ACTIVISM OVER MERITOCRACY:

HOW THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES IS CORRUPTING MEDICAL EDUCATION WITH ENDLESS DEI IDEOLOGY

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EXECUTIVE SUMMARY

The Association of American Medical Colleges (AAMC) has enjoyed almost 150 years of influence over medical education in North America. What began as an annual meeting among deans to discuss how to improve the quality of instruction in medical schools has transformed into a titanic bureaucracy. The current day AAMC enjoys an enormous degree of control over the entire medical education enterprise.

The power that the AAMC holds over academic medicine largely stems from the medical schools themselves. Prospective physicians must engage with the Medical College Admission Test (MCAT®), the American Medical College Application Service (AMCAS®), and graduate medical education (residency) processes to achieve their goals of becoming MDs. Additionally, the AAMC is increasingly exerting influence over the osteopathic education system and attempting to infuse it with the same ideological agenda that has swamped the MD-granting (allopathic) education structure. These efforts are all rooted in the AAMC's belief that diversity, equity, and inclusion (DEI) is a critical core competency.

The AAMC also advances its agenda through advocacy and policy, with a heavy emphasis on medical school admissions. Within moments of the announcement, the organization expressed its disappointment with the landmark Supreme Court decisions restricting race-based university admissions. The AAMC increasingly champions "holistic review" admissions, which consider "experiences" and "attributes" ahead of traditional academic metrics and can often be a proxy for considering race.

The AAMC publishes numerous position statements that reflect its unwavering dedication to DEI. Sponsored by the AAMC, the Liaison Committee on Medical Education (LCME) dictates the accreditation standards related to admissions and pipeline programs. Additional LCME standards infuse identity politics into program curricula, placing an emphasis on social issues as the "contemporary practice of medicine."

Moreover, the AAMC is vocal in its defense of controversial topics in the medical field. For instance, it strongly supports the unsupported and discriminatory notion that racial concordance – when patients are cared for by healthcare professionals of the same race – results in better patient outcomes. Postings to the AAMC's website indicate a disturbing level of agreement with the dangerous and experimental practice of so-called "gender-affirming care" for minors. The radical gender ideology concepts the AAMC promotes are contrary to evidence-based science and pose a danger to children and adolescents.

These ideas and initiatives come straight from the top of the organization. The constant focus on structural racism and bias in instructional methods largely originates from and is perpetuated by the AAMC's highly compensated leadership. The DEI agenda is represented in the full spectrum of communication and publications that are generated by the CEO, DEI officer, staff, and faculty of its member institutions. The AAMC's own journal, webinars, strategic plan, and widely distributed guidance documents reflect this. Many of these offerings are framed in the context of concepts such as "health equity," "social justice," and "climate activism."

The AAMC's ability to fuel all these initiatives comes from the tens of millions of dollars it receives and generates. These funds come in the form of public and private grants, as well as the considerable revenue stream generated by the services that applicants and students must use to enter and complete medical school. To spread the wealth – and the DEI agenda – the AAMC finances organizations that are ideologically aligned, regardless of their divisive practices and rhetoric. University-based scholarships and fellowships that are limited to applicants of certain races deemed "underrepresented in medicine" increasingly bear the AAMC stamp of approval. Yet, despite its apparent pride in the messaging and authority it exerts on every sliver of medical education, the AAMC has not made an annual report available to the public since 2000.

This report provides a comprehensive overview of the AAMC's role in the negative influences on medical education. The report explores how the AAMC uses a multi-faceted approach to shift academic medicine into a permanently politicized state. Part 1 describes how DEI pervades the steps that future medical students and graduates must take to satisfy AAMC-controlled requirements to enter medical education and residency programs. Part 2 reveals how the AAMC, via its executive leadership and corporate strategy, is financially able to influence policy and promote political activism. Part 3 presents strategies for countering the well-entrenched DEI agenda and support of identity politics that the AAMC has inflicted upon the American medical education system.

INTRODUCTION

Meet the organization ruining medical education.

The AAMC, headquartered in Washington, D.C., was founded in 1876 at the Jefferson Medical College in Philadelphia when a group of deans and faculty members met for a discussion about the state of American medical education. At that time, there were few regulations governing medical education, and the quality of instruction was inconsistent. Because of this, the deans and faculty developed fundamental principles for medical education. In subsequent years, the AAMC's annual meeting served as an opportunity for medical school deans to engage in ongoing dialogue about best practices for the instruction of America's physicians.[1]

Today, the organization says it is "dedicated to transforming health through medical education, healthcare, medical research, and community collaborations." Member institutions of the AAMC include 171 accredited medical schools in the United States and Canada, more than 400 teaching hospitals and health systems, and at least 70 academic societies.[2] Officials at member schools can participate in the AAMC's various "affinity groups," such as the Council of Deans (COD) and the Group on Diversity and Inclusion (GDI).[3] Unfortunately, the AAMC harnesses this vast network to create, promote, and ingrain philosophies that are rooted in controversial belief systems instead of established science.

The AAMC lists "diversity, inclusion, and equity in healthcare" as one of the organization's four primary mission areas.[4] The AAMC recently declared, "Diversity, equity, and inclusion (DEI) in medical education and the physician workforce is critical for everyone's health."[5]

The upheaval that followed the death of George Floyd served as a springboard that accelerated many ideological initiatives in medical education and professional healthcare organizations in the United States. The AAMC is no exception. As noted by Do No Harm founder and Chairman Dr. Stanley Goldfarb:

> **[T]heir message is loud and clear – the leaders of medical schools, professional societies, academic medical centers, and publications must acknowledge systemic racism in their midst and, having found it (or something that looks like it), extirpate it.**[6]

Moreover, the AAMC prominently displays its commitment to DEI on its website.[7] Its *Equity, Diversity, & Inclusion Initiatives* page references common politicized concepts such as anti-racism, implicit bias, and group identity politics. "Advancing anti-racism is a continuous process that requires a variety of approaches and strategies," the AAMC declares.[8] Its *Anti-racism Resources* page links to more than 50 internal and external statements and organizations that push this radical concept.[9] This includes the disgraced Boston University Center for Antiracist Research, directed by critical race theorist Ibram X. Kendi.[10] "The only remedy to past discrimination is present discrimination," Kendi has claimed. "The only remedy to present discrimination is future discrimination."[11]

Kendi isn't the only discredited ideologue the AAMC promotes. A resource on "allyship" quotes Robin DiAngelo of *White Fragility* notoriety and the subject of a recent plagiarism scandal.[12] "The primary goal for white people working to understand racism and be an anti-racist is not lo learn how racism impacts people of color," the resource states. "The primary goal is to recognize how the system of racism shapes *our* lives, how we uphold that system, and how we might interrupt it."[13]

Is this the soundest platform on which to build the education of America's future physicians?

This report addresses how the actions of the AAMC have transformed medical education – but by following an ideological prescription rather than a meritocratic agenda.

PART 1: THE AAMC'S DOMINANT ROLE IN MEDICAL EDUCATION

The AAMC's influence touches nearly every step of the medical education experience. The revenue generated by its services that all U.S. medical students and future residents must use – more than $200 million in 2022 – creates a near-bottomless well from which the AAMC can draw.

From the moment that prospective students decide to apply to medical school up to the day they receive their acceptance to a residency program, they are met with AAMC messaging that reflects a clear intent to indoctrinate, rather than educate. These actions and initiatives are part of the "transformation" that the organization frequently cites.

This section is a review of the services and processes that students and graduates must engage in throughout their medical education journey. The AAMC's DEI-inspired blueprint is visible in every step.

MEDICAL COLLEGE ADMISSION TEST (MCAT®)

The MCAT® is known for identifying individuals likely to be successful in completing a medical education program. Historically, universities have long considered MCAT® scores as the gold standard for admission to medical school, but recent actions by the AAMC have brought attention to the test that cast it in a negative light.

The MCAT®, administered by the AAMC, is intended to assess an applicant's scientific knowledge base, critical thinking skills, and problem-solving abilities.[14] The organization declares that these abilities are "required to begin the study of medicine," yet the AAMC itself has been instrumental in the corruption of its once-vaunted tool. In recent years, the AAMC has used the MCAT® to signal the political virtues it wants to project onto prospective medical students.

These philosophies are seen in the publications the AAMC creates for MCAT® exam takers, as well as specific items on the exam itself.

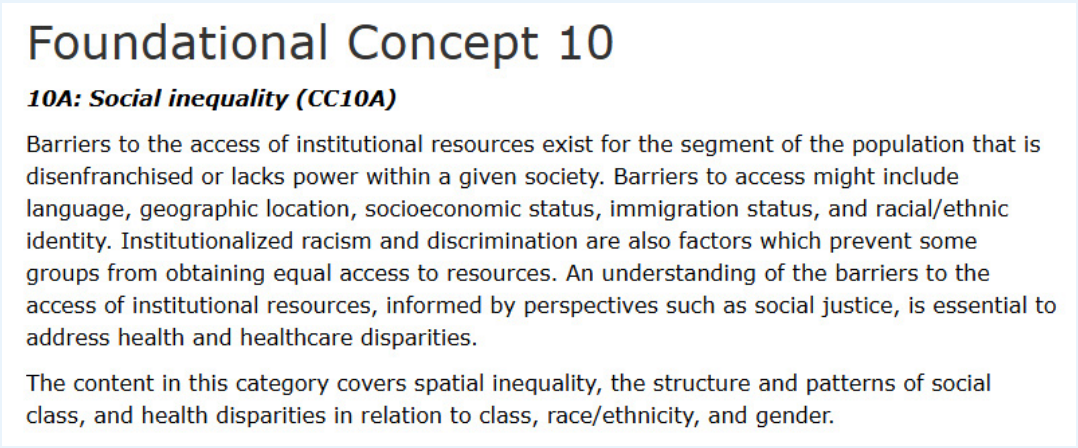
ITEMS ON THE MCAT® EXAM

The AAMC offers several resources to students who are preparing to take the MCAT®. However, the organization cannot resist infusing politicized bunkum into some of these resources.

Three of the exam sections involve foundational concepts and biological systems, and the fourth assesses critical thinking and reasoning. The guide titled *What's on the MCAT® Exam?* offers this example:[15]

> **For example, questions from the Psychological, Social, and Biological Foundations of Behavior section may ask you to reason about the design and execution of research by:**
>
> • *Identifying the most appropriate way to assess prejudice in a study on implicit bias.*

A similar example exists in an online content outline course. "Social inequality" is listed as a foundational concept, declaring, "Institutional racism and discrimination are also factors which prevent some groups from obtaining equal access to resources."[16]



Foundational Concept 10

10A: Social inequality (CC10A)

Barriers to the access of institutional resources exist for the segment of the population that is disenfranchised or lacks power within a given society. Barriers to access might include language, geographic location, socioeconomic status, immigration status, and racial/ethnic identity. Institutionalized racism and discrimination are also factors which prevent some groups from obtaining equal access to resources. An understanding of the barriers to the access of institutional resources, informed by perspectives such as social justice, is essential to address health and healthcare disparities.

The content in this category covers spatial inequality, the structure and patterns of social class, and health disparities in relation to class, race/ethnicity, and gender.

Figure 1. From "What's on the MCAT® Exam? Content Outline Course (AAMC).

Other sections described in the 2020 document focused on "power, prestige, and class" and "social inequality." These issues were attributed to "institutionalized racism and discrimination," stating that "social justice" is "essential to address health and healthcare disparities."

UTILIZING MCAT® DATA

Identity politics are not only observed in the questions asked on the MCAT®, but how the AAMC advises users to interpret and apply the results. The AAMC guide titled *Using MCAT® Data in 2024 Medical Student Selection* claims that the MCAT® exam is designed to indicate which students are academically prepared for medical school. However, it notes that "by looking at students' applications holistically," accounting for their "lived experiences" and other attributes, "you can show your commitment to excellence and equity in medical education." Moreover, the guide claims – without citing any evidence – that the differences in MCAT® scores for groups said to be "underrepresented in medicine" are reflections of "societal inequalities."

Figure 7. MCAT total scores for exams administered from 2020 to 2022, overall and by gender, race/ethnicity, fee assistance status, parental education, testing condition, and repeater status.[1,2]

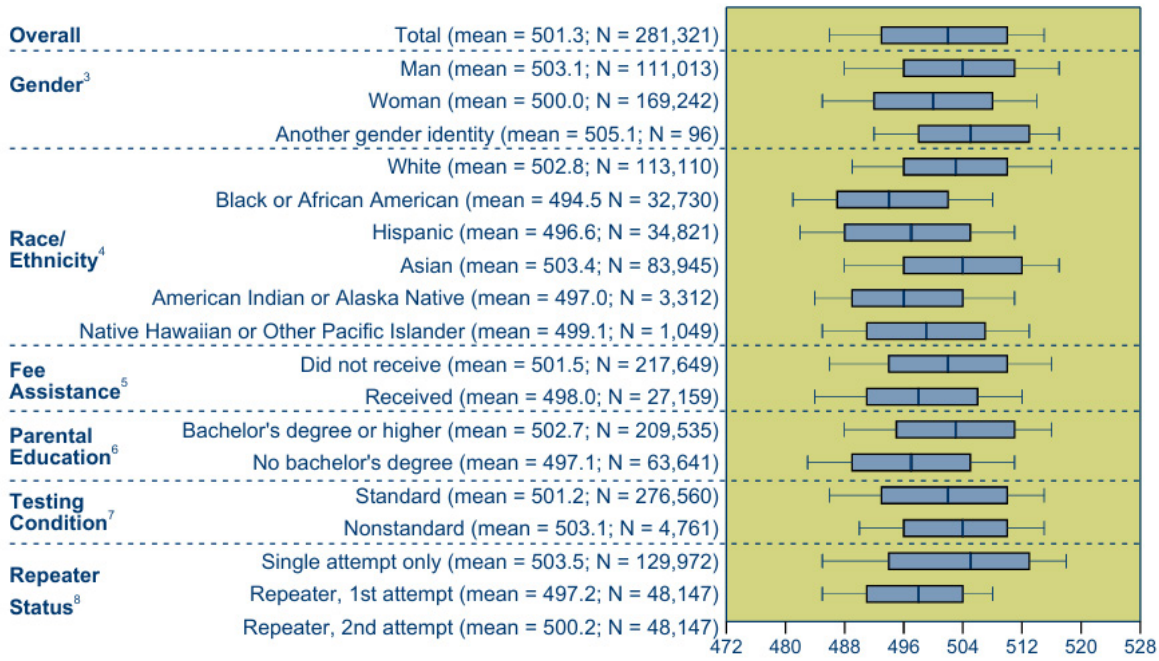


Figure 2. From "Using MCAT® Data in 2024 Medical Student Selection," page 16.

The AAMC argues that the devaluation of MCAT® scores is justified due to socioeconomic disparities between test-takers. Yet even the AAMC's own words indicate that the combination of MCAT® scores and GPAs is the best predictor of medical student success. While it's possible that a student can score poorly on the MCAT®, but go on to be an accomplished medical student, this scenario is not reflected in current trends. Taken together, these assertions are a clear call to admissions officers to set different standards for scores based on a student's race.[17]

These claims are also seen in a series of videos on the AAMC website, which provide additional clues for "equity-based" appraisals of medical school candidates. The video titled *Ten Years of Research: Major Findings and Recommendations from the MCAT® Validity Committee* is an example of how the AAMC skews the purpose of the MCAT® by pushing divisive concepts. In the video, Dr. Catherine Lucey, Executive Vice Dean for Education at the UCSF School of Medicine and Chair of the MCAT® Validity Committee, states the following:

> **"In 2020, systemic racism was elevated in our national consciousness, with numerous incidents of racially motivated violence across our country. At the same time, the global COVID-19 pandemic shined a bright light on inequities spanning all aspects of society. Academic medicine has taken a stand to acknowledge the impact of systemic racism in society and in our field."**

Lucey states that the MCAT® "has been continuously scrutinized for possible bias that contributes to a

lack of diversity in medical school." Yet, she follows that remark by stating that psychometric analysis has found no intrinsic bias in the exam within any demographic group, and it "can serve as a strong measure of the level of achievement necessary for student success in medical school." She even refers to it as "intrinsic equity" – but claims that "the context in which the exam and admissions processes in medical school exist is not equitable" because education and economic opportunity are not equally distributed in the United States.

"Our dark and distant history of slavery, as well as government policies embedding systemic racism in housing loans and Social Security benefits and other social assistance in the 1930s," Lucey declares, "are directly responsible for the tremendous wealth gap between black populations and white populations – and educational disadvantage in minority and rural communities." Because of these factors, Lucey argues that differences among population groups in the results for exams like the MCAT® – which "always favor non-minority populations" – will be seen. "If admissions committees use the exam without an understanding of context or predictability of the results of the exam," Lucey concluded, "inequity can also result."[18]

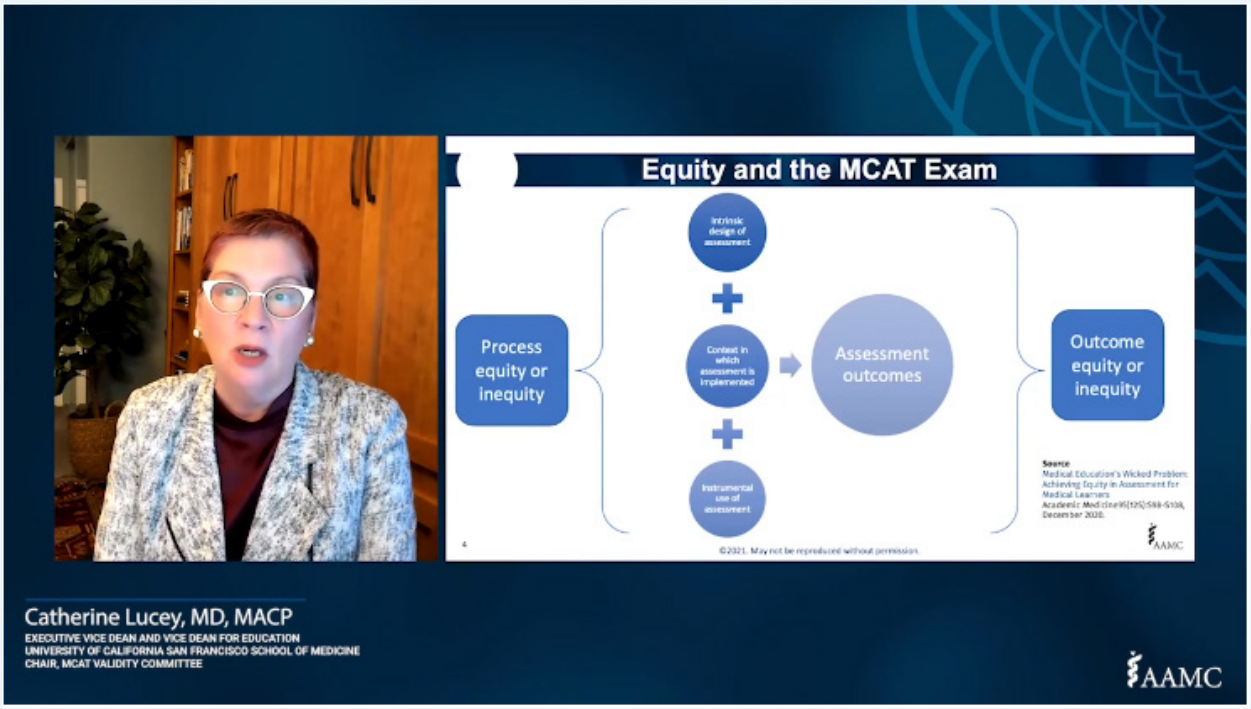


Figure 3. From the "Ten Years of Research: Major Findings and Recommendations from the MCAT® Validity Committee" video (AAMC).

MCAT® 2025

An AAMC publication that reinforces Lucey's equity message is *Using MCAT® Data in 2025 Medical Student Selection*. The document opens with an explanation of "The Holistic Context" of the admissions process. "By looking at students' applications holistically and assessing their academic preparation

and competencies in the context of educational opportunities and lived experiences," the guide states, "you show your commitment to excellence and equity in medical education." Evaluating MCAT® scores with this perspective is "the cornerstone of holistic review."[19] The central message of this publication is unmistakable: eliminating certain candidates based on their MCAT® scores "can result in capable students being overlooked." In the context of prioritizing "equity," it's clear that "capable students" refers exclusively to applicants from underrepresented groups.

PRE-APPLICATION

Once test-takers successfully complete the MCAT®, they submit applications to their preferred medical schools. In preparation, prospective medical students spend a lot of time researching those schools. Naturally, the AAMC is the primary resource for this information, and provides guidance with its usual spin and abundant emphasis on identity politics.

Medical school prospects traditionally seek opportunities to gain healthcare-related experience to enhance their applications and build their resumes. This gives the AAMC yet another chance to intervene with its DEI philosophy. In some cases, the AAMC has affiliated with other entities to cement this way of thinking into the minds of future medical students.

The broad reach of the AAMC's perspectives likely have a substantial influence on how these like-minded organizations adjust their own messaging. An example of an affiliated organization is the Robert Wood Johnson Foundation (RWJF). Often cited by the AAMC, the RWJF once described its "guiding principles" as "bold and lasting change rooted in the best available evidence." Now, the RWJF uses similar messaging as the AAMC, placing a heavy focus on "health equity" and "structural racism."[20] [21]

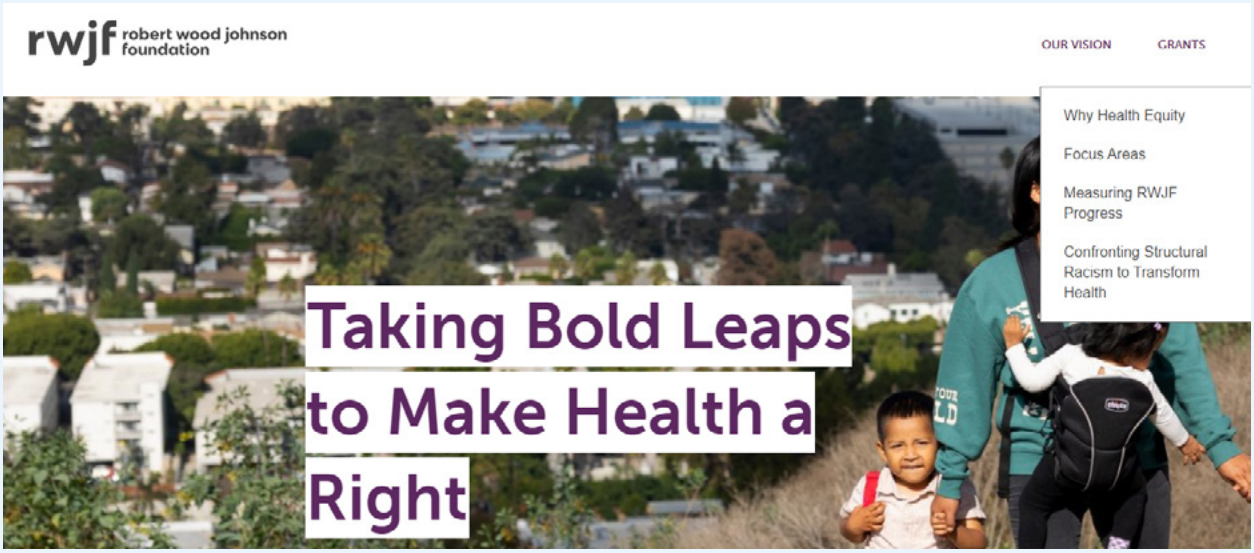


Figure 4. RWJF home page (October 16, 2024).

RWJF even funds a blatantly discriminatory academic program, and the AAMC promotes it. The AAMC's

"Getting Experience" webpage directs undergraduate students to the Summer Health Professions Education Program (SHPEP), funded by RWJF.[22] "SHPEP is a free summer academic program that prepares college freshmen and sophomore students who are underrepresented in the health professions," the website notes, "for their successful application and matriculation to health professions schools." Students from groups that are "racially or ethnically underrepresented" are "encouraged to apply."[23]

The vague language in the description, which both organizations are careful to use, does not directly state that the program is limited to specific racial and ethnic groups. But in past years, the AAMC was much more descriptive when informing students about exactly who was eligible to participate in the SHPEP: "*Racial and ethnic groups that historically have been underrepresented in health professions – African American, Hispanic/Latino, and American Indian*."

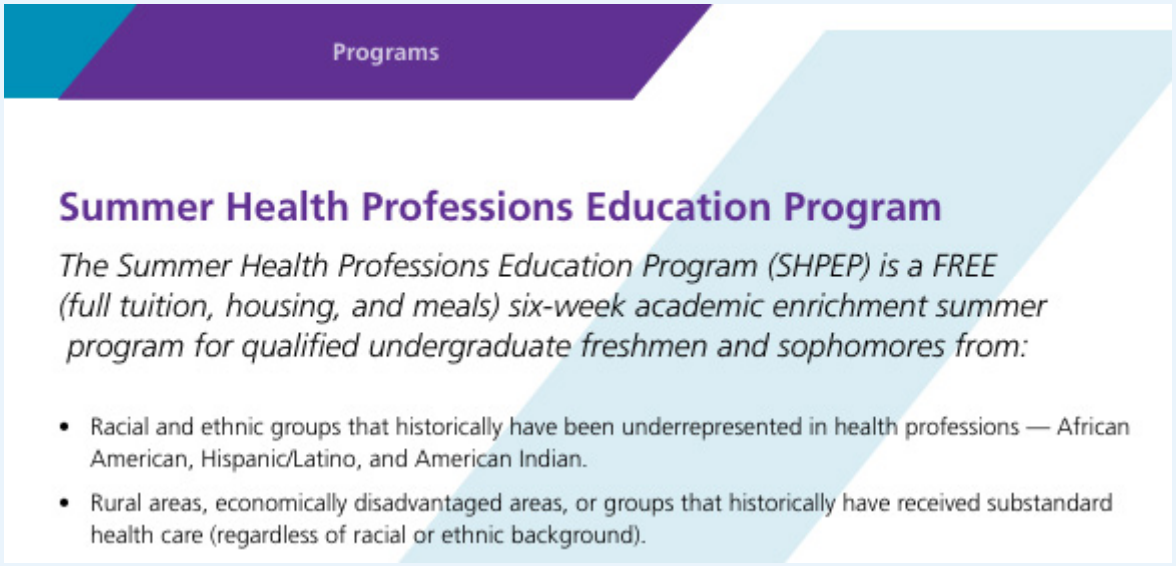


Figure 5. From "Getting Into Medical School: AAMC Resources and Services for Premed Students" (AAMC, 2019).

SHPEP is an ongoing initiative at RWJF, and the AAMC continues to endorse it.

MEDICAL SCHOOL ADMISSION REQUIREMENTS (MSAR®)

The AAMC manages a comprehensive online database for applicants to search for and compare information on medical schools. Called the *Medical School Admission Requirements (MSAR®)*, the database provides basic information like application deadlines, tuition rates, class sizes, and combined degree programs that the school offers. Median MCAT® scores and GPAs for U.S. and Canadian institutions, letter of intent guidance, and interview information are also available to subscribers.[24] [25]

This is important data for future medical students to access. However, the data are exploited by the AAMC to reflect its allegiance to DEI. Available *without* a subscription is each medical school's "diversity

contact" and graphics showing a breakdown of matriculants according to self-reported race and ethnicity. These details are pulled from the AAMC Data Warehouse Applicant Matriculant File. An example is shown below.[26]

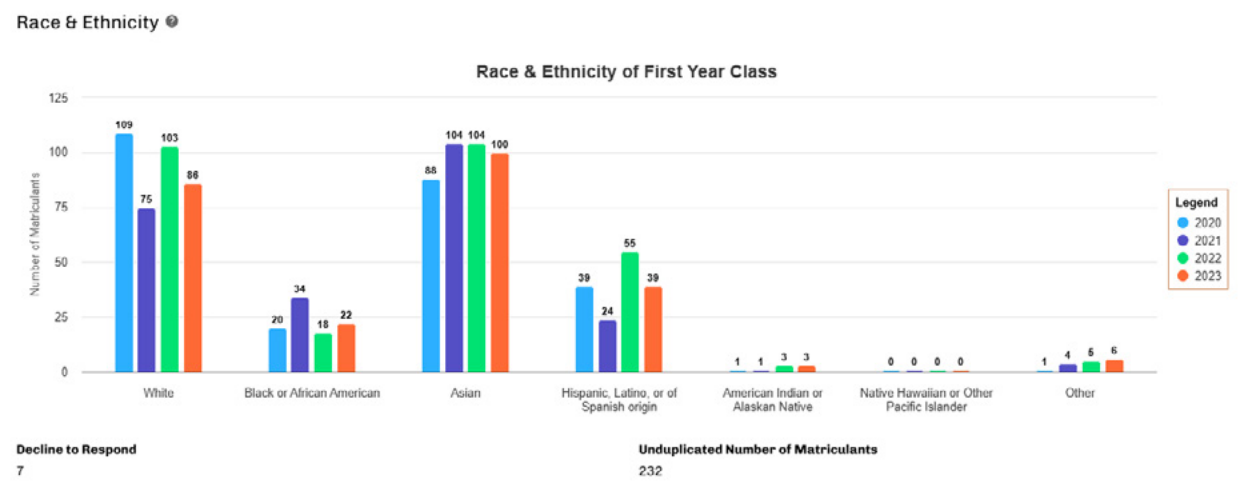


Figure 6. From the AAMC MSAR® entry for University of Texas Southwestern Medical School.

Other MSAR® products are offered free of charge, such as its 2025 *Diversity and Inclusion Information* report.[27] That report lists medical schools alphabetically by state and includes the name, title, phone number, and email address of the DEI official at each one. The open availability of this resource indicates the AAMC's desire to get the DEI data in front of as many students as possible. More importantly, it serves to influence their ideological expectations before they enter medical school.

Finally, the MSAR® resources offer a complimentary copy of the *2023 Official Guide to Medical School Admissions*.[28] The introduction for this 144-page document contains the "AAMC Commitment to Diversity and Inclusion," and several more references to concepts such as health equity and social determinants of health. Chapter 3 contains a table that shows 150 out of 155 medical schools in the U.S. and Canada require students to receive instruction in the topic of health equity. Again, the overarching message is that health equity is a core concept – just because the AAMC says so.

TABLE 3.1. Number of Medical Schools Requiring Given Topics

Specialty	Number of Medical Schools Requiring the Topic*	Specialty	Number of Medical Schools Requiring the Topic*
Informed consent	155	Population Health	153
Social determinants of health	155	Counseling on health promotion/disease prevention	151
Patient Safety	154	Geriatrics	151
Evaluation of Health Science Literature	154	Continuity of Care	150
Nutrition	153	Health Equity	150

*n = 155.

Source: 2021-2022 LCME Part II Annual Medical School Questionnaire.

Figure 7. From the 2023 Official Guide to Medical School Admissions, Chapter 3, page 26.

Chapter 4, titled *Building Toward Greater Diversity*, encourages students to "consider the intersectionality" of multiple "identities" and "look at diversity through the lens of available AAMC data." Programs and resources, such as the *Medical Minority Applicant Registry (Med-MAR)*, are intentionally targeted to "groups underrepresented in medicine".[29] In late 2023, Do No Harm revealed how the AAMC embedded information about the Med-MAR program into the MCAT®, noting how it "enhances admission opportunities for students from groups historically underrepresented in medicine."[30]

A full-page bibliography of "essential readings" for students "to explore the benefits of diversity" rounds out the chapter.

Equipped with an overwhelming volume of material that repeatedly tells prospective students they are members of one identity group or another – oppressed or oppressor, victim or victimizer, underrepresented or overrepresented – they move along to the step of officially applying to medical education programs. Yet, the AAMC isn't even close to being finished with the indoctrination process.

AMERICAN MEDICAL COLLEGE APPLICATION SERVICE (AMCAS®)

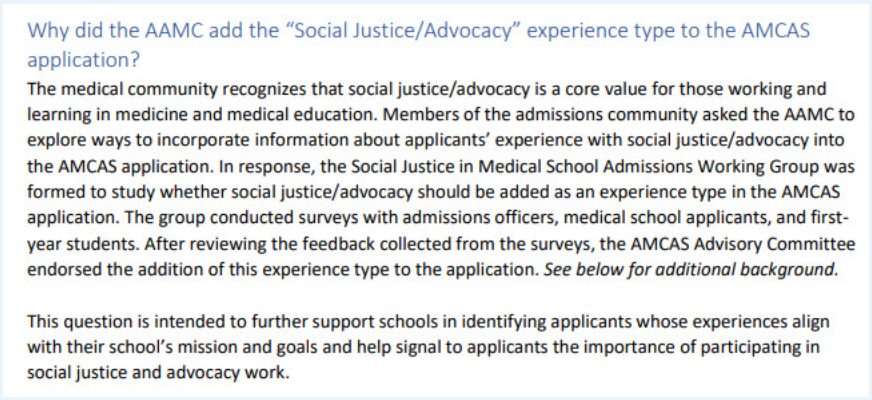
The American Medical College Application Service (AMCAS®) is a centralized medical school application platform, administered exclusively by the AAMC. Most medical education programs in the United States use the AMCAS® as their primary application method. Texas is an exception, using the Texas Medical & Dental Schools Application Services platform for its thirteen MD-granting medical schools.[31] [32] [33] This results in the AAMC having unbounded control over the admission application process at 145 of the 158 accredited allopathic medical schools in the United States.

Prospective medical students can submit one application to any number of those 145 institutions by employing the AMCAS®. Presumably, this process provides standardization in evaluating future medical students. But recent additions to the AMCAS® reveal that the AAMC is more interested in collecting

and reporting on things that go beyond the objective data that demonstrate a candidate's academic achievement.

In 2022, Do No Harm reported that the AMCAS® for the 2023 application cycle was asking applicants to choose from a list of eight genders and to indicate their preferred pronouns.[34] The following year, the AAMC published its guidance regarding "Social Justice/Advocacy" experience.

"The medical community recognizes that social justice/advocacy is a core value for those working and learning in medicine and medical education," the update stated. The addition of this question on the AMCAS® came in response to recommendations from the Social Justice in Medical School Admissions Working Group so admissions committees can identify applicants who align with their missions and goals. The AAMC was clear that the question will also "help signal to applicants the importance of participating in social justice and advocacy work."[35]



Why did the AAMC add the "Social Justice/Advocacy" experience type to the AMCAS application?

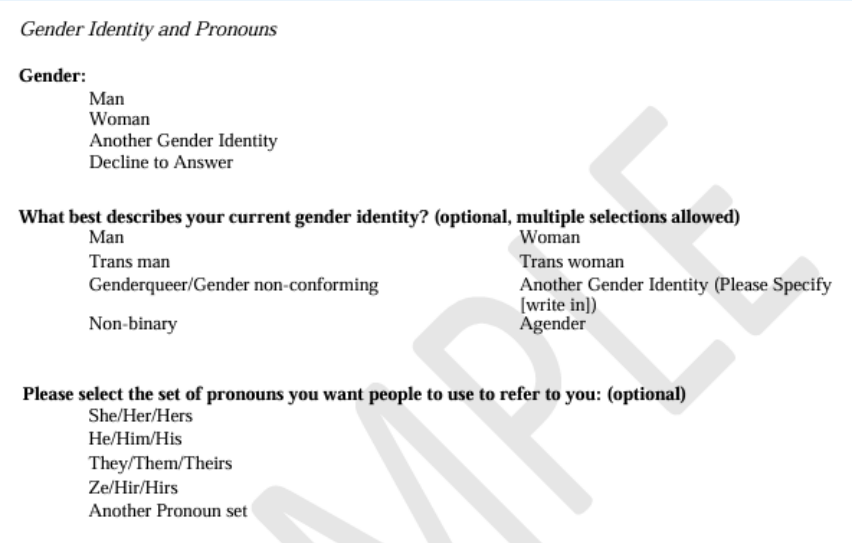
The medical community recognizes that social justice/advocacy is a core value for those working and learning in medicine and medical education. Members of the admissions community asked the AAMC to explore ways to incorporate information about applicants' experience with social justice/advocacy into the AMCAS application. In response, the Social Justice in Medical School Admissions Working Group was formed to study whether social justice/advocacy should be added as an experience type in the AMCAS application. The group conducted surveys with admissions officers, medical school applicants, and first-year students. After reviewing the feedback collected from the surveys, the AMCAS Advisory Committee endorsed the addition of this experience type to the application. *See below for additional background.*

This question is intended to further support schools in identifying applicants whose experiences align with their school's mission and goals and help signal to applicants the importance of participating in social justice and advocacy work.

Figure 8. From "Social Justice/Advocacy Experience Type Update" (AAMC, 2023).

This update was reiterated on the AAMC website, as well as an explanation of the "Other Impactful Experiences" question so applicants can describe challenges they have overcome "in various areas such as family background, financial circumstances, community setting, education, religion, or other life experiences." For gender and pronouns, the "Other" category was replaced with "Another gender identity" and "another pronoun set" in response to feedback received from the academic medicine community.[36]

For further guidance on these changes during the 2024-2025 application cycle, prospective students can access the *AMCAS® Application Workbook* to use as a draft while they collect the information needed for the electronic version. Users are immediately notified that the new features of the application include changes and additions to "Race and Ethnicity," as well as new subcategories for "Self-Identification."[37]



Gender Identity and Pronouns

Gender:

Man
Woman
Another Gender Identity
Decline to Answer

What best describes your current gender identity? (optional, multiple selections allowed)

Man
Trans man
Genderqueer/Gender non-conforming
Non-binary
Woman
Trans woman
Another Gender Identity (Please Specify [write in])
Agender

Please select the set of pronouns you want people to use to refer to you: (optional)

She/Her/Hers
He/Him/His
They/Them/Theirs
Ze/Hir/Hirs
Another Pronoun set

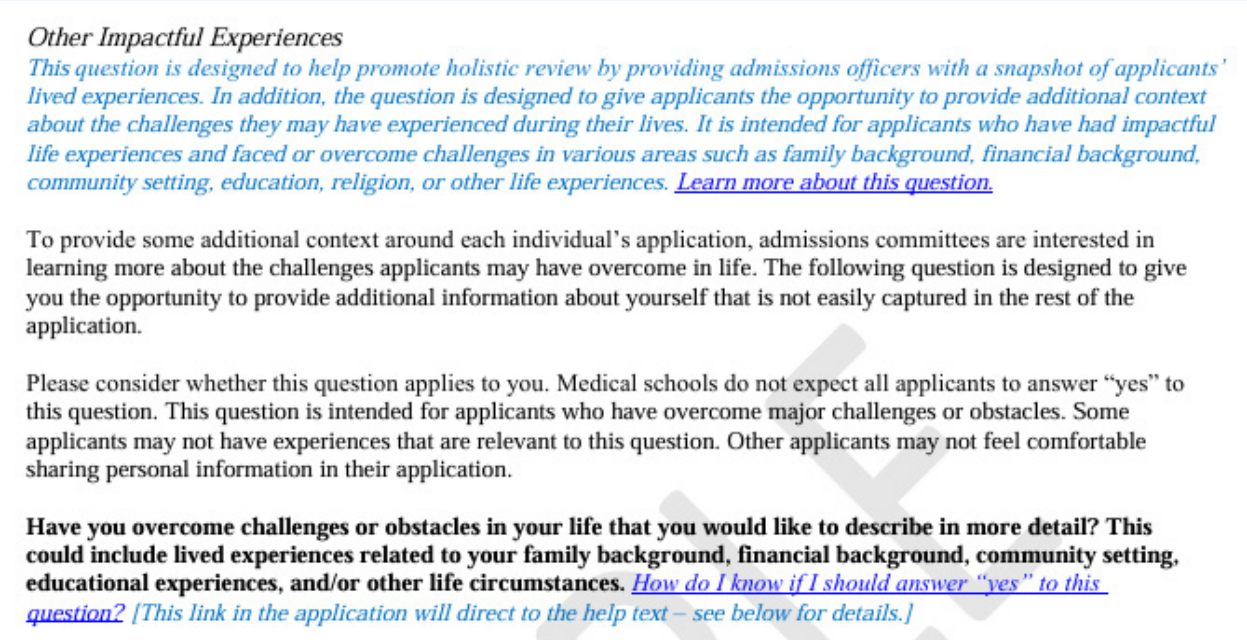
Figure 9. From "2025 AMCAS® Application Workbook," p. 5.

BIOGRAPHIC INFORMATION

Once the applicant gets to the *Biographic Information* section, he or she is informed that data on race and ethnicity are provided to schools "for research, program evaluation, and reporting purposes."

OTHER IMPACTFUL EXPERIENCES

Next, applicants are asked about their family information and "other impactful experiences" to assist admissions officers with holistic review, as this information "is not easily captured in the rest of the application." The AAMC refers to it as the *Self-Reported Disadvantaged Status Question*, requesting an essay from the applicant to describe "lived experiences related to your family background, financial background, community setting, educational experiences, and other life circumstances."[38]



Other Impactful Experiences

This question is designed to help promote holistic review by providing admissions officers with a snapshot of applicants' lived experiences. In addition, the question is designed to give applicants the opportunity to provide additional context about the challenges they may have experienced during their lives. It is intended for applicants who have had impactful life experiences and faced or overcome challenges in various areas such as family background, financial background, community setting, education, religion, or other life experiences. Learn more about this question.

To provide some additional context around each individual's application, admissions committees are interested in learning more about the challenges applicants may have overcome in life. The following question is designed to give you the opportunity to provide additional information about yourself that is not easily captured in the rest of the application.

Please consider whether this question applies to you. Medical schools do not expect all applicants to answer "yes" to this question. This question is intended for applicants who have overcome major challenges or obstacles. Some applicants may not have experiences that are relevant to this question. Other applicants may not feel comfortable sharing personal information in their application.

Have you overcome challenges or obstacles in your life that you would like to describe in more detail? This could include lived experiences related to your family background, financial background, community setting, educational experiences, and/or other life circumstances. *How do I know if I should answer "yes" to this question? [This link in the application will direct to the help text – see below for details.]*

Figure 10. From the 2025 AMCAS® Application Workbook, p. 20.

There is little doubt as to why the AAMC has made these changes to the medical school application in the wake of the *Students for Fair Admissions* cases. As Frederick Hess and Greg Fournier of the American Enterprise Institute note, this focus on "lived experience" is an invitation to discuss race and a common loophole to circumvent the Supreme Court's ruling against affirmative action.[39]

MORE CHANGES TO THE AMCAS®

Predictably, the 2024 AMCAS® went even further to infuse identity politics into the application process. To ensure that candidates were aware of the updates in this version, the AAMC held an informational webinar about it, titled *Navigating the 2024 AMCAS® Application Cycle*. Following some basic instructions on accessing the application, the webinar revealed how the organization has transformed the AMCAS® into a tool to collect information on how an applicant will "contribute to institutional diversity."

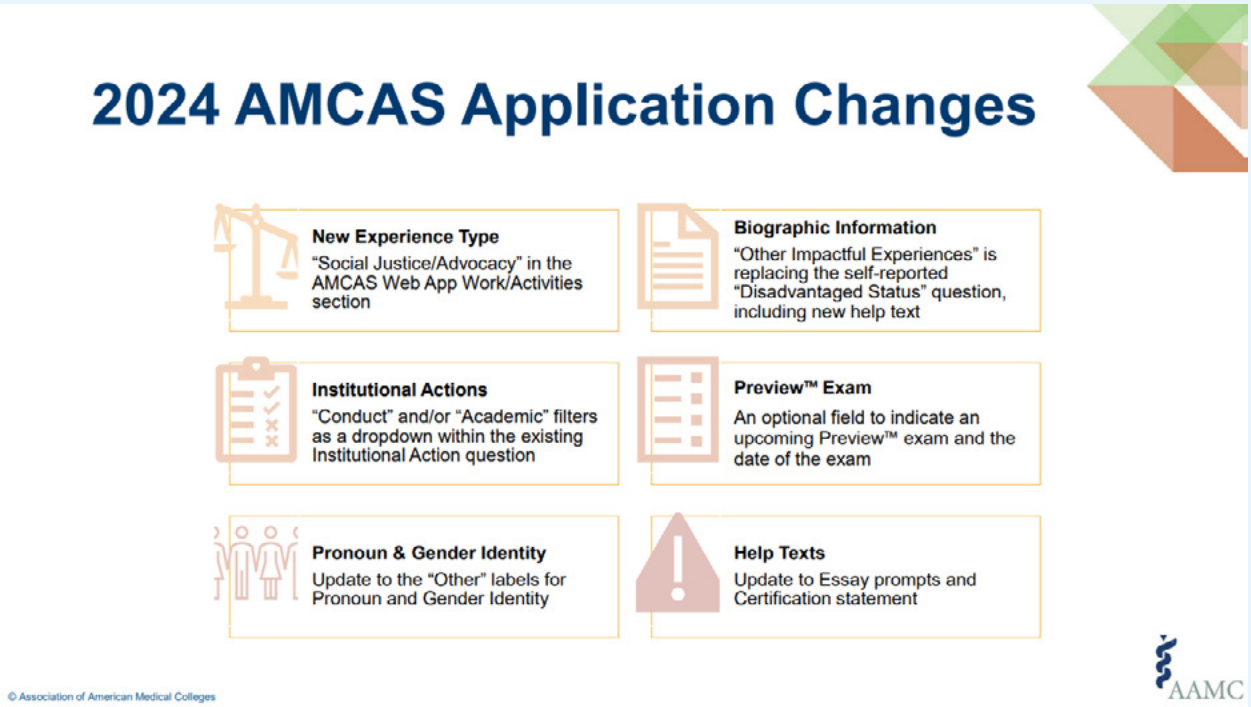


Figure 11. From the AMCAS® update webinar, April 26, 2023.

In the "Work/Activities" section, a new "experience type" was added to include "Social Justice/Advocacy" as an acceptable entry for past employment or volunteer experience. Examples of activities – which are used in the application evaluation process – are "advocating for civil rights," "registering people to vote," and "climate activism." This is a clear attempt by the AAMC to enforce adherence to DEI on applicants.

Why were all these changes made? The updates to the AMCAS® implemented by the AAMC appear to have a specific purpose: to prepare for the inability to openly consider race in admissions decisions. The materials specifically informed students on how to provide admissions officers with information that supports the AAMC's "holistic review" process. At the time of the webinar (presented on April 26, 2023), the *Students for Fair Admissions (SFFA) v. Harvard* and *SFFA v. the University of North Carolina* decisions were still pending. "While we cannot predict the outcomes of these cases," the presentation noted, "any prescription from the court will be directed at the school's behavior, not applicants." The narrator concluded that "schools will likely continue to prioritize mission alignment when evaluating applicants."[40]

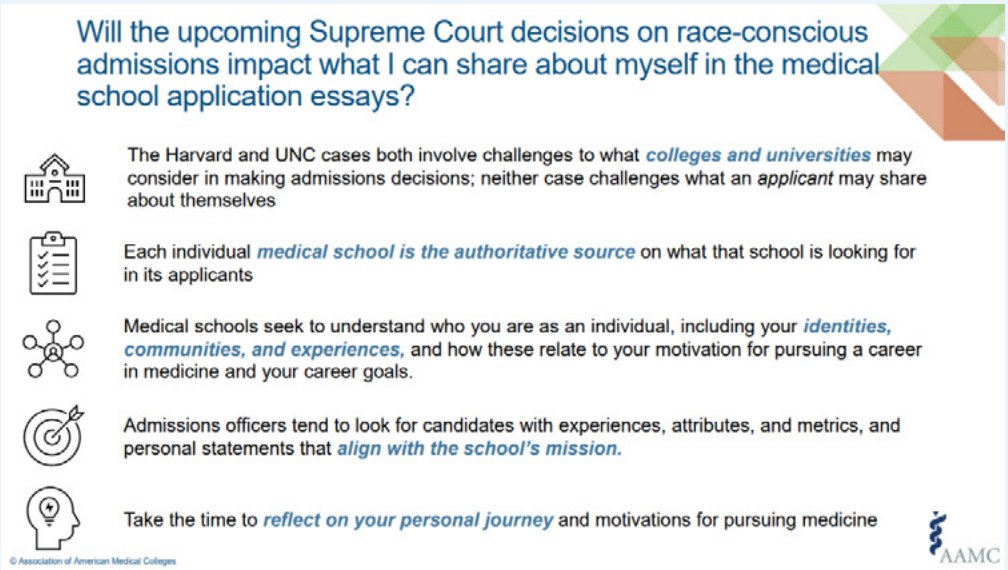


Figure 12. From the AMCAS® update webinar, April 26, 2023.

The AAMC clearly monopolizes the procedures that prospective medical students must fulfill to gain acceptance into a medical education program. The unfortunate reality is that the narrative of identity politics and DEI ideology, rather than a focus on achievement and qualifications, has been baked into every step of that journey.

ACCREDITATION

The Liaison Committee on Medical Education (LCME), an accrediting body for allopathic medical schools, is jointly sponsored by the AAMC and the American Medical Association (AMA).[41] Through this sponsorship, the AAMC has an enormous amount of influence over the accreditation process.

There are 12 standards for accreditation of medical education programs that confer the MD degree.[42] [43] Many of the standards relate to administrative issues, policies, infrastructure, and assessment. Yet, like the AAMC, the LCME infuses identity politics into vitally important program elements.

Standard 3, titled *Academic and Learning Environments,* states that in addition to promoting competency of future physicians, medical schools must ensure that the academic and clinical environment "recognizes the benefits of diversity." Institutional policies and practices must reflect "focused recruitment and retention activities" to achieve diversity outcomes in hiring and admissions to the MD program (Element 3.3). An example of how the LCME has seemingly compelled medical education programs to abide by such diversity quotas was seen at the University of Utah School of Medicine (UUSOM) in its 2021 accreditation survey results.

The LCME criticized UUSOM in its post-survey report because the medical education program did not make any offers for faculty and senior staff positions "in several of the school's diversity categories"

during the 2018–2019 academic year. The findings also declared that there were deficiencies in "diversity/pipeline programs and partnerships" for students. In the report, the LCME directed the UUSOM Office of Health Equity, Diversity, and Inclusion to take measures "to compensate for unsatisfactory diversity." Element 3.3 in the accreditation standards was cited as a guideline for correcting this deficiency.[44] To address these implied shortcomings, UUSOM responded by creating scholarships and pipeline programs aimed at providing opportunities based on race and ethnicity – all at the Utah taxpayer's expense.[45]

However, when the House Committee on Education and the Workforce raised concerns about the LCME pushing diversity quotas in a July 2023 hearing, the LCME claimed that diversity can be interpreted broadly, writing:

> *Nothing in Element 3.3 (or elsewhere in the Accreditation Standards) mandates which categories of diversity a medical school must use to satisfy this element. Moreover, the Accreditation Standards do not establish or define any quantitative outcomes that a medical school should achieve.*[46]

Considering that the LCME's criticism of UUSOM specifically addressed gender and race data, members of the public can draw their own conclusions about the sincerity of that claim.

Another component of the accreditation survey inserts divisive concepts into the medical education curriculum. Standard 7, titled *Curricular Content*, contains encouraging statements related to using the scientific method and learning about developing critical judgment and problem-solving skills. However, it also incorporates sections related to "societal problems" and "Structural Competence, Cultural Competence, and Health Inequities" (which the LCME designates as Element 7.6 in its accreditation standards).

Under this accreditation element, MD programs are expected to teach students "to recognize and appropriately address biases in themselves," other people, and the healthcare delivery system itself. As such, the LCME appears to be perpetuating the debunked concept that white healthcare professionals harbor implicit biases against non-white patients that lead to racial disparities in health outcomes. Proponents say that these biases can be reliably measured. Yet, the actual science and evidence about implicit bias does not support these claims.[47] Even so, with unwavering backing from the AAMC, the LCME maintains these elements as part of the "contemporary practice of medicine."

AAMC INFLUENCE ON SCHOLARSHIPS AND FELLOWSHIPS

Since June 2022, Do No Harm has filed more than 180 federal civil rights complaints against institutions that violate Title VI of the Civil Rights Act of 1964 or Title IX of the Education Amendments of 1972. Medical schools that sponsor academic programs or scholarships that discriminate on the basis of race/ethnicity (Title VI) or sex/gender identity (Title IX) often cite the AAMC's "Underrepresented in Medicine Definition." The webpage dedicated to this definition notes, "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." It further explains that prior to June 26, 2003, the term "underrepresented minority"

was used, referring to "Blacks, Mexican-Americans, Native Americans (that is, American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans." This page is linked in the eligibility criteria of certain "underrepresented in medicine" initiatives (often sponsored by medical colleges) that are using the AAMC definition. "The AAMC remains committed to ensuring access to medical education and medicine-related careers," it concludes, "for individuals from these four historically underrepresented racial/ethnic groups."[48]

Similar programs are rampant in medical schools across the country. Do medical schools offer illegal and discriminatory scholarships and fellowships because they feel empowered by the AAMC to ignore federal civil rights law?

GRADUATE MEDICAL EDUCATION

Once they graduate, newly minted physicians enter residency for their chosen medical specialty. Following residency, they can obtain additional education and clinical experience in a subspecialty by completing a fellowship. The Accreditation Council for Graduate Medical Education (ACGME) is the entity responsible for setting and providing oversight for compliance with standards for medical residency and fellowship programs.

Accreditation is conferred by ACGME's Institutional Review Committee, which evaluates data submitted by the residency programs it oversees.[49] While the ACGME is an independent organization, the AAMC, through administering application services, maintains ongoing influence over the process that new physicians must follow to enter and complete their residencies.

ELECTRONIC RESIDENCY APPLICATION SERVICE (ERAS®)

The Electronic Residency Application Service (ERAS®), similar to the AMCAS®, is the centralized residency application service administered by the AAMC. The ERAS® system gives applicants the ability to complete and submit the application and supporting documentation to multiple residency programs.[50] Although medical residents are no longer students, their indoctrination – courtesy of the AAMC – is not over.

PREPARING THE APPLICATION

To assist applicants with preparing for the application, the AAMC provides the 23-page 2025 ERAS® Applicant Worksheet that includes the ability to choose "another gender identity," as well as a robust "Self-Identification" section with more than 60 race/ethnicity options.

In early 2023, Do No Harm exposed the "Diversity in Emergency Medicine Questionnaire," which the ACGME sent to residency directors to "identify the current state of gender, ethnic, and racial distribution" within their programs. The directors were instructed to refer to ERAS® data to inform their responses regarding the number of residents in each identity category. ERAS® is said to "support the transition to residency in a fair and equitable way."[51] Evidently, ERAS® data are a mechanism for influencing program directors to engage in racially conscious residency placement.

BOOSTING THE ERAS® APPLICATION

Among the supporting documents submitted with the ERAS® is the *Medical Student Performance Evaluation (MSPE)*. The AAMC states that the MSPE, also known as the dean's letter, is "an honest and objective summary of a student's salient experiences, attributes, and academic performance."[52] The dean's office of the medical school submits the MSPE and may amend it in certain circumstances, including the addition of "core clerkships that weren't completed by the MSPE submission date."[53]

An example of an elective activity that the AAMC added to the ERAS® and MSPE is the Southern Illinois University (SIU) School of Medicine's Health Equity Scholar Pathway. The program matches participants with a "Health Equity mentor" for required lectures, workshops, and "anti-oppressive medical practices." Upon completion of the program, the SIU School of Medicine will place the "Health Equity Scholar" distinction on residency applications (via ERAS®) and the MSPE (dean's letter)."[54] [55]

This kind of activity raises the question: Are residency acceptance decisions positively influenced by the applicant's willingness to complete a program that is based on divisive ideology? Offerings like the Health Equity Scholar Pathway are a direct reflection of the AAMC's sway on member institutions' programming choices.

Yet another clue is seen in *Academic Medicine*, the flagship journal of the AAMC. In a commentary titled "SHARPening Residency Selection: Implementing a Systematic Holistic Application Review Process," the authors criticize traditional medical residency application procedures by stating, "Traditional metrics used in residency application review processes are systematically biased against applicants from minoritized communities that are underrepresented in medicine (URiM)."[56] However, this declaration is not backed up with a citation – primarily because no evidence exists to support it.

In terms of quantitative measurement, "bias" refers to the possibility of a test measuring the same thing differently for one group than it does for another. If residency selection processes were truly biased, there would be evidence for this in the scientific literature. By publishing this article in its journal, the AAMC is broadcasting the authors' misguided belief that unequal outcomes in traditional metrics are proof of unequal treatment.[57]

TRANSITION TO RESIDENCY

Lest there be any doubt that the AAMC imposes a DEI agenda on residency placement, one need not look further than the organization's own explicit recommendations. In its "guiding principles" on transition to residency, the AAMC notes: "The AAMC must demonstrate reliability, equity, and integrity in all that it does to ensure a diverse workforce that is optimally prepared to care for patients, family members, and their communities." As part of that, "The AAMC is committed to understanding and evolving the transition to residency process through its programs in a manner that integrates diversity, equity, inclusion, and access in all stages of change — spanning ideation, development, testing, and evaluation, with specific attention on reliability."[58]

But that's not all. In 2020, the Coalition for Physician Accountability, a group of national organizations performing "oversight, education, and assessment" of students and physicians throughout their careers,

formed a committee to examine the transition to residency. Specifically, this working group was tasked with making recommendations for "identified challenges" in the UME (undergraduate medical education) to GME (graduate medical education) transition.[59] Based on the results of a survey on several preliminary recommendations, the UME-GME Review Committee (UGRC) presented 34 final recommendations to address these challenges in a 276-page report released in August 2021.[60] Taking into consideration the sheer volume of words contained in a commentary of this length, it's no surprise that it is fraught with woke dogma.

One of the UGRC's "guiding principles" for finding solutions sets the ideological tone for the report: "Minimizing individual and systemic bias throughout the UME-GME transition process." This refrain, with additional DEI-influenced language, is seen throughout several of the recommendations.

For example, the second of nine themes containing the UGRC's recommendations is *Diversity, Equity, and Inclusion*. **Recommendation 4** states that organizations and residency directors must "specifically address diversity, equity, and inclusion (DEI) associated with specialty-specific disparities in recruitment." The UGRC recommends specialty organizations provide best practices for diversity-focused recruiting. **Recommendation 5** mandates training in "anti-racism, avoiding bias, and ensuring equity," which is to be applied to recruitment, mentorship, and instructional initiatives. This includes residents, beginning with their orientation, as there are reportedly "entrenched inequities in medical training."

The DEI agenda extends into other domains. **Recommendation 10** in the *Outcome Framework and Assessment Processes* theme asserts that "inherent biases exist in clinical grading and assessment." Therefore, medical schools must evaluate "patterns of grade distribution" based on characteristics such as race, ethnicity, and gender identity. To ensure continuous quality improvement, faculty training "to eliminate systemic biases in grading" must take place on a regular basis. As if to divert attention from the utter absurdity of these allegations, the report is careful to note that the recommendation "is not intended to create requirements" for reporting these data.

The irrationality doesn't stop there. In its *Equitable, Mission-Driven Application Review* theme, the UGRC cites equity and bias in all of the recommendations. Specifically, **Recommendation 16** states that programs need to "facilitate adjustments that will promote equity" based on *self-reported* demographic information, thereby addressing the concerns about creating a *requirement* for reporting. Medical education programs are expected to provide key stakeholders with race, ethnicity, gender identity, and other data at any point in the transition. "A residency program that finds bias in the selection process," the text states, "could go back in real time to find qualified applicants who may have been missed, potentially improving outcomes."[61]

The Learner's Journey infographic contained within the UGRC report illustrates the dedication to all things DEI.[62] In the name of "continuous quality improvement" (CQI), the Committee declares that medical education programs "have a responsibility to promote equity and diversity across the continuum." Given the label of "Professional Identify Formation," the initiatives involve using applicant demographics and "specialty specific practices" to increase diversity. These steps precede the assessment and evaluation of applicants and licensure examination.

Figure 13. From the UGRC August 2021 report, page 27.

Efforts to achieve process improvement, addressing physician shortages by matching more physicians to appropriate sites, and applying competency-based assessment strategies are laudable goals for increasing quality in medical residency programs. But the recommendations from the UGRC reflect the principles "that championed diversity, equity, and inclusion" – and the ideological influence of the AAMC. To ensure the equity agenda extends to all medical schools (MD and osteopathic programs) and graduate medical education, a joint initiative between the AAMC, the American Association of Colleges of Osteopathic Medicine (AACOM), and the ACGME was formed. Called *Foundational Competencies for Undergraduate Medical Education,* the guidelines "help promote a shared language" by drawing upon the recommendations in the UGRC, with the intent of developing "common outcomes." The coalition's working group circulated drafts of the competencies during the first half of 2024, and the final version is expected by December 2024.[63]

A WORD ABOUT THE UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE)

While the AAMC does not administer the United States Medical Licensing Examination (USMLE), it had a significant amount of influence on the changes made to how the examination is scored.

The USMLE was designed by the National Board of Medical Examiners (NBME) and is administered in collaboration with the Federation of State Medical Boards (FSMB) and the Educational Commission for Foreign Medical Graduates (ECFMG). At the time of its original implementation, the USMLE was intended only for the purpose of physician licensure. But, over time, exam scores became a principal factor in the selection of residency program candidates.

Cue the AAMC, which joined the AMA, NBME, FSMB, and ECFMG at the Invitational Conference on USMLE Scoring in March 2019. The aim of this conference was to "improve the transition" from undergraduate to graduate medical education. In 2020, the FSMB and NBME announced that scores for the USMLE Step 1 would be reported as "pass/fail" instead of as a three-digit numeric score. This change went into effect in January 2022.[64] [65]

It doesn't take much digging to discover that the intent of this change was to promote "equity." The editors of the AAMC's own journal reported that proponents of the change to pass/fail for the USMLE say it will enable the holistic approach that may "level the playing field for potentially disadvantaged applicants" to competitive residency programs. They further state that eliminating numeric scores may reduce the effects of "test bias, which has been shown to be an unfair structural barrier to achievement" for "underrepresented minority groups." The AAMC editors encouraged ongoing discussion to formulate "ideas for improvements to assessment and licensing systems worldwide."[66]

Indeed, discussions continue to take place, and ideas continue to be formulated, but under the authority and sway of the AAMC. This ensures that the medical education continuum receives regular booster shots of identity politics.

HOW DO THESE SERVICES HELP ACADEMIC MEDICINE WHEN THEY ARE SO HEAVILY POLITICIZED?

Regardless of who they are or where they come from, all prospective doctors must apply and be accepted to medical school, graduate, become licensed, and complete a residency program in their chosen specialty. By the time they accomplish all these requirements, physicians have endured years of programming that fall under the thumb of AAMC's DEI-dominated belief system.

The AAMC claims to be in the business of bettering everyone's health through its service to academic medicine. Yet, closer inspection reveals that they repeatedly undermine merit – the best predictor of clinical success – by promoting a system that prioritizes identity group status and allegiance to radical political orthodoxy.

NEXT: HOW THE AAMC FUNCTIONS TO INFLUENCE POLICY AND PERPETUATE THE POLITICIZATION OF MEDICAL EDUCATION

Under its executive leadership, the AAMC initiates and participates in advocacy and policy initiatives that have a significant effect on academic medicine. The organization's considerable financial resources contribute to its ability to propagate philosophies that subscribe to the DEI dogma.

PART 2: HOW THE AAMC FUNCTIONS TO INFLUENCE POLICY AND PERPETUATE THE POLITICIZATION OF MEDICAL EDUCATION

INTRODUCTION

Part 1 discussed what the Association of American Medical Colleges (AAMC) does to politicize the medical education system via the services and processes that have cemented its dominant role in this space. In Part 2, we will discuss how the AAMC's advocacy and policy initiatives, leadership, and financial status supports its multiple approaches to embed dangerous and divisive concepts into all aspects of medical education.

ADVOCACY AND POLICY

The AAMC has created a large footprint within the advocacy and policy space, focusing its work on the following four areas of priority.[67] True to form, the AAMC promotes the DEI agenda in each one.

- **Research:** The AAMC uses its influence to direct academic medical institutions "to prepare a diverse medical research workforce," supported by federal agencies such as the National Institutes of Health.[68] For example, the AAMC administers career development programs such as **Maximizing Scholars for Scientific and Academic Independent Careers (MOSAIC)**. This program is targeted toward "groups underrepresented in research" and provides scholars with networking opportunities at events like the Minority Faculty Leadership Development Seminar.[69]
- **Clinical care:** The AAMC advocates for some issues that are important to improving access to care, particularly in rural areas. Yet, the organization cannot resist replacing traditional medical terminology with "health equity" and politicized language.[70] On its **Maternal Health Equity** page, the AAMC quotes the Centers for Disease Control and Prevention (CDC), using the term "birthing people." The page also notes the AAMC's "maternal health fact sheet" and lists other resources on maternal health equity and "health justice" for "birthing people."[71]

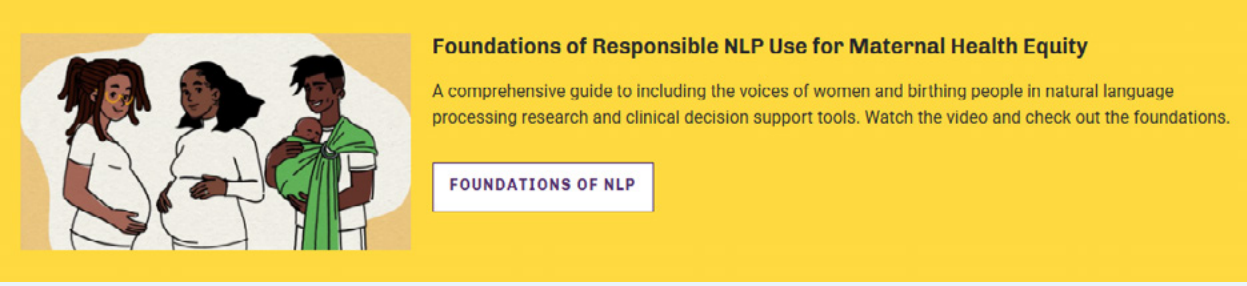


Figure 14. From AAMC's "Maternal Health Equity" webpage.

- **Investing in Healthier Communities:** This focus area contains additional health equity topics. For example, the AAMC promotes the claim that throughout history, "structural racism and inherent biases" create health inequities. The AAMC lists several resources for "Addressing Racism in

Medicine," including organizational statements in opposition to the Supreme Court's June 2023 decision on race-based admissions and "state bans on gender-affirming care."[72]

- **Workforce:** Like several healthcare organizations, the AAMC cites projections on physician workforce shortages. However, the data include factors that consider race and equity in the calculations.[73] Illustrating the organization's support of this focus, the **Workforce Policy and Priorities** web page points to a 2022 op-ed co-authored by AAMC Chief DEI Officer David Acosta and self-proclaimed "health equity expert" Garfield Clunie of the National Medical Association.[74] The piece mentions "systemic issues that lead to so few Black men even applying to medical school." The op-ed partially blames funding problems in K-12 schools. But the most concerning topic raised in the article is the theory of racial concordance, described in an upcoming section of this report. "Studies have found that patients who are treated by physicians of the same race or ethnicity are more likely to follow the physician's recommendations," the authors state. They continue by declaring, "in some contexts, health outcomes are dramatically improved." Finally, while they agree that "equitable access to federal student aid and loan repayment programs" should be available to all medical students, the authors qualify that statement by adding, "particularly any Black men without the financial resources to apply to or attend medical school."[75]

STUDENTS FOR FAIR ADMISSIONS V. HARVARD / UNC AND MEDICAL SCHOOL ADMISSIONS

In the lead-up to the landmark decisions by the U.S. Supreme Court on the *Students for Fair Admissions (SFFA) v. Harvard* and *Students for Fair Admissions v. University of North Carolina* (UNC) cases, the AAMC made its position known on affirmative action in university admissions.[76] [77]

In July 2022, the AAMC filed an *amicus curiae* ("friend of the court") brief in favor of race-based admissions, claiming that, according to thousands of studies, "race-linked health inequities require urgent intervention." The brief adds that because race-neutral admissions have resulted in "enduring under-representation in medicine for certain minority groups," consideration of race and ethnicity in admissions decisions is necessary.[78] In fact, the AAMC asserted that "diversity is vital to healthcare outcomes" while citing two problematic studies that reflect its support of the concept that racial concordance produces superior health outcomes.[79] Forty-five other healthcare organizations, including the American Academy of Pediatrics (AAP), the American Association of Colleges of Nursing (AACN), and the American Association of Colleges of Osteopathic Medicine (AACCOM) joined the AAMC in support of the amicus brief.[80]

On June 29, 2023, the Court issued its ruling on the SFFA cases restricting race-based admissions in institutions of higher education. Shortly after the decision was announced, AAMC President and CEO David Skorton, MD and Frank Trinity, the AAMC's chief legal officer, said in a statement that they were "deeply disappointed" in the ruling. "Today's decision demonstrates a lack of understanding of the critical benefits of racial and ethnic diversity in educational settings," they said, "and a failure to recognize the urgent need to address health inequalities in our country." Skorton and Trinity noted that the AAMC used "decades of research" to support its position on the "undeniable benefits of diversity" for improving health, but did not include a reference to any studies.[81]

The following day, the AAMC distributed a resource that summarized the Court's opinion in the SFFA cases. Taking the opportunity to further advocate for "holistic admissions," the document provided

guidance on how applicants and schools can discuss and consider "how race affected his or her life" by connecting the discussion to an individual attribute other than race. The AAMC noted that the AMCAS® system would be adjusted, and declared, "The AAMC strongly supports schools in their continuing efforts to foster student body diversity, equity, and inclusion."[82]

In July 2023, *AAMCNews* published an article in which Skorton said, "Nothing in the Supreme Court decision compels us to deviate from our goal of diversifying the healthcare workforce." Senior Director of Legal Services Heather Alarcon said, "There's a legal tenet that you can't do indirectly what you're prohibited from doing directly" when explaining how applicants' "lived experiences" can be considered. "The decision was an endorsement of individualized, holistic review," added Alarcon, "which has long been the preferred method for selecting future physicians."[83]

In the subsequent months following the Court's rulings, the AAMC continued to lament the outcome in the *Beyond the White Coat* podcast, hosted by Skorton. Two consecutive episodes were dedicated to race-conscious admissions in August (Part 1) and September (Part 2), 2023.[84,85] In these discussions, Skorton communicated his determination to continue the AAMC's activities for diversifying medical school classes – "not for any political or ideological reason," but to address public health issues – while supposedly staying within the law.

Interestingly, a full year after submitting the amicus brief and the Court's rulings, the law firm of Norton Rose Fulbright sent a memo to the Clerk of the Court to clarify statements made in the AAMC's brief. The brief had stated that "for high-risk Black newborns, having a Black physician is tantamount to a miracle drug: it more than doubles the likelihood that the baby will live," citing Greenwood et al. (2020).[86] Justice Jackson referred to this statement in her dissent. However, the legal memo explained that the brief had misinterpreted the Greenwood study and offered an apology for the confusion. As Heritage Foundation and Do No Harm Senior Fellow Jay Greene noted a full week prior to the issuance of the memo, the error arises from interpreting a halved likelihood of dying as a doubled likelihood of surviving. In Greene's words, the AAMC's failure to read and interpret the study's findings properly "is an alarming indication for the current state" of medical education.[87]

The AAMC's recalcitrance on the SFFA case rulings continued into late 2024. Its annual *Learn Serve Lead* meeting agenda in Atlanta (November 8-12) contained an expected lineup of DEI-saturated presentations. Health equity, systemic racism, "overpolicing" of minority students, "white supremacy," and "Medical Education and Slavery" were the order of the day. But the recurring theme focused on considering race in medical school admissions.

Ian Kingsbury, PhD, Do No Harm's Director of Research, attended the conference. He heard multiple speakers defending and endorsing admissions practices that discriminate based on race. For example, a seminar titled *Strategies for Continuing the Commitment to DEI Values and Achieving Health Equity* featured attorneys from the University of Michigan and the University of California. They advised participants to "work closely" with the legal departments at their facilities to uphold racially conscious admissions practices. In another session, a Michigan Med associate vice president even said, "Hopefully our pipeline program is legal."[88]

POSITION STATEMENTS BY THE AAMC ON OTHER SIGNIFICANT POLICY AND ADVOCACY THEMES

During its extensive policy and advocacy work, the AAMC has frequently issued position statements on high profile topics in the realm of identity politics. These include statements on highly controversial subjects such as support for racial concordance and advocating for so-called "gender-affirming care" for children and teens.

DIVERSITY IN MEDICAL SCHOOL ADMISSIONS

The AAMC's *Diversity in Medical School Admissions* webpage links to dozens of pro-DEI resources, including:[89]

- **Importance of Diversity in Healthcare.** This page was initially created in June 2023 as a repository of **My Story Matters** videos from medical students and physicians to "share how their backgrounds and lived experiences inspired their career choice."[90] By the end of the year, the focus of the video series was updated to include students and doctors who "explain the importance of their race and ethnicity on the care they deliver to patients."[91] The page features a link to House Resolution 1180 (April 30, 2024), submitted by U.S. Congresswoman Joyce Beatty of Ohio, the co-chair of the Congressional Black Caucus' DEI Task Force. The resolution addresses DEI in medical education, support for DEI offices in medical schools, and declares that "bias and racism in medical education directly impacts the delivery of equitable healthcare."[92] Definitions for "diversity," "equity," and "inclusion" appeared on the page in May 2024, noting that "equity" and "equality" are not the same thing. "While equality means providing the same to all," the definition states, "equity requires recognizing that we do not all start from the same place."[93]
- **Understanding the U.S. Supreme Court Cases and Decisions.** This section provides links to several external resources and articles about the SFFA cases. The AAMC reveals its bottom-line message when it says that "many viable avenues remain to remove obstacles and increase opportunities for people historically underrepresented in medicine."
- **Holistic Review and Building a Diverse Medical School Class.** The AAMC has actively promoted "holistic review" on its website since at least late 2019, when it noted that factors to consider for admission include "experiences, attributes, and academic metrics."[94] In the months leading up to the Supreme Court decisions on race-conscious admissions, the AAMC held an event to coach university officials on how to "increase enrollment of historically underrepresented and excluded students." But as Do No Harm reported on June 8, 2023, the panelists for the webinar asserted that MCAT® scores are of limited value and lead to "overrepresentation" of Asian physicians. The panelists also stated that admissions committee members must undergo mandatory training in the concepts of implicit bias and microaggressions. Regarding the "transformation of medical schools," one panelist stated, "It's not tweaking around the edges that is needed. It's revolution."[95] The AAMC's 2024 **Holistic Review Core Principles** do note that admissions decisions cannot be made based on race or sex. Instead, these principles explain that "protected characteristics" can be considered "to illustrate examples of mission-aligned experiences or qualities sought by the program."[96]
- **Building a Healthcare and Biomedical Research Workforce to Improve the Health of All.** Here, the AAMC refers to its Strategic Plan (outlined in more detail later in this report) and the focus on "doubling down" on advancing DEI. The organization even claims it has done so for more than forty years. Resources to "take action" on furthering DEI ideology include the Action Collaborative for

Black Men in Medicine and **Creating Action to Eliminate Racism in Medical Education** by the Medical Education Senior Leaders (MESL).[97,98]

- **Laws and Legislative Activity Regarding DEI.** From this section, the AAMC links to the DEI Legislation Tracker from the **Chronicle of Higher Education**, which invites readers to "explore where college diversity, equity, and inclusion efforts are under attack."[99] This is the same organization that produced **The Future of Diversity Training: Better Ways to Make Your College More Inclusive**, featuring an interesting statistic: only 53% of its survey participants find DEI training to be helpful. It went on to say that some research concludes that DEI training "may actually backfire."[100] Another posting links to the University of Southern California Race and Equity Center's publication titled **Truths About DEI on College Campuses: Evidence-based Expert Responses to Politicized Misinformation.** The report was drafted in response to the March 7, 2024, hearing by the U.S. House of Representatives Committee on Education and the Workforce. Its foremost contributor is Shaun Harper, who called the hearing "nails-on-chalkboard excruciating" to listen to, and a "mostly erroneous politicized attack on DEI in higher education."[101]

The AAMC regularly updates the links and sources on the *Diversity in Medical School Admissions* page.

SUPPORT FOR RACIAL CONCORDANCE

The AAMC has demonstrated additional support for the hypothesis that racially concordant care – that is, when patients are cared for by healthcare providers of the same race or ethnicity – results in better clinical outcomes. But the evidence available in medical research literature does not support the efficacy of racial concordance. Four of five available systematic reviews – including the most recent systematic review from 2023 – show no improvement in outcomes when patients are matched to physicians who share their racial or ethnic identity. The fifth review featured glaring methodological problems.[102]

Yet, these findings have not stopped the AAMC from peddling misleading information. In July 2023, *AAMCNews* published an article claiming, "Research shows that racial concordance can improve communication, trust, and adherence to medical advice."[103] With this statement, the AAMC is ignoring a much larger body of evidence which finds that this phenomenon does not exist. The studies that the article chose to support the claim are quite poor with weak evidence. A genuine appraisal of this body of knowledge, which considers the weight of the evidence without "cherry-picking" a few studies that reinforce a particular point of view, would demonstrate that racial concordance does not produce the results the AAMC believes it does.[104] [105]

SUPPORT FOR YOUTH GENDER IDEOLOGY

In an April 2021 press release, AAMC CEO Skorton declared that doctors must be allowed to provide so-called "gender-affirming care" to youth, citing that restrictions will "promote discrimination, and widen already significant health inequities." Because the AAMC mission statement says it is committed to improving the health of all people, "we will continue to oppose any effort to restrict the healthcare community's ability to provide necessary care to any patient in need," he concluded.[106]

This sentiment is articulated in a lengthy webinar presentation that pre-dates Skorton's time at the AAMC. Recorded in May 2016 and presented by members of the AAMC Advisory Committee on Sexual

Orientation, Gender Identity, and Sex Development, *The Nuts and Bolts of Caring For and Teaching About Transgender and Gender Non-conforming Youth* aimed for participants to "understand biology of gender and identity."

Figure 15. From the AAMC "Equity, Diversity, & Inclusion LGBT Health Resources."

The presentation claims that puberty blockers (GnRH analogues) are "reversible," and can safely be administered to children 8-12 years old. Similarly, it states that masculinizing and feminizing hormone therapy is "partially reversible" and "relatively safe in most youth."[107] While the terminology and vocabulary of gender ideology has changed dramatically over the subsequent years, continuing to post this video on its website illustrates the AAMC's intent continue supporting a highly controversial ideology that is dangerous for children and teens.

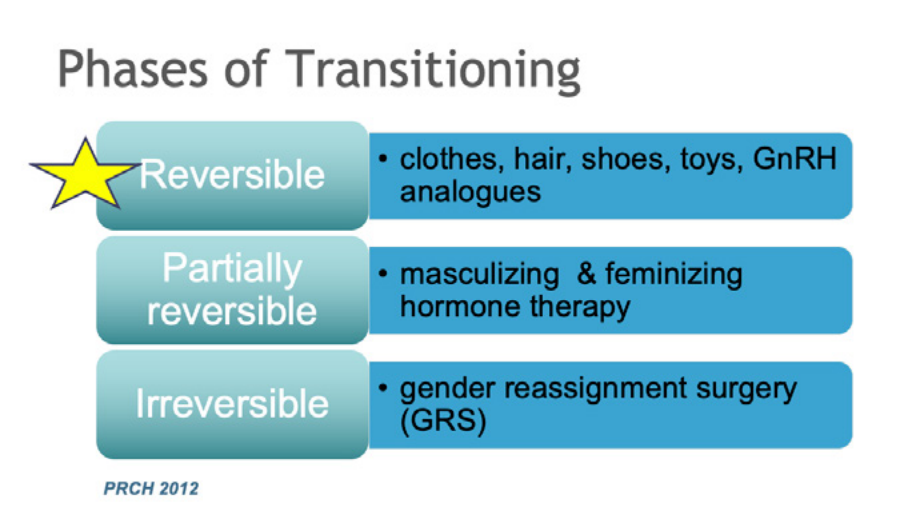


Figure 16. From "The Nuts and Bolts of Caring For and Teaching About Transgender and Gender Non-confirming Youth."

During 2022 and 2023, the AAMC filed three separate amicus briefs expressing opposition to state actions to ban "gender-affirming care." In March 2022, the AAMC joined the AAP, the AMA, and the American Psychiatric Association (APA) in an amicus brief supporting a challenge to actions taken by Texas Governor Greg Abbott and Attorney General Ken Paxton. The previous month, Abbott and Paxton confirmed that sex change procedures on minors are classified as child abuse and would be investigated on those grounds. The brief said that their actions would "irreparably harm both transgender adolescents and healthcare providers" in that state.[108]

In May of that year, the AAMC and the same professional organizations collaborated on another amicus filing challenging a similar piece of legislation in Alabama. "The brief reviews the rigorous and evidence-based gender-affirming medical treatment guidelines which are supported by all mainstream pediatric organizations," a press release stated, "representing thousands of physicians across multiple

disciplines."[109] And, in April 2023, the same entities filed an amicus brief that focused on "gender-affirming care" (other than surgery) for youth under the age of 18 in the state of Florida. In the brief, they professed such medical treatment to be "medically necessary and evidence based."[110]

As additional states took comparable action, the AAMC continued to speak out in support of radical gender ideology. In early 2024, an article lamenting the increase in laws "that ban or severely limit gender-affirming care (GAC) for minors" also stated that more than twenty professional medical organizations support GAC.[111] The article linked to a press release from the UCLA School of Law's Williams Institute that said an estimated 144,500 "transgender youth and young adults ages 13 and older" would be affected. The press release cited the AMA, AAP, and the Endocrine Society when it said the use of hormones to delay puberty "and promote physical development consistent with a child's gender identity" is "safe, effective, and medically necessary."[112]

On March 15, 2024, just prior to the release of the UCLA article, the AAMC announced that it filed an appellate amicus brief in the U.S. Court of Appeals for the Ninth Circuit. Collaborating with the AAP and twenty other organizations, the brief outlined their opposition to Idaho House Bill 71, which sought to prohibit "gender-affirming care" for minors in that state. In addition to providing details about "the professionally accepted medical guidelines for treating adolescents with gender dysphoria," the brief noted the "scientifically rigorous" nature of the guidelines and "the evidence that gender-affirming care is effective and saves lives."[113] Notably, European countries that have conducted systematic evidence reviews have concluded that the risks of medical transition for children are equal to or exceed the benefits.[114] [115]

WHERE DOES THE BACKING FOR THESE POSITIONS BY THE AAMC COME FROM?

In any major organization, the tone and direction of positions taken on the most critical issues are shaped by the people at the top. The AAMC is no exception. However, the strategic vision of the AAMC is headlined by a clear resolve to permanently entrench all things DEI across the medical education landscape.

AAMC LEADERSHIP

The AAMC's leadership all play various roles in advancing the organization's DEI agenda. For instance, the chief services officer leads efforts aimed at innovating AAMC services, "including the MCAT® exam." The chief healthcare officer is charged with improving access to healthcare, quality, and "equity." The chief academic officer is the leader of the efforts to "transform medical education."[116] These principals also command elite compensation for their efforts. Most notable, however, are the two executives at the top: President and CEO David J. Skorton, MD and Chief Diversity and Inclusion Officer David A. Acosta, MD.

DAVID J. SKORTON, MD

David J. Skorton, MD, became President and CEO of the AAMC in July 2019. In the press release announcing his hiring, he was praised by then-chair of the AAMC Board of Directors Lilly Marks as "a courageous leader who looks beyond 'what is' to 'what can be'."[117] Skorton immediately began his work on the AAMC Strategic Plan and the AAMC Center for Health Justice. "He has been a passionate and outspoken voice for ending systemic racism in academic medicine," his AAMC webpage bio says, "and addressing persistent health disparities." Plus, his official bio is sure to note his numerous national media appearances regarding the Supreme Court decisions in the SFFA cases, vowing "a steadfast commitment to diversity, equity, and inclusion."[118]

Since the start of his tenure at the AAMC, Skorton has pulled in at least **$4.8 million** in salary, bonuses, and other compensation. During Fiscal Year 2022, his **$1.6 million** in total compensation was almost 75% higher than the next highest paid employee. Skorton's first-class travel and club membership fees are approved as business expenses.[119]

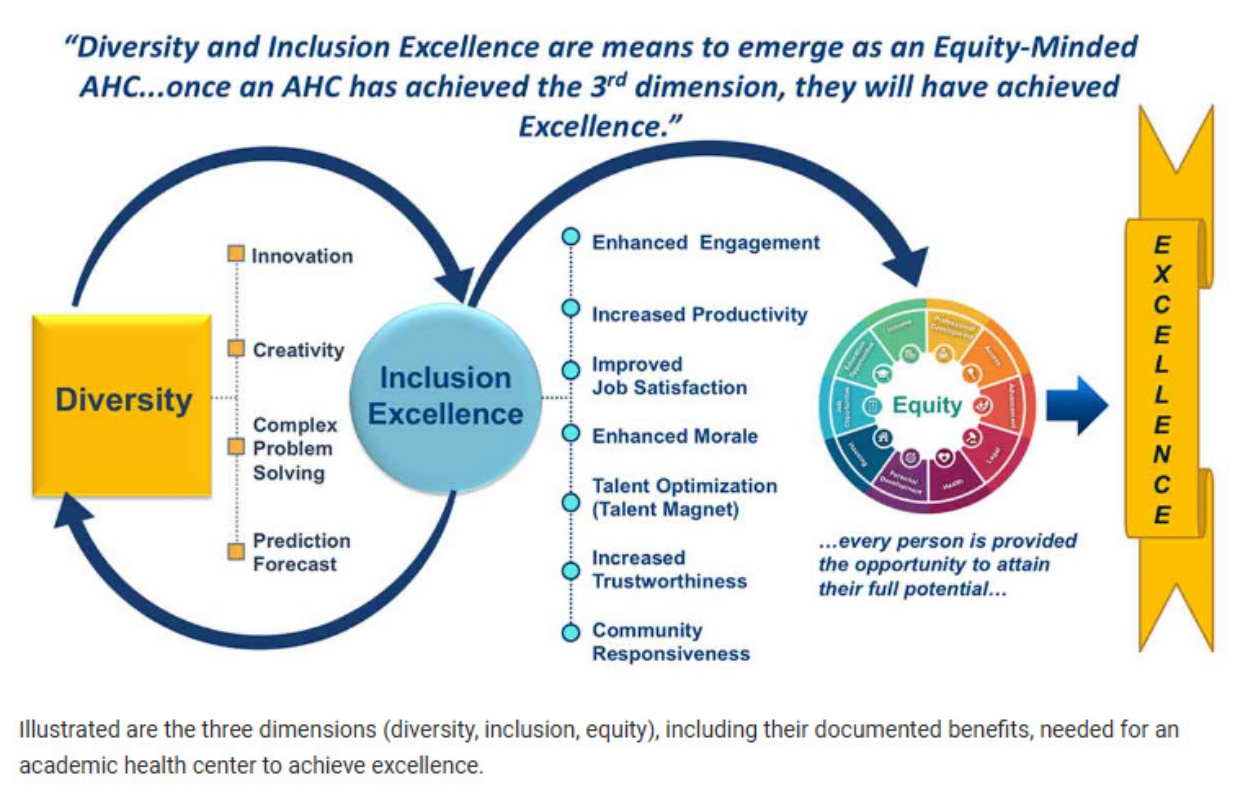
DAVID A. ACOSTA, MD

David A. Acosta, MD, came to the AAMC from the University of California, Davis, where he served in three DEI roles: senior associate dean for equity, diversity, and inclusion; associate vice chancellor for diversity and inclusion; and chief diversity officer for the UC Davis Health System. He was formerly the chief diversity officer at the University of Washington School of Medicine, establishing the Center for Equity, Diversity, and Inclusion.[120] In a May 2017 announcement of his new role at the AAMC, he pledged to meet "the equity imperative" with programs that address the concept of unconscious bias and bringing "evidence-based research" to the organization's diversity and inclusion efforts.[121] That pedigree is reflected in Acosta's ongoing contributions to the DEI agenda at the AAMC, as well as in his salary. Acosta's total compensation in FY 2022 was **$618,755**.[122]

LEADERSHIP'S STATEMENTS ON DEI IN MEDICAL EDUCATION

The AAMC's leadership commitment to DEI is visible not only in their official positions but in numerous comments, press releases, and media publications made by Skorton and Acosta during the past few years.

In January 2020, Acosta published an article that set the stage for future AAMC endeavors to "shift the paradigm" and create "equity-mindedness" in academic medicine. This includes moving away from MCAT® scores and GPAs and toward questioning "institutional effectiveness" regarding whether or not a student is successful.



Illustrated are the three dimensions (diversity, inclusion, equity), including their documented benefits, needed for an academic health center to achieve excellence.

Figure 17. From "Achieving excellence through equity, diversity, and inclusion" by David A. Acosta, MD (AAMC Chief Diversity and Inclusion Officer, January 2020).

To achieve this, academic medicine must "focus on changing the culture and climate" in the learning environment so institutions are practicing "equity-mindedness and conscious inclusion."[123]

A June 2020 press release attributed to Skorton and Acosta illustrates the AAMC's leadership intent on following the radical zeitgeist. Invoking the names of George Floyd, Breonna Taylor, and Ahmaud Arbery, Skorton and Acosta called on academic medicine to unite and "employ anti-racist and unconscious bias training."[124] AAMC also published a list of more than 30 academic and professional organizations that signed onto this statement, as the events described in it "once again tragically demonstrated the everyday danger of being Black in America."[125]

In *How Diversity Training for Healthcare Workers Can Save Patients' Lives* (October 7, 2020), Skorton announced that the AAMC was releasing a "framework" to confront racism in academic medicine. "DEI training is more necessary now than ever," Skorton wrote. "Our patients' lives depend on it."[126] The framework, titled *Addressing and Eliminating Racism at the AAMC, in Academic Medicine, and Beyond,*

is still available on the organization's website. It states that the AAMC will hire a consultant to guide it toward becoming "anti-racist, diverse, equitable, and inclusive."[127]

Straight from the activist playbook, Acosta co-authored a March 2021 piece with Skorton to cite mass shootings as a reason for physicians to take action on topics like immigration and gun control to address stress caused by "acts of hate, discrimination, or racism" – going so far as to refer AAMC members to resources from the Southern Poverty Law Center.[128] [129] As noted by Ian Kingsbury in July 2023, a study published in *JAMA Surgery* purporting to show evidence that "structural racism" contributes to mass shooting events failed to make that case.[130] "The study's proper function, however," Kingsbury wrote, "is to serve as a prime example of the medicalization of social issues and public health's growing penchant for policy-based evidence-making."[131] AAMC's leadership, however, prefers to take the ideological low road on this topic.

In May 2023, Skorton and Acosta actively sought support for the messaging in their open letter to 157 member schools in the weeks leading up to the SCOTUS decision on race-conscious admissions. "Throughout the country, we continue to be challenged with misinformation, disinformation, and misguided anti-diversity, equity, and inclusion (DEI) actions," they wrote, "that are confronting higher education and our academic medical institutions and that will harm the health of our communities."[132] Do No Harm founder and chairman Stanley Goldfarb, MD, commented on the letter in *The Washington Times*, stating that to improve the health of people in underprivileged communities, the medical industry needs to increase access to healthcare in those communities. "It doesn't need to send physicians to implicit bias training," he said, "nor does it need to alter the way healthcare is practiced."[133]

But the following day, *Chief Healthcare Executive* published an article featuring Skorton and the AAMC's data on "the small number of doctors from under-represented groups," noting that legislative efforts related to "weakening diversity efforts" in medical education are "misguided."[134]

FINANCIALS

How is the AAMC able to power the machine that has such a viselike grip on the medical education structure? Its website notes that the organization receives funding from private foundations and the federal government "for work in specific areas related to the AAMC's mission and strategic plan."[135] Moreover, the AAMC generates hundreds of millions of dollars through fees and charges for testing and application services.

PRIVATE FOUNDATION GRANTS

Since 2003, the AAMC has received more than **$33,900,000** in grants from private foundations, many of which are organizations that advocate for infusing DEI into medical education.[136] The most prominent benefactor has been the Robert Wood Johnson Foundation (RWJF), contributing more than **$24,000,000** for a program called *Confronting Structural Racism to Transform Health*. "We have the power to transform the inequitable institutions, systems, and social practices that people intentionally created," the vision statement declares, "and that still exist today."[137]

The Josiah Macy Jr. Foundation, another top donor, has given **$3,800,000** in grants to the AAMC to promote initiatives that address "systemic inequities" that limit opportunities for health professionals "from historically underrepresented communities."[138] In late 2023, Do No Harm described a 2023 report from the *Josiah Macy Jr. Foundation Conference on Ensuring Fairness in Medical Education Assessment*, published in the AAMC's journal *Academic Medicine*. The narrative endorses the erroneous notion that black and Hispanic medical students who fail to meet the minimum thresholds of learning assessments are victims of "harmful bias" in the assessments themselves.[139]

The AAMC has also received grants from the Otho S.A. Sprague Memorial Institute in a joint effort with the *National Medical Association's Action Collaborative*. A similar multi-year project is in place with the California Wellness Foundation for development of a "Diversity and Inclusion Culture & Climate Self-Assessment" scorecard and "Black Men in Medicine Illinois" from Blue Cross and Blue Shield of Illinois.[140] This program is a partnership with the *Action Collaboration [AC] for Black Men in Medicine* to address "exclusionary practices" that purportedly prevent black men "from having equitable opportunities to successfully enroll in medical school." An informational video on the AAMC website explains that the AC was initiated in response to "the continued downward trend" in the number of black men applying to and attending medical school.[141]

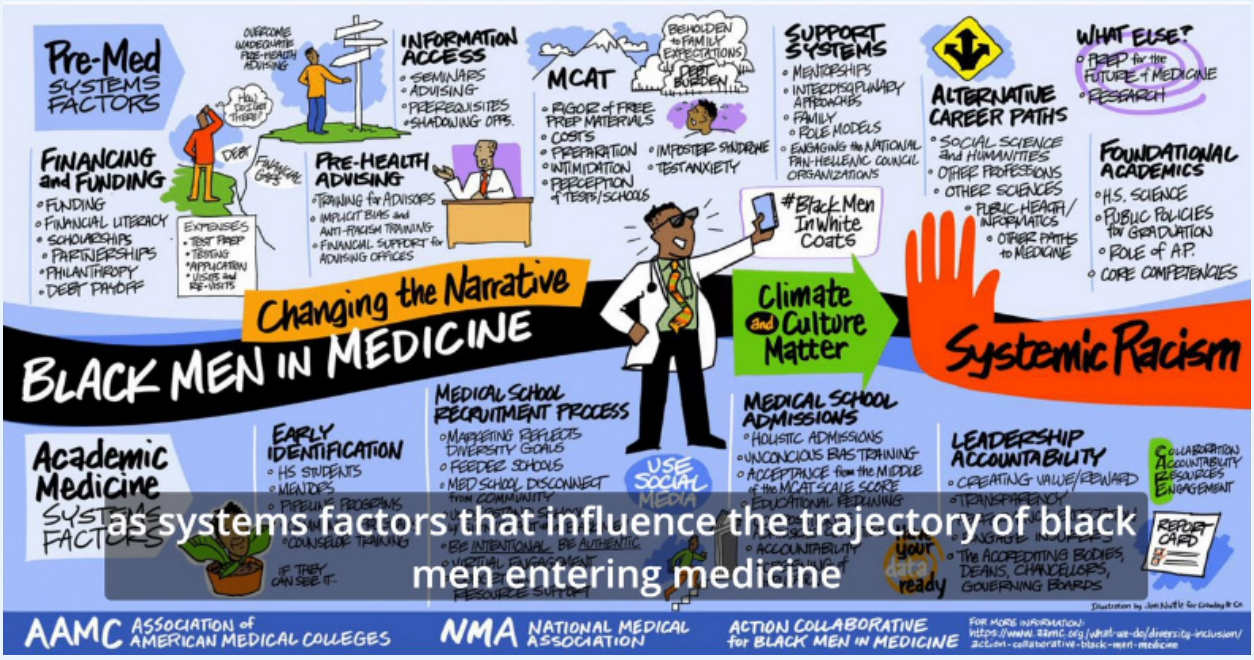


Figure 18. From "Action Collaborative for Black Men in Medicine: An initiative of the AAMC and NMA" video.

FEDERAL GRANTS

The AAMC has also taken advantage of American taxpayer dollars to embed DEI into all its mission areas. Since 2020, the organization has received more than **$9,000,000** in grants from federal agencies, including the Department of Health and Human Services ($8.15 million); the Department of Veterans Affairs ($466,020); the Department of Defense ($440,855); and the National Endowment for the Arts ($30,000).[142]

REVENUE STREAMS

The application and testing services described earlier in this report provide a substantial income stream for the AAMC. In Fiscal Year 2023 alone, the organization brought in more than **$219,000,000** from a combination of receipts from membership dues, workshops, and services such as the MCAT®, AMCAS®, ERAS®, and the Visiting Student Learning Opportunities™ (VSLO®) application service for institutions. These services accounted for more than 77% of the AAMC's total yearly revenue in 2022, which was reported on its IRS Form 990 as **$281,470,206**.[143]

FINANCIAL AWARDS GRANTED BY THE AAMC

From 2014-2023, the AAMC has paid at least **$4,395,000** in grants to its top twenty recipients, including more than **$1,400,000** to the National Academy of Sciences (NAS).[144] The National Academies of Sciences, Engineering, and Medicine are strong supporters of DEI and health equity initiatives. The group made a recommendation in 2023 that the United States should establish a federal health equity group and implement a "health equity policy audit and score card."[145]

A **$500,000** award went to Citizens for Truth in Drug Pricing (CTDP), an organization that is only found as a Facebook group with 695 followers, with no posts since August 23, 2019, and a website link that is non-functional.[146] CTDP reported net assets of $1.08 million in 2018, which decreased markedly in subsequent years. Its 2021 net assets were reported as $928.00, and the CTDP is not currently found on the IRS's most recent list of tax-exempt organizations.[147][148]

The AAMC awarded **$375,000** to the Coalition to Strengthen America's Healthcare, of which AAMC CEO Skorton is a member of the board of directors.[149]

More than **$711,000** was granted to National Medical Fellowships (NMF), which provides scholarships to "students chronically underrepresented in medicine" and its *Diversity in Research Program*.[150] [151] Along with the AAMC and the American Federation of Teachers, NMF also endorsed House Resolution 1180 in 2024, which "underscores the vital importance of diversity, equity, and inclusion (DEI) efforts in medical education."[152] AAMC Chief of Staff Jennifer Schlener is an officer on the NMF Board of Directors. She penned a September 12, 2024, commentary in which she reiterated that, "similar to the work of NMF, thinking about diversity, equity, and inclusion is a significant priority for us." She exhorted the NMF to advocate for health equity and social determinants of health and to address systemic racism. Schlener claims these issues affect some people's ability "to even begin to see themselves as a potential future physician."[153]

Another NMF board member, Cedric M. Bright, MD, was named Vice-Chair of the Board of National Medical Fellowships on September 20, 2024. "I don't believe anything will change until the faces of faculty do," Bright was quoted as saying in the article, adding that they must be "culturally humble and relatable to students made vulnerable."[154] In his role as interim associate dean for diversity and inclusion at the East Carolina University Brody School of Medicine, Dr. Bright is on the record as promoting divisive concepts in a 2023 presentation he made to the NMF in New Orleans. The slide deck, obtained by Do No Harm via a FOIA request, addressed "racism in medicine" and included a slide with a distasteful cartoon depicting a black female wearing a ball and chain who is in a race against a white male.[155]

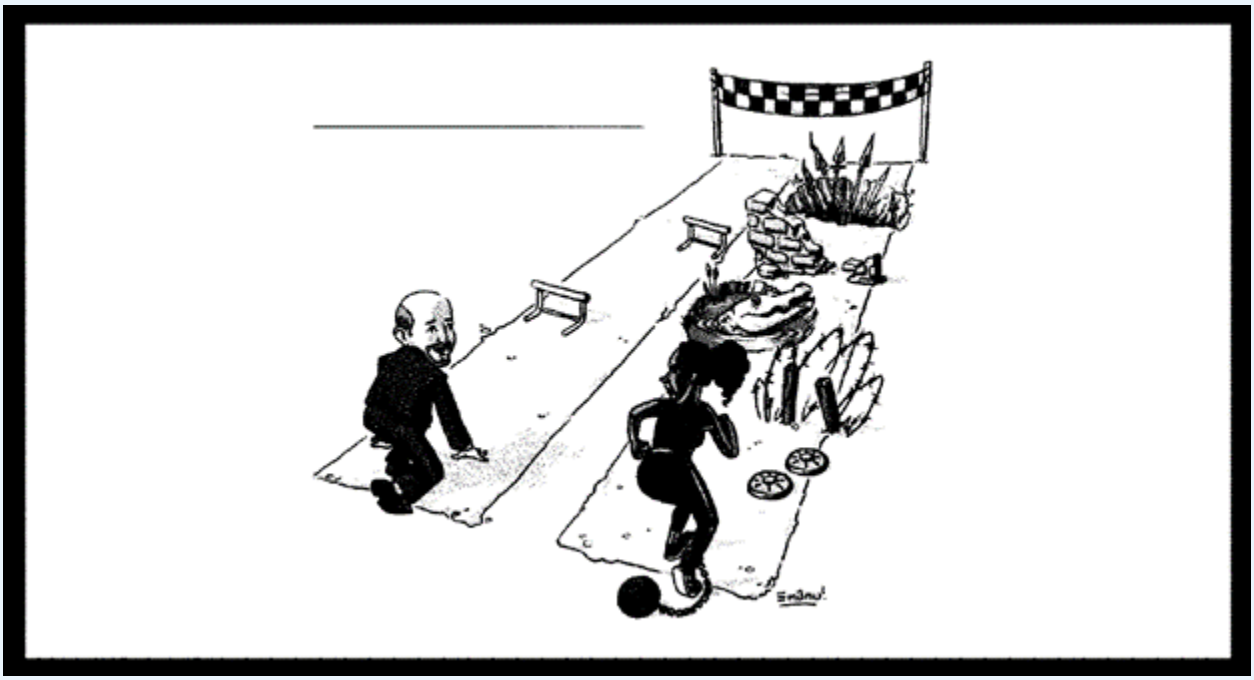


Figure 19. Cartoon from NMF presentation by ECU dean Dr. Cedric Bright.

AAMC *NEXT* GRANT

The *AAMC Nurturing Experiences for Tomorrow's Community Leaders (NEXT) Grant* awards financial support to institutions under the pretense of improving community health. The 2023 funding cycle "supports initiatives designed to confront racism and advance health equity" that are established between medical colleges and their local community partners.[156]

- **University of California-Riverside School of Medicine** is partnering with **Advocate for Nurturing Transition (A.N.T.) Consulting** "to cultivate self-advocacy skills" with A.N.T.'s resources, such as its courses in "the history of Black hair" and "understanding of Juneteenth."[157]
- **University of North Carolina at Chapel Hill** is developing "an anti-racist resident curriculum through community-partnered story sharing" with **Birth Sisters Doula**. The objective is to integrate "patient-

informed racial justice content into resident training."

- **Western Michigan University Homer Stryker M.D. School of Medicine** is using its AAMC grant funds for the **Facing Racism as A part of Medical Education (FRAME)** project "by engaging them in anti-racist service-learning and systems-change activities." The community partner, **Eliminating Racism and Creating and Celebrating Equity (ERACCE),** provides recommended anti-racist resources on colonization, slavery, intersectionality, and "racial identity development."[158]

Figure 20. From the "Eliminating Racism and Creating and Celebrating Equity (ERACCE)" resources page.

ANNUAL REPORTS

The AAMC says that it has generated an annual report that contains information about the organization's governance, activities, highlights, and yearly financial data, and has done so since 1962. However, no annual report has been posted to the website since the 2000 version.[159]

TRANSFUSING DOLLARS INTO THE EFFORT TO TRANSFORM MEDICAL EDUCATION

The AAMC has applied its massive capital toward its mission to transform medical education via multiple avenues. Over the decades of its existence, the organization has collected and organized a significant repository of data. The AAMC uses these resources to influence its member institutions to subscribe to concepts that perpetuate DEI efforts.

USING DATA TO INFLUENCE AAMC MEMBER INSTITUTIONS

Institutional membership in the AAMC provides exclusive access to databases, organizational networking, and professional development resources "to craft and carry out a vision for the future of medical education." The organization says that providing such assets makes it "the most trusted provider of vital services" for medical schools and teaching hospitals to uphold and disseminate that vision.[160] However, it is clear that the AAMC has a central objective that is woven into these member benefits. They reflect the organization's obsession with influencing its member medical schools to maintain loyalty to the DEI crusade.

"FACULTY ROSTER" DATABASE SERVICE FOR MEDICAL SCHOOLS

The "Faculty Roster" is a database of more than 200,000 active full-time faculty members that contains their demographic information (such as sex, age, and race/ethnicity), tenure status, and degree information. Users can access and customize reports on retention and promotion, and those with data management responsibilities may be able to access "personal-level data." The user interface and infrastructure of this database is a limited access platform called FAMOUS (Faculty Administrative Management Online User System). Member institutions with the appropriate credentials can submit information about their faculty to the database via this platform.[161] The 2020 version of the *FAMOUS User's Guide* illustrates the race and ethnicity information collected with each entry, using similar racial and ethnic breakdowns seen in the AMCAS®. The records contained in the FAMOUS platform track each individual faculty member's history of appointments, rank, and tenure status. Institutions with the same login credentials can pull reports from the database that specifically include sex and race/ethnicity information.[162]

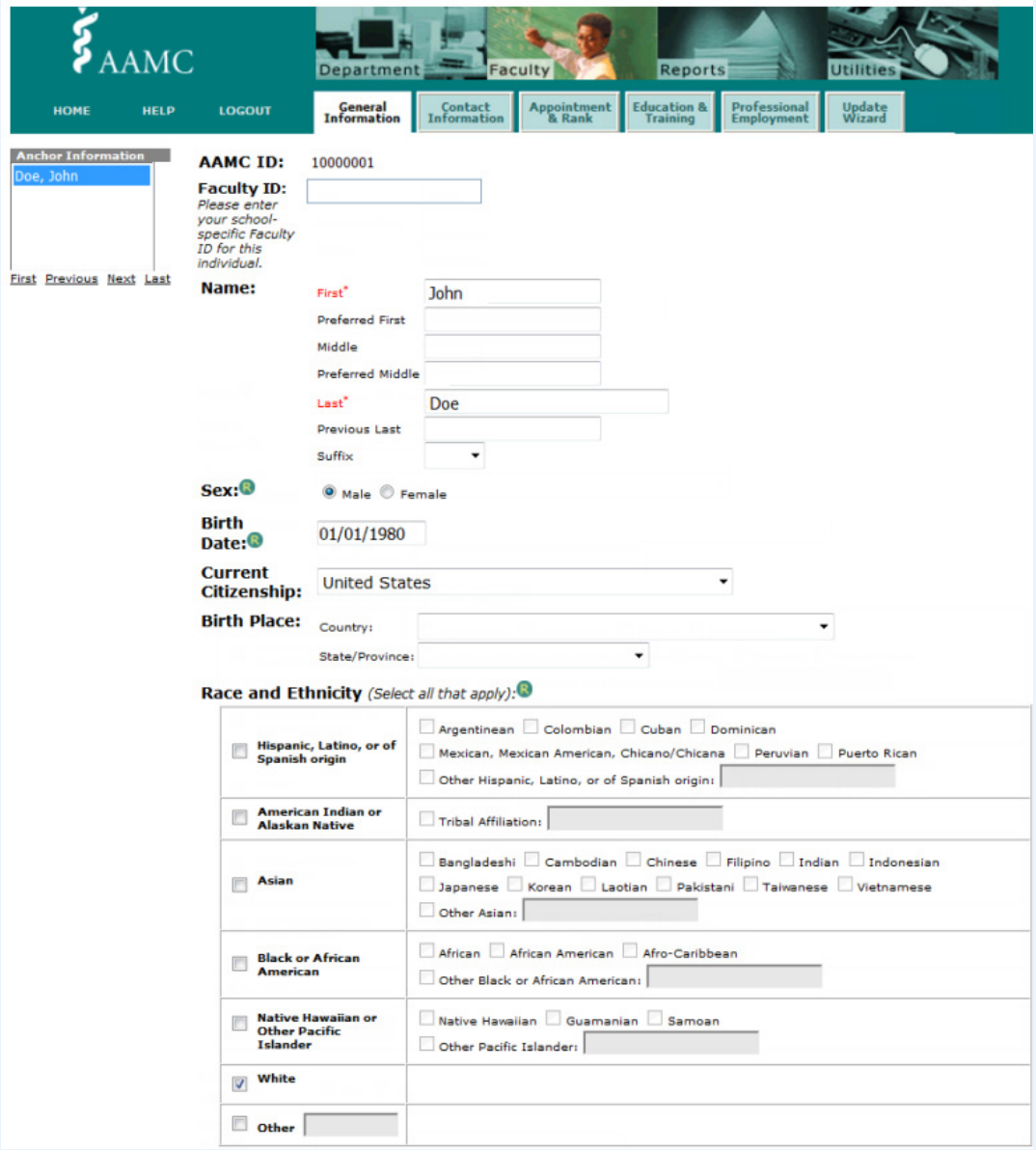


Figure 21. Screenshot from the FAMOUS data interface platform.

REPORTS AND SURVEYS

In addition to member-only resources like the Faculty Roster, the AAMC posts a large repository of publicly available reports and survey results. No fewer than 50 of these reports are categorized on the website as having a DEI focus.[163]

PHYSICIAN/HEALTHCARE PROVIDER WORKFORCE PROJECTIONS

For decades, many in the medical field expressed concerns about the physician workforce supply, as well as projected shortages in all medical specialties. However, the AAMC puts its usual DEI spin on this topic when it says that more long-term data collection and research is needed "to better elucidate the anti-racist policies that can combat the endemic structural racism that harms our current physician workforce." But nothing demonstrates the AAMC's intentions about group identities of future physicians like the "Health Care Utilization Equity" (HCUE) scenarios in the March 2024 report titled *The Complexities of Physician Supply and Demand: Projections From 2021 to 2036*.

Despite dire predictions of severe physician shortages in America's future, the AAMC's data indicate that no white physicians are needed to meet the demand.

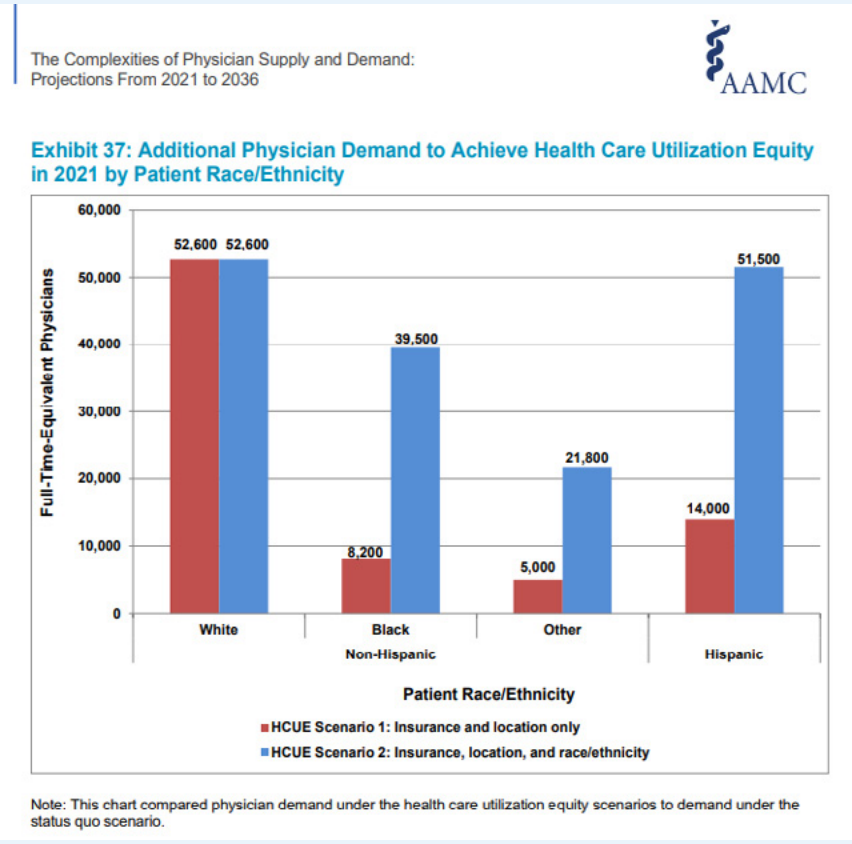


Figure 22. From "The Complexities of Physician Supply and Demand: Projections From 2021 to 2036," p. 77.

The first hypothetical HCUE scenario described in the report compares the healthcare utilization patterns of uninsured, non-suburban populations (underserved) to insured suburban populations (not underserved). But HCUE Scenario 2 displays the number of physicians that would be required if "everyone utilized care as if they had equivalent utilization patterns to non-Hispanic White, insured populations residing in suburban metropolitan areas."[164]

FACULTY ENGAGEMENT AND IMPACT OF FORMAL DEI EFFORTS IN MEDICAL SCHOOLS

Member institutions have access to the StandPoint™ Faculty Engagement Survey, which the AAMC says will inform them about the effectiveness of faculty-related policies and practices. Seventeen domains are measured, including "promotion and tenure requirements;" "promotion equity;" "faculty recruitment and retention;" and "faculty diversity, equity, and inclusion."[165] In June 2024, the AAMC released a "data snapshot" describing the key findings of the new questions added to the survey to assess the impact of formal DEI efforts in the responding schools.[166] Interestingly, "training" was at the bottom of the list of actions that could increase DEI at those schools.

Even so, the AAMC's answer to the 101 faculty members who said that no additional DEI efforts were needed at their institutions – "based on their belief that emphasizing DEI efforts comes at the expense of other values" – was that "leaders should continue to educate" about how these initiatives uphold institutional excellence.[167]

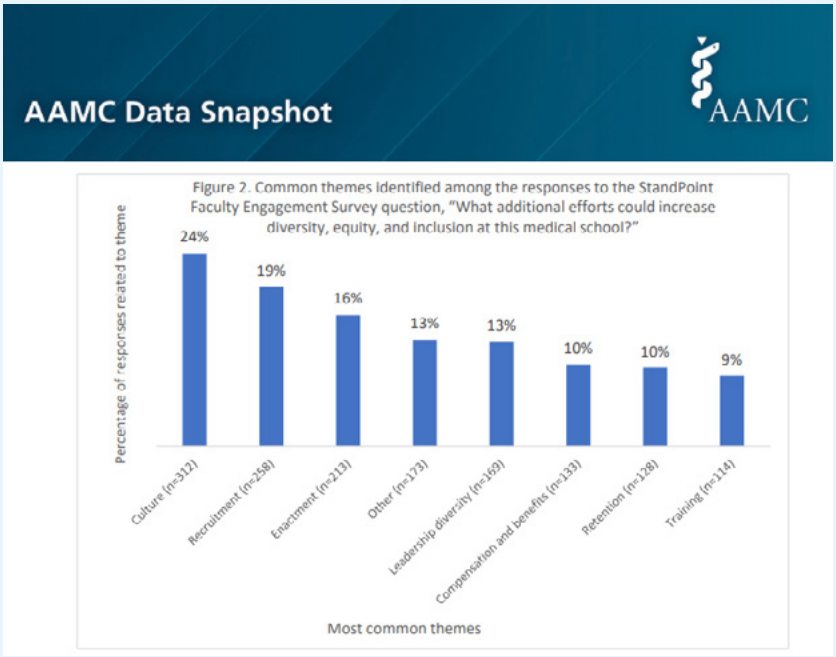


Figure 23. From "Enhancing Diversity, Equity, and Inclusion Efforts at U.S. Medical Schools," p. 3.

PERCEPTIONS OF EQUITY IN ADVANCEMENT

Another "data snapshot" from the StandPoint™ Faculty Engagement Survey, reported in May 2021, is *Perceptions of Equity in Advancement Among U.S. Medical School Faculty*. This assessment, administered between 2017 and 2020, compared perceptions of career development and advancement opportunities among men and women faculty. Responding to a question about their satisfaction with opportunities offered to faculty members, without regard to race/ethnicity, men were the most satisfied (84%). The report notes that this element demonstrated the most agreement between men and women overall. However, the report's conclusion states that the results provide confirmation that faculty "perceive inequities in the promotion process" at their institutions, "and perhaps indicates that other equity issues may exist."[168]

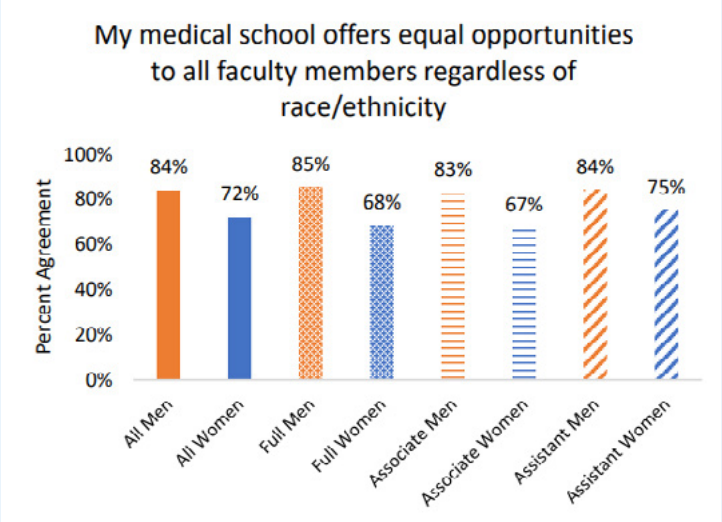


Figure 24. From "Perceptions of Equity in Advancement Among U.S. Medical School Faculty."

It is difficult to draw a clear distinction of long-standing systemic and structural racism in academic medicine based on these results, despite the AAMC's frequent claims that the problem is a deeply rooted one.

DISTRIBUTING THE AAMC'S FINDINGS TO PERPETUATE THE DEI MESSAGE

The information collected and warehoused in the AAMC's digital repositories is a rich source for members and visitors to the website. Nevertheless, the AAMC uses other publications, offerings, and technologies to dish out its point of view to a wider audience.

PUBLICATIONS AND LEARNING OPPORTUNITIES

During recent years, the AAMC has put a lot of effort into paving the way for permanently altering the way medical students are educated. This has happened through its advancement of the concepts of "health equity," "anti-racism," and more. Using its publications and online learning opportunities, the AAMC has systematically implanted the DEI narrative into multiple academic settings – including terminology used in curricula and communication regarding student and patient populations.

ACADEMIC MEDICINE

The AAMC established *Academic Medicine (AM)* as its flagship journal in the 1920s. The peer-reviewed journal (i.e., it carries a presumption of reliability) is "devoted to medical education and pedagogy."[169] Unfortunately, the journal has set aside those principles in favor of promoting a politicized narrative.

AM categorizes its content into several "Collections," many of which address important research and educational topics. However, some of those topics contain articles related to "social justice," "anti-bias and inclusive language," and "critical race theory." There are several subject areas that are explicitly focused on DEI, and have pieces discussing "racial violence," "microaggressions," and "implicit bias." For example:

- Addressing Race and Racism in Medical Education[170]
- Diversity, Equity, and Inclusion **AM** Last Pages[171]
- Language Equity in Medical Education[172]

WEBINARS AND PROFESSIONAL DEVELOPMENT OFFERINGS

The AAMC supports and produces several live and on-demand educational offerings that spread the organization's DEI strategy to audiences beyond its member institutions. The AAMC produces certain events by collaborating with the DEI offices of major medical schools.

IDEAS LEARNING SERIES

The AAMC's *IDEAS (Inclusion, Diversity, Equity, and Anti-racism) Learning Series* is a sequence of monthly webinars to create and promote policies and practices that are "equitable" and "anti-racist." Because "the media and for-profit organizations are producing voluminous materials" related to DEI, the AAMC developed the series so academic health professionals can get "trusted, actionable information." The inaugural presentation on *Effective Unconscious Bias Training Models for Health Professions Faculty and Staff* took place in March 2022.[173] Additional examples of presentations from this series include:

- **Allyship in Action – A series on allyship skills, lessons, and institutional programs (September–December 2024):** Core equity practices and skills "to accelerate our efforts to advance DEI." The October 24, 2024, installment of the series featured a "leadership panel" on learning how to be an ally. "Individuals identifying as men and/or as white," the webinar registration page stated, "are especially

encouraged to attend to learn from these incredible leaders."[174]

- **Employing Restorative Practices and Civil Discourse to Heal an Institution (July 2024):** Curriculum developed at the Uniformed Services University F. Edward Hebert School of Medicine that presents the principles of restorative justice and civil discourse.
- **Inclusive and Safe Environments in Academic Medicine Series (June 2024):** Includes strategies for "mitigating misogynoir" and the AAMC's voter education "fact sheet," which cites federal laws and guidance from federal agencies as justification for engaging in voter registration.[175] The fact sheet was created in collaboration with Vot-ER, an organization which pushes healthcare providers and residents to use routine patient visits as voter registration opportunities. "Similarly to the Department of Motor Vehicles," the Vot-ER website states, "healthcare facilities can play an integral role in nonpartisan voter registration."[176] Vot-ER says it is non-partisan, but this a preposterous claim considering that it is funded by major left-wing donors and maintained a close relationship with the Biden administration.[177]
- **Developing the Next Generation of Physicians as Policy Advocates to Advance Health Equity (January 2024):** Introduction of the AAMC's advocacy toolkit, which outlines specific activist positions that medical students and residents should adopt, rather than offering skills for creating their own plan of action.[178]
- **Transforming Medical Education to Advance Equity and Inclusion (October 2023):** Panel discussion by senior institutional leaders regarding advancing DEI. Presented in partnership with Black in Anatomy, an organization founded to "amplify Black contributions to anatomical science."[179]
- **Strategies for Promoting Anti-racist Research in Medical Education (June 2023):** Dr. Dowin Boatright discussed how academic research can promote DEI and anti-racism. Do No Harm reported on Dr. Boatright's April 2023 presentation at Icahn School of Medicine where he claimed that "medical schools could be cited by the LCME and ultimately lose their accreditation" if they failed to implement DEI programs and practices.[180]
- **Socially Accountable Admissions (January 2022):** In collaboration with the University of California, Davis School of Medicine, the AAMC hosted this webinar with the objective of introducing "inclusive recruitment" tools and tactics that medical schools could use to "yield the applicant and matriculant pools they seek."[181] Presenters asserted that MCAT® scores are problematic and of limited value because they lead to "overrepresentation" of Asian students. Instead, schools must mandate measures to mitigate so-called implicit bias and deputize DEI officials to ensure everyone is "talking the same talk and walking the same walk." Presenters compared the transformation of medical schools to an oil platform that is on fire. "If it's not burning there is no reason to jump," one presenter commented. "It's not tweaking around the edges that is needed. It's revolution."[182]

HEALTH EQUITY IN ACADEMIC MEDICINE

Starting in July 2020, the AAMC held virtual meetings with various stakeholder groups to address "healthcare inequities" in the Washington, D.C. area. The Centers for Disease Control and Prevention funded activities and subsequent reports, including *Health Equity in Academic Medicine: Recommendations From an AAMC Community Roundtable in Washington, D.C.*[183]

This report opened with the now-ubiquitous "land acknowledgement," which sets the stage for the tone of the discussion:

> *This report discusses approaches for academic medicine to advance health equity in Washington, D.C. The AAMC headquarters is located in Washington, D.C., the traditional homelands of the Nacotchtank, Piscataway, and Pamunkey people. We are mindful of the impact of the intentional genocide and displacement of Indigenous communities in Washington, D.C., and the disproportionate health inequities that exist in Indigenous communities in the United States today because of systemic racism. We celebrate the resilience and strength that all Indigenous people have shown in this country and worldwide. The AAMC understands that while the goal of health equity is inclusive of all communities, it cannot be achieved without explicit recognition and reconciliation of our country's injustices.*

The foreword (by AAMC chief DEI officer David Acosta) declares that "structural racism [is] at the forefront of our societal and healthcare crises" and that there is a "desperate need" to direct resources toward "persistent health inequities" and "injustices within communities of color."

Figure 25. From "Health Equity in Academic Medicine: Recommendations From an AAMC Community Roundtable in Washington, D.C." (December 2021).

The roundtable discussion addressed "six critical levers of change" for advancing health equity, including research, DEI, policy, and "corporate social responsibility." This produced four recommendations for medical schools, academic medical centers, and residency programs to "deepen and integrate their health equity work":

- **Develop equity-centered, community-engaged didactic and experiential learning opportunities within medical schools and residency programs.** This includes placing health equity metrics within new and existing learner assessments.
- **Explicitly link DEI values, efforts, and outcomes to institutional culture, policies, and programs.** The top recommendation here is to "embed DEI values" across all mission areas by "prioritizing them in curriculum."

- **Leverage the roles, expertise, and enthusiasm of learners and of leaders and staff in offices of community engagement and government affairs to partner with local communities to address social determinants of health and advocate for change.** Medical students and residents need "dedicated time" to receive training on health equity advocacy, according to this suggestion.
- **Critically examine research and clinical care practices for evidence of equity-centeredness in design, implementation, and outcomes.** This recommendation calls for institutions to "underscore the value of health equity in research" through policy change, revision of clinical practices, and faculty development.

Finally, no AAMC publication would be complete without a glossary of terms in the language of activism and identity politics. An example is the definition (from the perspective of this roundtable discussion) of *anti-racism:* "a process of actively identifying and opposing racism. The goal of anti-racism is to challenge racism," the definition continues, "and actively change the policies, behaviors, and beliefs that perpetuate racist ideas and actions."

MODIFYING LANGUAGE AND DEFINITIONS

The AAMC instills identity politics into the language used to describe individuals, further bending the definitions of words and phrases in alignment with radical ideologies. The publications produced as a result of these endeavors are disseminated far and wide – sometimes with help from major medical organizations.

"POWER & PRIVILEGE DEFINITIONS"

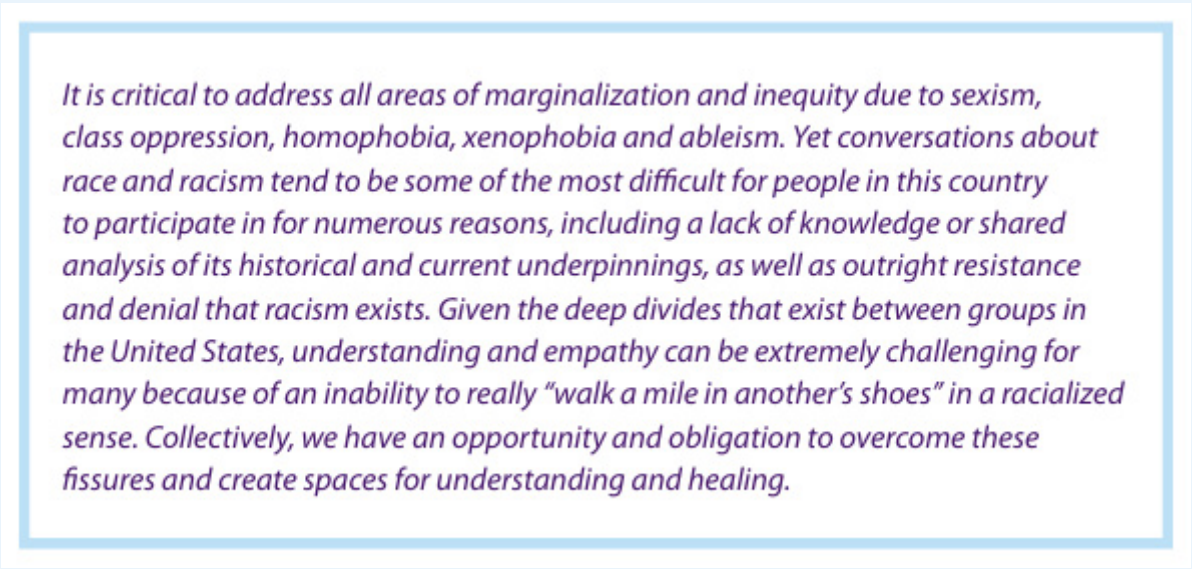
The AAMC's media library contains a document titled *Power & Privilege Definitions* which contains terms such as "institutional power," "privilege," and several versions of "oppression."[184] An almost identical list was used in an infamous email from Johns Hopkins University's Chief Diversity Officer Dr. Sherita Hill Golden from early 2024. Dr. Golden came under fire for sending out an email in which she labeled all white people, males, Christians, and others as those who benefit from privilege, which she said is "unearned and granted to people in the dominant groups."[185] And, the Emory University School of Medicine uses the same definition of "privilege" in an orientation document, which also happens to contain terms found in the AAMC's *Power & Privilege Definitions*.[186]

HEALTH EQUITY LANGUAGE GUIDE

In collaboration with the American Medical Association (AMA), the AAMC Center for Health Justice produced *Advancing Health Equity: A Guide to Language, Narrative, and Concepts* in 2021. This document addresses "health equity language" – that is, terminology that replaces commonly used words and phrases that have "harmful consequences" – to make them more "person-first." For example, referring to an individual as "a diabetic" supports "stigmatization and marginalization." Using health equity language means that such an individual should be referred to as "a person living with diabetes" to avoid harmful and "dehumanizing" labels. When referring to race, the guide says that "black" must be written with the "equity-focused alternative" of "Black." The rationale is that "black denotes a color, not a person." However, the same illustration (Table 2) states that the term "Caucasian" must be avoided in favor of

using "white" when referring to people.[187]

The AMA and AAMC are very transparent about why this document was developed. "Narratives grounded in white supremacy and sustaining structural racism, for example," the guide asserts, "perpetuate cumulating disadvantage for some populations and cumulative advantage for white people, and especially white men."



It is critical to address all areas of marginalization and inequity due to sexism, class oppression, homophobia, xenophobia and ableism. Yet conversations about race and racism tend to be some of the most difficult for people in this country to participate in for numerous reasons, including a lack of knowledge or shared analysis of its historical and current underpinnings, as well as outright resistance and denial that racism exists. Given the deep divides that exist between groups in the United States, understanding and empathy can be extremely challenging for many because of an inability to really "walk a mile in another's shoes" in a racialized sense. Collectively, we have an opportunity and obligation to overcome these fissures and create spaces for understanding and healing.

Figure 26. From "Advancing Health Equity: A guide to language, narrative, and concepts."

The document contains numerous examples of how the medical profession should focus more on social justice issues and politicized discussions than individualized patient care. Particularly absurd illustrations of bending the language are found in Table 5 of the guide. For example, a physician might reasonably say, "Low-income people have the highest level of coronary artery disease in the United States." But the AMA and AAMC proclaim that the proper choice of words is, "People underpaid and forced into poverty as a result of banking policies, real estate developers gentrifying neighborhoods, and corporations weakening the power of labor movements, among others, have the highest level of coronary artery disease in the United States."

Table 5: Contrasting Conventional (Well-intentioned) Phrasing with Equity-focused Language that Acknowledges Root Causes of Inequities

Conventional	Revision
Native Americans have the highest mortality rates in the United States.	Dispossessed by the government of their land and culture, Native Americans have the highest mortality rates in the United States.
Low-income people have the highest level of coronary artery disease in the United States.	People underpaid and forced into poverty as a result of banking policies, real estate developers gentrifying neighborhoods, and corporations weakening the power of labor movements, among others, have the highest level of coronary artery disease in the United States.
Factors such as our race, ethnicity or socioeconomic status should not play a role in our health.	Social injustices including racism or class exploitation, e.g., social exclusion and marginalization, should be confronted directly, so that they do not influence health outcomes.
For too many, prospects for good health are limited by where people live, how much money they make, or discrimination they face.	Decisions by landowners and large corporations, increasingly centralizing political and financial power wielded by a few, limit prospects for good health and well-being for many groups.

Source: NACCHO, "Advancing Public Narrative for Health Equity & Social Justice" report.

Figure 27. From "Advancing Health Equity: A Guide to Language, Narrative, and Concepts" (p. 20).

These Orwellian tactics are indicative of how the corruption of medical language is contributing to the corruption of medical education.[188]

Despite receiving extensive criticism for pushing physicians to change their language, the AAMC didn't stop there. It drew upon the vocabulary of *Advancing Health Equity* to create "cross-continuum competencies in diversity, equity, and inclusion," which the organization says are "new and emerging."[189] These competencies are described in the next section.

DEI COMPETENCIES ACROSS THE LEARNING CONTINUUM

In July 2022, the AAMC published its flagship report in the "New and Emerging Areas in Medicine" series, created as "a guide for everyone who develops curricula within the field of medicine." Titled *Diversity, Equity, and Inclusion Competencies Across the Learning Continuum,* the report was designed for use by curricula developers and medical school administrators for embedding DEI competencies in their programs' instructional materials. These competencies were established, in part, in response to "recent broad societal calls for social justice." The LCME contributes an accreditation standard regarding "gender and cultural biases in healthcare delivery" in the competencies, as well as the ACGME's *Equity Matters* initiative. *Equity Matters* aims to "drive change within graduate medical education" by promoting the concepts of health equity. The competencies are intended to be used with recent graduates all the way through to experienced faculty members who work with medical students and residents.

The report includes curricular models for embedding DEI into medical education programs. An example of one of these models is ***Faculty Development in Antiracist Pedagogy and Critical Consciousness*** by the Icahn School of Medicine at Mount Sinai Center for Antiracism in Practice. It contains three workshops that claim to prepare students "to identify the manifestations of racism and White supremacy within

their courses" and guide them to describe "the impact of racism and White supremacy on learners and their future patients."[190] Medical students are expected to demonstrate how their "personal identities, biases, and lived experience" influence their practice as clinicians, and must "articulate race as a social construct" that causes healthcare disparities.[191]

Dr. Stanley Goldfarb sounded the alarm on the implications of this curriculum guide. "This document will become a template for how medical students will be educated throughout the country," he told Breitbart News, "and it is a profoundly political and discriminatory document."[192] In an interview with Fox News Digital about the report, Dr. Goldfarb noted that Americans will not be in favor of critical race theory being an integral part of medical education. "This latest set of expectations for the education of medical students and residents is nothing more than indoctrination in a political ideology," he continued, "and can only detract from achieving a healthcare system that treats all individual patients optimally."

However, the AAMC defended the competencies as a means to educate medical students in a fact-based manner. "We have evidence that supports that race is a social construct," the AAMC responded, "and there is a growing body of evidence about what race is and isn't, and its impact on health."[193] What that evidence consists of, and what the benefits of looking under every rock for "white supremacy" are, is not readily apparent.

The AAMC webpage dedicated to this project illustrates the organization's intent to push its DEI messaging into settings outside of its scope. "Beyond medical education," the *Advancing Diversity, Equity, and Inclusion in Medical Education* page declares, "the AAMC is committed to DEI across all its services, programs, and projects." The page points to countless resources "to guide the actions of individuals, organizations, and communities" by using the AAMC's products that center on its "anti-racism framework." Individuals are directed to resources on implicit bias and "inclusive language;" organizations are encouraged to engage in holistic review and the DICE Inventory (discussed below); and communities are asked to answer a call for submissions for scholarship related to DEI and anti-racism topics.[194] Currently, the *AAMC New and Emerging Areas in Medicine* competency series and the DEI competencies are grouped with other initiatives under the label of "Competency-Based Medical Education (CBME)" on the AAMC's public website, which links to the health equity, social justice, and anti-racism material that is part of the CBME design.[195]

A component of the CBME is the *Advancing Equity in Learning Collection,* which categorizes the nine competencies into three DEI domains that the AAMC insists on being a guide for the development of medical education curricula. "By integrating these DEI competencies into a competency-based medical education framework," the AAMC says, "institutions can ensure that learners develop the skills and attitudes necessary to provide equitable, culturally-responsive care to all patients."[196]

In *Activism Instead of Anatomy: The Sorry State of Medical School Curricula,* Do No Harm Senior Fellow Jay Greene noted how these competencies (which were applauded by the American Medical Association), are a prime example of how the AAMC's influence in medical curricula has dire consequences. His content analysis found that the incidence of politicized subject matter in the course catalogs of twenty top medical schools (all of which are AAMC member institutions) outnumbered specific scientific terms. "The systematic examination of medical school course catalogs presented here helps confirm that the

crowding out of technical medical training is not an isolated development," Greene concluded.[197]

The development and implementation timeline of the CBME is described in the AAMC Strategic Plan. But that is only one small piece of the DEI roadmap that the Strategic Plan illustrates.

HOW THE AAMC SAYS IT IS IMPROVING HEALTH THROUGH DEI WITH ITS CORPORATE STRATEGIC PLAN

"Is our approach to health broken?" That's the introduction the AAMC makes to the public for its strategic plan. Because people all over the world "aren't as healthy as they could be," the AAMC formulated "a bold new plan to create a healthier future for all."

As expected, CEO Skorton explains the need for such resolve in language that is frequently used by the AAMC. "From gaping health disparities to uneven access to care, the challenges ahead are daunting," he declared in a video statement on the website. "But amid the novel coronavirus pandemic and growing public outrage over systemic racism," Skorton continued, "a renewed sense of urgency offers an unprecedented opportunity for change."[198]

What kind of change? There's a 10-point plan for that. And it should come as no surprise that the AAMC manages to infuse its usual ideological narrative throughout every component of the strategic plan, using short videos to make those points.

Each of the ten points are represented as action plans that are "works in progress," and are anticipated to transform over time. That raises cause for concern, considering the immediate and repeated concentration on "anti-racism" and "systemic racism" in all areas of the strategic plan.

1. STRENGTHEN MEDICAL EDUCATION

The AAMC claims that patient- and system-level outcomes will improve when educational outcomes are based on "a more inclusive, anti-racist environment that equitably supports the progress of all learners." Another goal of this action plan is to implement the CBME in novel areas of "diverse educational settings." Dr. Walter Conwell of Morehouse School of Medicine says that a "current practice that contributes to a racist learning environment is our curriculum." Nahae Kim of the Chicago Medical School states the curriculum "has harmed future students" and that there must be "reckoning with our racist institutions." To achieve this anti-racist environment, the AAMC began development of the *Advancing Equity in Learning Collection,* described in the previous section.

2. SUPPORT STUDENTS

Because the organization wants to be the main source of support for all medical students, "especially learners who are underrepresented in medicine.," the AAMC pledged to conduct its own DEI assessments. Steve Fitzpatrick, Senior Director of Strategic Solutions, confirmed that all AAMC services will be assessed "through the lens of equity and anti-racism." [199]

For example, as a result of the AAMC's internal evaluations, a new "professional readiness exam" is forthcoming. Called the *AAMC PREview® Exam,* it will be offered beginning in April 2025. Some medical schools will require the exam, which will be scored on a 1 to 9 scale.

"The PREview exam is one of several factors that schools may consider when evaluating applicants," the AAMC notes on the exam's informational webpages. The results can be used "to identify applicants whose competencies align with their school's unique mission and goals."[200] The nine competencies include important characteristics of professionalism like "interpersonal skills" and "teamwork and collaboration." However, two of the competencies are "cultural awareness" and "cultural humility," which is DEI-speak for politicized concepts such as implicit bias, microaggressions, and anti-racism. These concepts are seen in some of the practice exam questions, available on the AAMC website.[201]

Figure 28. AAMC PREview Exam competencies.

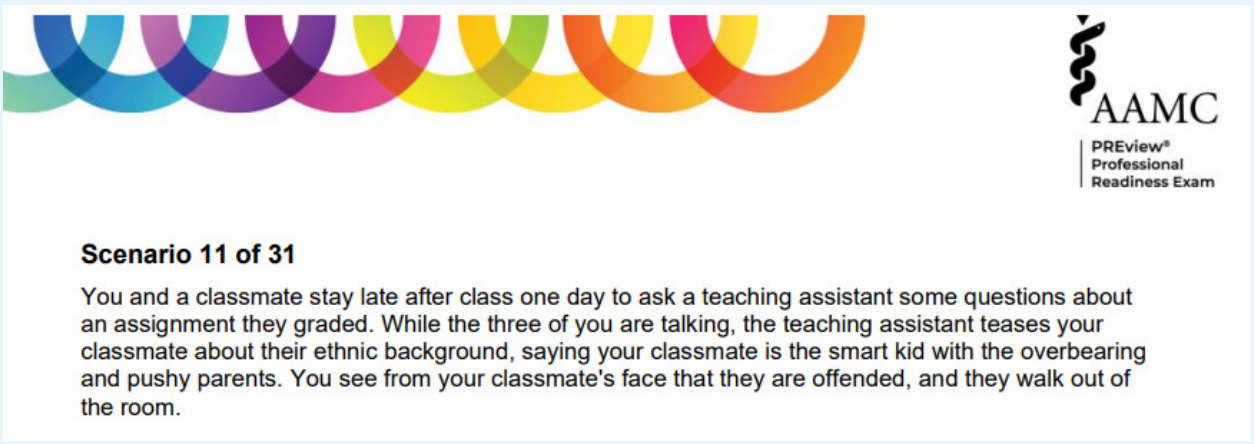


Figure 29. Sample questions from AAMC PREview® practice exam.

The AAMC's *Learn Serve Lead* conference in November 2024 included a seminar about the PREview® Exam. The session description stated that exam scores provide "standardized information" about applicants' readiness for medical school, which can be "triangulated" with interview performance evaluations and integrated "at various stages of the admissions process."[202] Again, the AAMC is stacking the deck to add yet another layer of workarounds to prohibitions on the consideration of race in university admissions.

3. FOCUS ON INCLUSIVITY

The primary instrument the AAMC cites in this area of the action plan is the *Diversity, Inclusion, Culture, and Equity (DICE) Inventory,* on which Do No Harm has extensively reported since late 2022. Labeling it "a national study," the AAMC says the information from the DICE Inventory responses helps member schools "address systemic racism and advance gender equity."[203]

The AAMC released *The Power of Collective Action: Assessing and Advancing Diversity, Equity, and Inclusion Efforts at AAMC Medical Schools* in November 2022. This report is a compilation of the findings from the DICE Inventory responses that were submitted to the AAMC from the member institutions that chose to participate. Of the 101 medical schools that volunteered to complete the survey, 89% of them stated that "DEI is prioritized" in their mission, vision, and values statements. But the AAMC report identified areas for improvement, including performance incentives for achieving DEI goals and promotion and tenure policies that include rewarding faculty who engage in DEI-related activities. Schools were recognized for their "intentional efforts to integrate DEI content within the curriculum."[204]

4. DIVERSIFY TOMORROW'S DOCTORS

The AAMC is using its collection of applicant and enrollment data to drive initiatives to increase racial and ethnic diversity in medical schools and "address the underrepresentation of Black men in Medicine" through "action collaboration" activities that are focused on specific racial identity groups. This action plan also targets grades K-12 regarding "pathways to health professions," collaborating with various healthcare professionals and "White House appointees."[205] [206]

5. STRENGTHEN THE RESEARCH ENVIRONMENT

"The events of 2020 renewed the urgency for us to create an inclusive, equitable, and anti-racist scientific environment that incorporates the lived experiences of communities everywhere," says Kaveri Curlin at the UC Irvine School of Medicine. Part of the AAMC's efforts in this area include working with the National Institutes of Health on projects "to identify and address structural racism" within the field of biomedical research.[207]

6. EVOLVE LEADERSHIP SKILLS

To be "leader ready" and equipped to build inclusive environments, the AAMC is currently developing programs to educate staff and students in the essentials of leadership and "transformational behaviors." Christina Tushman, Senior Director of Learning Design and Leadership Development at the AAMC, notes that the organization's aim is to identify the leadership capabilities needed "to create more equitable, diverse, and inclusive environments."[208]

7. IMPROVE ACCESS

As Do No Harm Chairman Dr. Stanley Goldfarb has made clear, the issue of access to healthcare is a determinant in outcomes between demographic groups, not racial animus or a physician's immutable characteristics.[209] [210] Yet, the AAMC contends that the advancement of health equity – including "digital health equity" – is the key to enhancing positive health outcomes.[211]

8. ADVANCE KNOWLEDGE

Although the AAMC has its hand in multiple facets of healthcare-related policy, it seeks even more influence in this area. Through this element of the strategic plan, the AAMC Research and Action Institute is working to expand its reach "to lead in areas beyond academic medicine."[212]

9. PROMOTE HEALTH EQUITY AND HEALTH JUSTICE

"Community health won't improve unless we look beyond medical care," says Dr. Philip Alberti, "unless we look to the other factors that create opportunities for communities to thrive." Promoting the AAMC Center for Health Justice, this part of the action plan seeks to address the "social and political determinants of health at the national and local levels." This includes "financial equity" and crafting "terms and concepts" related to health equity to inform policy.[213]

10. ADAPT TO CHANGE

The strategic plan concludes with messaging from the "constituent engagement" team at the AAMC. When describing "the events of recent years," photos of healthcare professionals holding signs in support of Black Lives Matter and declaring "racism is a public health crisis" are shown.[214]

Figure 30. From the AAMC's Action Plan 10 video.

The strategic plan clearly expresses the AAMC's ambitions for establishing a permanent condition of diversity, equity, and inclusion throughout all aspects of medical education and beyond. Unfortunately, the organization's efforts go far beyond that plan, reaching further into methods of creating activists instead of competent physicians.

ORGANIZATIONAL SUPPORT FOR AND ADVANCEMENT OF POLITICAL ACTIVISM

There is a near-endless stream of evidence for the AAMC's propaganda mill to perpetuate DEI. As noted earlier in this report, CEO Skorton and chief DEI officer Acosta increasingly began putting out press releases and statements regarding social justice matters and activism starting in early June 2020.

That brand of messaging continued into 2024, when position statements and presentations related to political activism began appearing more frequently in the AAMC's educational offerings and postings on its website. For example:

- January 31, 2024: The AAMC offered a presentation that is part of a series of webinars in its IDEAS Learning Series titled **Developing the Next Generation of Physicians as Policy Advocates to Advance Health Equity.**[215] The purpose of this offering was to unveil the AAMC's "Advocacy Toolkit for Physicians in Training," which is a central part of the organization's endeavors to steep the curricula of medical schools – and, therefore, medical students – in methods for engaging in political activism, using the AAMC's prescribed policy positions.[216]
- March 18-26, 2024: The AAMC affirmed its **commitment to attaching DEI to medical education curricula** and joined other medical and osteopathic organizations to support "DEI policies in healthcare as a means to help improve the health of our nation."[217] [218] These press releases came out

in conjunction with the introduction of a bill by U.S. Congressman Greg Murphy of North Carolina that would cut off federal funds to medical schools that include DEI principles in their admissions process or instructional materials.[219] More information about this bill is presented in Part 3 of this report.

- June 18, 2024: An installment in the IDEAS Learning Series titled **Voters' Education Initiative: Engagement and Empowerment** involved the AAMC's push to involve medical schools and academic medical centers in "nonpartisan voter registration." Representatives from two of the AAMC's affinity groups "discuss voting as a social determinant of health." The webinar materials refer participants to a "fact sheet" the AAMC developed as a result of its partnership with Vot-ER, described in an earlier section. The rationale given for addressing this topic is to ensure AAMC associates are informed of "the use of this legal, nonpartisan initiative to increase awareness of current issues relevant to academic medicine."[220]

IS THE POLITICIZATION OF ACADEMIC MEDICINE COMPLETE?

With a multi-pronged approach to influencing public policy and interpreting legislative outcomes from a DEI-centric point of view, the AAMC has leveraged its position to shape academic medicine into its current form. The organization's executive leadership is empowered with substantial financial resources and partnerships, which only serve to strengthen its standing. The AAMC's dominance makes dislodging DEI ideology from medical education a difficult task.

NEXT: WHAT NEEDS TO BE DONE ABOUT THE AAMC?

Can the AAMC be reformed? What must happen to restore this almost 150-year-old institution to its original purpose of advancing excellence in medical education? In Part 3, we will present potential strategies for generating a positive change in academic medicine.

PART 3: WHAT NEEDS TO BE DONE ABOUT THE AAMC?

The truth about the Association of American Medical Colleges (AAMC) demonstrates the need for reform. But can the AAMC be reformed?

In Part 2, we reviewed how AAMC leadership employs its advocacy and policy initiatives, as well as its financial resources, to foster the complete politicization of medical education. Part 3 presents strategies for addressing the AAMC's multitude of tactics for the destructive transformation it has engineered over the past several years.

PURVEYORS OF MISINFORMATION

The AAMC advertises itself as the organization that is the ultimate truth-teller, combating misinformation wherever it is found. An August 2022 opinion piece on the AAMC's website posted by "Those Nerdy Girls," a group of female researchers and clinicians, states, "Medical misinformation presents one of the most pressing challenges of our time." These experts maintain their own website for "practical and factual" information on various health topics. "Everyone must proactively confront this potentially lethal scourge or accept the escalating consequences," they declared.[221] [222]

We couldn't agree more.

In its zeal to convince faculty, students, officials of member institutions, policymakers, and the public that it is the unquestionable source of truth for every topic it takes on, the AAMC has recently hit some bumps in the road.

ACCREDITATION IS NOT DEPENDENT ON DEI INITIATIVES

Alarmist messaging about LCME accreditation, initiated and perpetrated by medical school faculty and students, filtered down to state legislatures that were proposing reforms to remove DEI initiatives from their medical schools during 2023. The best example was seen in January at the University of Missouri-Columbia School of Medicine, when 150 students sent a letter to state lawmakers with their complaints. Because they believed that prohibiting DEI would decrease the diversity of the student body, the proposed legislation "would additionally put our school's accreditation at risk." The students claimed that the Liaison Committee on Medical Education's accreditation standards contain "diversity requirements."[223]

But the implied threat to accreditation wasn't real. In July, the U.S. House of Representatives Committee on Education and the Workforce, chaired by Rep. Virginia Foxx, asked the LCME to for clarification. The LCME responded by stating that there is no language in the text of its accreditation elements that "mandates which categories of diversity a medical school must use" to comply with them. The LCME further affirmed that medical schools are not required to consider applicants or award scholarships based on race as a condition of accreditation.[224] The plain text of the LCME elements does not state that medical schools must maintain DEI offices or programs, and the politicized narratives pushed by the AAMC are completely irrelevant when it comes to the accreditation standards. Furthermore, neither the

LCME nor the AAMC can prevent state legislatures from taking steps to remove those narratives from medical education.[225]

STATE LEGISLATION

At the time of this report, a total of eight states have taken legislative action to eliminate DEI-influenced programs, student funding, curricula, and on-campus activities.

Utah lawmakers took steps in 2024 to implement a common-sense approach to prevent race- or sex-based discriminatory practices and remove divisive mandatory educational offerings from its colleges and universities.[226] House Bill 261 was signed into law on January 31 and went into effect on July 1.[227]

The governor of **Indiana** signed Senate Bill 202 into law on March 13, 2024. The bill prohibits mandatory diversity statements and adherence to DEI-focused principles by faculty, staff, and students. Resources that previously contained race-based eligibility criteria were opened to all student groups.[228]

Alabama passed Senate Bill 129, which was signed by the governor on March 20, with an effective date of October 1, 2024. This bill prohibits public entities from maintaining and sponsoring DEI offices and programs. "Certain divisive concepts" that discriminate or declare that any race, ethnicity, religion, or sex is inherently superior, biased, or oppressive are also prohibited, among others.[229]

Iowa soon followed suit in April 2024 with the Education Appropriations bill, representing one of the most robust pieces of anti-DEI legislation passed to date. As a result, the state's public colleges and universities are prohibited from maintaining DEI offices and compelling the enforcement of DEI ideologies. These institutions must report their compliance with the law on an annual basis, and the Iowa attorney general is empowered to enforce it.[230]

These pieces of legislation were successful largely due to actions taken by states in 2023 that paved the way for subsequent bills that promote rational solutions to the DEI dilemma in higher education.

For example, **Tennessee** passed legislation in April 2023 that contained several key provisions for the state's public universities, such as a prohibition on spending state funds on DEI. House Bill 1376/Senate Bill 0817, which went into effect on July 1, 2023, provided important definitions for "divisive concepts" that cannot be promoted by schools or introduced into instructional materials. Examples include concepts that declare "one race or sex is inherently superior or inferior" over the other; individuals are "privileged, racist, sexist, or oppressive" based on race or sex; "meritocracy is inherently racist or sexist;" and "all Americans are not created equal."[231] These definitions helped inform subsequent model legislation, as well as supplying some much-needed clarity to the public.

On May 3, 2023, the **Florida** state legislature passed two bills that barred the use of state or federal funds on DEI initiatives and "loyalty oaths" in institutions of higher education.[232] Senate Bill 266 and House Bill 999 went into effect on July 1, 2023.[233] [234]

Texas passed Senate Bill 17 (SB 17) on May 28 as part of a special session called by Governor Abbott, who signed it into law on June 17. Several critical reforms were contained in the bill, which went into effect

on January 1, 2024. SB 17 called for immediate elimination of DEI offices and mandatory DEI-related training for students and staff at the state's public universities. The Texas legislation was particularly groundbreaking in that it delineated some important provisions. SB 17 requires regular reporting and audits to ensure compliance with the law, gives university trustees the ability to create penalties for non-compliance, and empowers students and employees to bring a civil cause of action if they are compelled to take DEI training.[235]

And, on December 13, **Oklahoma** Governor Kevin Stitt issued an executive order that protects university faculty, staff, students, and applicants from being mandated to sign a DEI statement as a condition of employment. The order also bans DEI offices and the use of state assets to deliver ideologically based training or educational programs.[236] [237]

Kudos to these states for taking decisive action to remove the divisive and discriminatory DEI tenets from their public universities – and subsequently, the medical education programs in those schools – that are influenced by social justice activists and politicized belief systems. However, the scope of state-level legislation is limited to public institutions, and the AAMC's reach is significant in non-public medical schools. Plus, there are many states in which the partisan climate is not conducive to taking a stand against identity politics. Targeting the government sponsorship of colleges and universities with medical education programs is an additional step that is needed for lasting reform.

FEDERAL LEGISLATION

Oversight and accountability of the states' institutions of higher education is vital for many reasons, but especially when ideology takes a position of priority over merit, achievement, and common sense. As this report has established, the AAMC consistently demonstrates an alarming level of focus on politicization of and indoctrination in America's medical schools. The negative effects of the AAMC's campaign are extensive, and the time has come for bold action to reverse those effects. Because medical schools receive significant amounts of federal funding, such action must include cutting the purse strings for schools that continue to indoctrinate students in topics that contribute nothing to their ability to be good doctors.

Congressman Greg Murphy of North Carolina has been an outspoken proponent of fairness and free speech in America's institutions of higher learning, as well as clarifying the federal government's position on these basic principles.

Last year, Congressman Murphy introduced an amendment to the appropriations bill put forth by the House Labor, Health and Human Services Committee that would ban mandatory diversity statements or promotion of DEI concepts. This prohibition would relieve students of the obligation to sign onto a school's DEI principles as a condition of university admission. The bill also bars institutions from requiring the same declarations as a part of hiring, promotion, or tenure decisions for faculty members. These requirements represent a litmus test to determine which applicants will uphold the controversial doctrines that the AAMC has implanted into medical education.[238]

Two solid pieces of legislation were introduced by federal lawmakers in 2024 that outlined the financial ramifications to colleges and universities that persist in upholding DEI in their programs and policies.

EDUCATE ACT

Congressman Murphy continued his pursuit of fairmindedness during 2024. As a licensed physician, he has a vested interest in the restoration of meritocracy and the removal of divisive concepts in medical education.

On March 19, Rep. Murphy proposed the *Embracing anti-Discrimination, Unbiased Curricula, and Advancing Truth in Education* (EDUCATE) Act, which aims to ban discriminatory mandates in medical schools and accrediting entities (such as the AAMC). "Diversity strengthens medicine," he said in a press release, "but not if it's achieved through exclusionary practices." The EDUCATE Act calls for withholding federal funds from medical education programs that maintain DEI departments or compel faculty and students to espouse DEI-inspired concepts.[239] "I have witnessed firsthand the alarming rate at which DEI ideology has spread through medical schools across the country," said Stanley Goldfarb, MD, in support of the bill. "If we fail to stop it," he continued, "we risk a generation of physicians ill-equipped to meet the needs of their patients."[240]

Defunding the support platforms upholding university-based enterprises that discriminate based on immutable characteristics (and that pay the sizeable salaries of the officials that hold DEI positions) will compel boards of trustees to closely examine the purpose of those programs. Federal dollars cannot be allowed to fund systems and policies that are in opposition to federal law.

CONGRESSIONAL TESTIMONY

Do No Harm has been instrumental in informing Congress about the dangers of DEI in medicine. In the days preceding the introduction of the EDUCATE Act, Dr. Goldfarb provided powerful testimony to the House Subcommittee on Education and Workforce Development's hearing on March 7. Titled *Divisive, Excessive, Ineffective: The Real Impact of DEI on College Campuses*, committee chairman Rep. Burgess Owens of Utah announced the purpose of the hearing by disparaging the "blatant discrimination, indoctrination, and divisiveness" that has been seen in America's colleges and universities. "We cannot let DEI sabotage our country's fundamental values of hard work and meritocracy," he declared, "teaching our children that it's acceptable to judge each other based on race or sex."[241]

Congressman Owens had an equally critical opening statement for the hearing, which highlighted the hazards of DEI initiatives in medicine. Dr. Goldfarb expanded on that statement in his testimony. "The Association of American Medical Colleges, which effectively controls medical education," he stated, "now forces medical schools to teach intersectionality, oppression, colonization, and white supremacy, among other core DEI topics." He continued, explaining the AAMC's role in these activities: "They infuse everything from the first year of medical school to the last year of residency." Dr. Goldfarb also informed the committee of how the AAMC used its *Diversity, Inclusion, Culture, and Equity (DICE) Inventory* to impose DEI policies onto medical education programs.[242]

OPPOSITION TO THE EDUCATE ACT

Unfortunately, there are other members of Congress who are on the side of perpetuating – and even augmenting – the DEI influence in U.S. medical schools. In April, five members of Congress introduced House Resolution 1180, titled *Recognizing the Importance of Diversity, Equity, and Inclusion Efforts in Medical Education,* noted in Part 2 of this report. It contained the predictable missives on racism, implicit bias, and equity in healthcare plus the oft cited (but totally discredited) notion of racial concordance. So, it comes as no surprise that the AAMC was among more than two dozen major medical organizations that endorsed this resolution.[243]

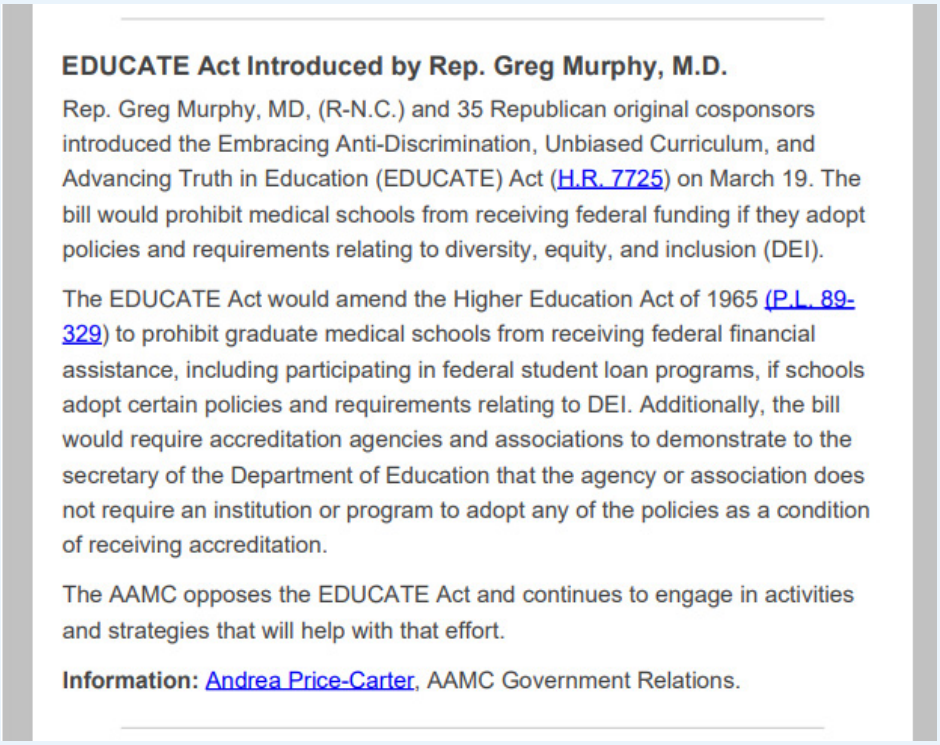
H.R. 3724: END WOKE HIGHER EDUCATION ACT

Fortunately, the U.S. House of Representatives continued to address the DEI problem in higher education during 2024. On September 19, the *Accreditation for College Excellence Act* (now referred to as the *End Woke Higher Education Act* [H.R. 3724]), introduced by Rep. Owens, was passed with bipartisan support. The bill, proposed as an amendment to the Higher Education Act of 1965, would "prohibit recognized accrediting agencies" (such as the AAMC) from mandating colleges and universities "to meet any political litmus test or violate any right protected by the Constitution as a condition of accreditation." H.R. 3724 addresses free speech and freedom of religion policies on campus and provides civil remedies for individuals or organizations that are harmed by non-compliance with the requirements of the resolution.[244] [245] Four House Democratic party members voted in favor of this legislation, which, if enacted, would significantly rein in DEI ideology in the country's institutions of higher education.[246] [247]

As a result of these federal and state-level legislative measures, the AAMC reacted as expected. Subsequent communications to medical school officials petitioned its member institutions to go along with the scripted storyline in support of DEI.

RESPONSES TO LEGISLATION BY THE AAMC

Via a Freedom of Information Act (FOIA) request, Do No Harm obtained emails sent to the listserv of the Government Relations Representatives (GRR), one of the AAMC's affinity groups for member institutions. A message dated March 20, 2024, urged members to contact Andrea Price-Carter with the Health Equity Advocacy group at AAMC if they have or receive questions about the EDUCATE Act. The message refers to Congressman Murphy's press release and *Wall Street Journal* op-ed "co-authored with Stanley Goldfarb, M.D." This email also contained a copy of information sent to GRR members the previous year regarding "government interference in medical education" and the AAMC's pledge to "addressing and mitigating the factors that impair effective physician-patient relationships when preparing the future physician workforce."[248] [249] Price-Carter subsequently gave presentations and updates on the "EDUCATE Act and AAMC activities and strategy" during periodic GRR conference calls, and newsletters informed members that "the AAMC opposes the EDUCATE Act and continues to engage in activities and strategies that will help with that effort."



EDUCATE Act Introduced by Rep. Greg Murphy, M.D.

Rep. Greg Murphy, MD, (R-N.C.) and 35 Republican original cosponsors introduced the Embracing Anti-Discrimination, Unbiased Curriculum, and Advancing Truth in Education (EDUCATE) Act (H.R. 7725) on March 19. The bill would prohibit medical schools from receiving federal funding if they adopt policies and requirements relating to diversity, equity, and inclusion (DEI).

The EDUCATE Act would amend the Higher Education Act of 1965 (P.L. 89-329) to prohibit graduate medical schools from receiving federal financial assistance, including participating in federal student loan programs, if schools adopt certain policies and requirements relating to DEI. Additionally, the bill would require accreditation agencies and associations to demonstrate to the secretary of the Department of Education that the agency or association does not require an institution or program to adopt any of the policies as a condition of receiving accreditation.

The AAMC opposes the EDUCATE Act and continues to engage in activities and strategies that will help with that effort.

Information: Andrea Price-Carter, AAMC Government Relations.

Figure 31. From the March 22, 2024 issue of the AAMC Government Relations newsletter.

Officials at some medical schools have had strategic discussions about their response to this newsletter and subsequent communications from the AAMC. Additional FOIA documents reveal interactions between the AAMC's senior director of advocacy and engagement, the executive director of government relations at the University of Cincinnati, and a Washington, D.C.-based lobbyist regarding the EDUCATE Act rollout and press conference. The lobbyist advised that "we keep our heads down on this one," as the legislation "isn't going anywhere with the Senate or being signed into law."[250]

Responsive documents from the University of Tennessee included a proposal discussed during the May 13, 2024, GRR conference call. Endorsed by multiple medical professional organizations in collaboration with the AAMC, the proposal called for GRR members to support House Resolution 1180, introduced by Rep. Joyce Beatty of Ohio on April 30. The Congressional resolution called for "recognizing the importance of diversity, equity, and inclusion efforts in medical education." This includes issues such as identifying health disparities as they relate to race, medical school matriculation according to race and ethnicity, and the presence of DEI offices in medical schools. The GRR resolution concluded that H.R. 1180 correctly promotes DEI in medical education and "strongly opposes legislative measures that threaten these efforts."[251] [252]

Price-Carter continued to broadcast the AAMC's defense of DEI in medical education through the summer of 2024. In an August 5 email to the GRR listserv, Price-Carter directed members to two AAMC resources for "debunking 6 common myths about DEI in medical schools" and "a fact sheet" on the same subject.[253]

In "6 common myths about diversity, equity, and inclusion in medical schools," the *AAMCNews* staff writer

discussed anti-DEI legislative efforts by state legislators, the Supreme Court decision regarding race-based college admissions, the EDUCATE Act, H.R. 1180, and racial concordance before getting to any of the purported "myths" about DEI. In a moment of honesty, the author noted that DEI concepts are not required for a medical education program to maintain LCME accreditation. The article used more than 2,400 words to argue that DEI efforts:

- Are not political in nature;
- Do not allow unqualified students to gain entry to medical school;
- Do not lead to discrimination based on race or ethnicity;
- Are well worth the expense; and
- Medical schools are still able to do DEI work, regardless of the political environment.[254]

When medical education programs are prioritizing group identity politics and deprioritizing traditional admission metrics, it is laughable for the AAMC to say that DEI endeavors are apolitical in nature – especially when promoting concepts such as "race is a social construct" and "anti-racism."[255]

The second resource on Price-Carter's summer reading list, *Medical Schools Educate to Improve Everyone's Health,* takes a different approach. It opens by mentioning the phrase "evidence-based" twice in the first two sentences. The word "evidence" is used four more times in the eight-page report, which contains four pages of text, four pages of references, and the requisite definitions for "diversity," "equity," and "inclusion." In this piece, the AAMC is also quick to point out that DEI principles extend beyond race and ethnicity (e.g., veteran status or living in a rural area) and that access to care is an important issue.[256] It appears that the AAMC felt the need to present a kinder, gentler DEI to the American public following a season of state- and federal-level backlash.

Support from and action by key lawmakers is vital to rolling back the effects of the DEI tsunami that has been flooding academic medicine for years.

TRANSPARENCY AND OVERSIGHT

Considering the AAMC's domination of the medical education continuum from beginning to end, concerns about its operational processes and affiliations with other entities are reasonable. As a private not-for-profit organization, the AAMC is not subject to public records requests, and publicly available information regarding its operations is limited. Plus, the lack of competition in the industry has allowed the AAMC to effectively dictate the rules for pre-admission testing, medical school and residency application, and program accreditation. Considering that these services bring tens of millions of dollars into the AAMC's coffers every year, accountability for how those processes are managed must be enhanced.

Because of demonstrated inconsistencies in what the LCME has directed medical education programs to do versus what it has stated to Congress, there is a significant need for greater transparency in the accreditation process. The uncertainty surrounding the LCME's position on DEI mandates is burdensome to institutions as they develop and maintain their curricula. For medical schools to fully understand what they are required to do with respect to DEI-related programs and instruction, the accreditation

standards need clarification and consistent application and enforcement. This lack of clarity, coupled with the AAMC's monopoly in the medical education realm, creates a wall of bureaucratic obstruction that is difficult to scale.

Do No Harm has attempted to conduct some of this oversight via the FOIA process but can only do so within public medical schools. Documents such as the school's LCME reports and AAMC communications can produce useful information for determining the influence of those organizations on medical education procedures. However, in some cases, the state's public information laws create roadblocks, and several schools consistently stonewall requests by consulting their state Attorney General's office for opinions on whether or not they are compelled to release the documents.

LITIGATION

Given the AAMC's overwhelming dominance of medical education, it may be vulnerable to litigation under federal antitrust statutes. It controls the market for medical school applications and charges processing fees, mirroring conditions in which The Common Application was found to be in violation of antitrust statutes.[257] The AAMC's control of residency programs and, separately, the LCME's monopoly in accreditation also implicates principles of antitrust liability.[258] [259]

CONCLUSION

Through its demonstrated commitment to activism over meritocracy, the AAMC has firmly planted itself on the Mt. Rushmore of DEI-centric organizations.

Its original mission for promoting excellence in medical education has instead given way to an endless stream of ideologically informed initiatives that have moved academic medicine away from the pursuit of excellence. The AAMC's use of surrogates to disseminate the most radical aspects of the DEI agenda demonstrate its intent to spread its ideology beyond its immediate purview.

Because the AAMC has vast financial and strategic resources to maintain its current trajectory, substantial measures must be taken to reverse the destructive course the organization – and, therefore, medical education – is on. With the degree of influence the AAMC has on policy and legislation, an even stronger offensive is needed to counter their efforts. States must continue to take action to remove DEI from their public institutions, but federal legislation such as the EDUCATE Act and the End Woke Higher Education Act is necessary to sever the funding pipelines that allow the perpetuation of divisive and discriminatory practices in the country's medical schools.

Congressman Burgess Owens was correct when he called the DEI agenda "a long-growing cancer that resides at the heart of American academic institutions."[260] The lifeblood of that malignancy is the AAMC.

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