences seen today.<sup>3</sup> Consequences include: less diverse representation of physicians, greater physician shortages in underserved communities, and lack of cultural competency in medical education.<sup>4,5</sup> Such consequences will only be exaggerated with the dismantling of affirmative action. Treatment disparities, misunderstandings, and/or mistrust between patients and providers are additionally at a vulnerable risk due to the differentiations in cultural nuances, health beliefs, and communication styles.<sup>6</sup> Therefore, affirmative action tools in health professions schools are critical in ensuring that the medical curriculum produces culturally-competent physicians who understand and respectfully care for the different diverse populations of our nation.<sup>7</sup> Rescinding such a transformative policy is a step in the wrong direction as it impedes progress towards achieving equitable healthcare.

The SNMA firmly believes in the power of affirmative action in order to demolish the barriers that hinder social justice and equity. Since the inception of the SNMA, the mission of the non-profit organization has been to address the concerns of medical students of color and attempt to resolve healthcare issues of minority and other underserved populations. One solution to alleviating these

healthcare issues is to diversify physicians who better represent and more accurately reflect the communities of our nation. With this policy statement, the SNMA emphasizes the importance of established affirmative action programs and the need for medical schools to further improve their diversity among their student body and the professoriate.

## **BACKGROUND**

The concept of Affirmative Action was initially created by President John F. Kennedy in 1961. Through Executive Order 10925, "Affirmative Action" was born in an effort to achieve non-discrimination in the workplace.<sup>8</sup> It was further propelled by Presidents Lyndon B. Johnson and Richard Nixon who both passed additional Executive Orders to end race discrimination in employment hiring with a particular focus on including women and ethnic minorities. Eventually, colleges and universities began to adopt the practice and in 1969, many elite universities admitted more than twice as many Black students as they had the year before – a move that correlated strongly with the Civil Rights Movement.<sup>9,10</sup> Since then, the 2023 Supreme Court decision has been a result from years of controversy surrounding affirmative action among races, political parties, and states.

*Students for Fair Admissions v. President and Fellows of Harvard* ruled that race-based affirmative action violate the Equal Protection Clause of the Fourteenth Amendment. Its companion case, *Students for Fair Admissions v. University of North Carolina*, overruled *Grutter v. Bollinger* (2003) and *Regents of the University of California v. Bakke* (1978), which validated the limited role of affirmative action admission decisions. Chief Justice John Roberts, who writes for the majority, stated that schools could be more mindful of applicants' race through narratives or essays, however, previous data have suggested that the admission rates for Black and Hispanic students have substantially plummeted despite other admission considerations as a result of race-consideration bans. The University of Michigan has shown Black undergraduate admissions have dropped from 7% (2006) to 4.5% (2022). In addition, despite the University of California's half a billion dollar effort to promote diversity enrollment, Black undergraduate enrollment was only 4% at UC Berkeley and 5% at UCLA.<sup>1</sup> The inexorable decrease in diverse student representation that will soon follow the new court's ruling will inevitably create a domino effect from undergraduate to graduate and professional level schooling.

Affirmative action serves as an indispensable tool in redressing the imbalances in medical education where representation among healthcare providers remains notably low for Black, Latino/x, American Indian, and Alaska Native communities on a national scale.<sup>11</sup> Many medical schools have turned to using race as one factor, among many, in admission decisions in attempt to boost the numbers of students from underrepresented groups and to help overcome entry obstacles like the Medical College Admissions Test (MCAT) which trend to favor students from wealthier and/or privileged backgrounds.<sup>11</sup> In a comprehensive examination of medical school demographics, there

is an overrepresentation of students from high-income backgrounds. Conversely, low-income communities, disproportionately composed of Black, Latino/x, American Indian, and Alaska Native individuals, are notably underrepresented in medical education institutions.<sup>11</sup> This disparity warrants necessary attention as it not only reflects but also perpetuates systemic inequities in the healthcare system.

In a different light, various studies have shown the effect of minority patients being treated by minority physicians, especially of the same race. A broad scholarly consensus supports the idea that patients from underrepresented communities generally have better health outcomes when treated by healthcare providers with similar lived experiences. This leads to enhanced communication, trust, and empathy.<sup>14,15</sup> Specifically, the Association of American Medical Colleges (AAMC) highlighted a study which found that a 10% increase in the representation of Black primary care physicians was associated with 30.6 days of greater life expectancy among Black people in that county.<sup>12</sup> Another study noted by the AAMC found that a key factor in American Indian and Alaska Native health disparities is due to the shortage of American Indian and/Alaska Native physicians and healthcare professionals. Given the intimacy of various communities' cultural values and spiritual beliefs, the patient-physician relationship is of even higher importance.<sup>13</sup> Such studies show that addressing these issues as early on as possible in the education system can make a significant difference in the future of healthcare.

Affirmative action serves as a necessary and valuable tool in creating a more inclusive healthcare environment, promoting diverse equality, and preparing future healthcare professionals to meet the needs of a multicultural society, thereby, fulfilling the SNMA's vision for a more equitable healthcare system.

## **SCOPE OF THE PROBLEM**

Implicit in the decision of *Brown vs. Board of Education* (1954) is an admission of the denial of comparable and effective education for ethnic minorities, particularly African Americans. Despite following landmark legislations, such as the Elementary and Secondary Education Act of 1965, disparities continue to remain. A national survey of high school students in the 1980s demonstrated the majority of both Caucasian and African American students graduate from high school. However, only 12% of African American high school graduates went on to attain bachelor's degrees or higher compared to 27.5% of Caucasian graduates.<sup>16</sup> Educational statistics from the last century demonstrate a narrowing of the achievement gap between ethnic minorities and Caucasians. Unfortunately, this narrowing has remained relatively stable since 1970. Some even express a loss of educational equity over the past two to three decades.<sup>16</sup>

The role of diversity-weighted admissions in medical education has not been spared from the critical glance of well-meaning citizens who believe the United States has finally entered a post-racial era. Under what circumstances, some may ask, is it proper to accept “less qualified” students simply because of the assumed merit of applicants’ diverse and/or disadvantaged background? This view assumes the position (a position that is becoming less tenable) that “qualification” is accurately and comprehensively represented by GPA and standardized test scores.<sup>17</sup> The adequacy of traditional application metrics is beyond the scope of this document, but the introduction of the opposing position warrants a mention of the issue.

A number of medical educators and professional organizations, including the AAMC, tend to agree that diversity provides a demonstrable benefit to the training environment and to the medical profession. Fortunately, there have been significant improvements in the representation of ethnic minorities and women in the field of medicine over the past few decades. Between 1964 and 1971, African Americans, American Indians, Mexican Americans, and Puerto Ricans have collectively increased from 2% to more than 8% of matriculating medical students.<sup>18</sup> As the academic year 2022-2023, Black or African American students made up 10% of matriculants while students who were Hispanic, Latino, or of Spanish origin made up 12% of matriculants. American Indian or Alaskan Native students only made up 1% of matriculants.<sup>18</sup>

The goals of affirmative action were best described in the Equal Opportunity Act of 1972 which mandated all state and most local governments and institutions increase the proportions of their female and minority employees until they are equal to the proportions existing in the available market.<sup>19</sup> Nowhere within the language of affirmative action are racial “quotas” used to outline its practical application. Under the premise of justice and equality, our higher education, government, and business institutions must reflect the diversity of the society in which we live.

## **STATEMENT OF POSITION AND RECOMMENDATIONS**

Since its establishment in 1964, the SNMA’s identity lies in being the largest independent organization to represent the concerns of minority and underrepresented medical students across the nation. Its sense of duty to affirmative action stems from the knowledge that many of its founders served on the proverbial front lines of the civil rights era. The opportunities created by their victories (like affirmative action) have given qualified individuals, like the SNMA’s members, the chance to live out dreams of becoming physicians. After the drastic effects of the 1910 Flexner Report that resulted in the closing of five out of seven medical schools open to medical students of African American heritage, this dream was only afforded to those attending the historically Black medical schools (Meharry Medical College and Howard University) and a few quota-restricted positions of northern medical schools.<sup>20</sup>

For the past 60 years, the SNMA continues to strive in attaining the goal of increasing representation in medicine. Therefore, it is the position of the SNMA that affirmative action is a necessary policy that benefits minorities and women in this society. Moreover, this affirmative action provides assurance that the rights and equality of its members are supported and protected by the government of this country. The SNMA supports legislation and policies that assure an increase in minority representation at ALL levels of education and employment.

***Explicit Support of Affirmative Action (as adopted by AMSA Resolution E2)***

1. The SNMA supports the increased representation of racial minority students in medical school.
2. The SNMA urges increased efforts by medical schools to hire minority faculty and administration.
3. The SNMA supports the development, funding, and continued emphasis toward strengthening programs that enroll, retain, and graduate increased numbers of minority students.
4. The SNMA urges special attention be paid to the financial needs of minority medical students.
5. The SNMA explicitly supports federal and state affirmative action programs.
6. The SNMA encourages and supports the increased application and admission of qualified women to all medical schools, and discourages disqualification of applicants based solely on sex, sexual orientation, and/or marital status.
7. The SNMA urges federal support to encourage more women to enter the field of medicine and for recruitment of women as medical school faculty and administrators.
8. The SNMA supports financial incentives for schools to progress toward achieving a percentage of women physician faculty and administrators at each rank equal to the percentage of women in the general population.
9. The SNMA does not support the Supreme Court's decision to overturn Affirmative Action, as it was created to increase diversity and inclusion not just in education, but in our society as a whole.
10. The SNMA will continue to fight for equality so that individuals regardless of gender, race and cultural background are given a fair chance at entering medicine.

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