



Do No Harm

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March 2, 2026

VIA ELECTRONIC MAIL ONLY: OCRComplaint@hhs.gov

Centralized Case Management Operations
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

**RE: Civil Rights Complaint Against Kaiser Permanente
Pursuant to Title VI and the ACA**

To Whom This May Concern:

Pursuant to Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act (“ACA”), we write to file a formal complaint against Kaiser Permanente (“Kaiser”) for its operation of a race-based “Center for Black Health and Wellness” located in Portland, Oregon.¹

I. Kaiser Permanente’s Center for Black Health and Wellness is designed to discriminate on the basis of race.

As explained on Kaiser’s website, the Center for Black Health and Wellness (the “Center”) is an “equity in action” program that is designed to provide primary healthcare services to black patients.² Indeed, the Center’s name makes clear its explicit racial preference for blacks, and its stated “goal ... is to improve the health of our Black members[] [and] elevate their care experience.”³

¹ The Center for Black Health and Wellness is located in the Kaiser Permanente East Interstate Medical Office building at 3550 N. Interstate Ave., Suite #E329, Portland, OR 97227. *E.g.*, Kaiser Permanente, *Center of Black Health & Wellness at Interstate Medical Office East*, <https://healthy.kaiserpermanente.org/oregon-washington/facilities/interstate-medical-office-east-100268/departments/behavioral-mental-health-dlp-330966>, archived also at <https://archive.ph/9X4at> (Dec. 30, 2025).

² Kaiser Permanente, *Center for Black Health & Wellness*, <https://kpcenterforblackhealth.org/>, archived also at <https://archive.ph/DFSb5> (Feb. 14, 2025).

³ *Id.*

Further confirming the Center as a race-based initiative, Kaiser explains that the Center is “dedicated to better serving the needs of our Black and African American members,” describing the program as an “important endeavor that aims to make a meaningful impact on public health and in the lives of Black and African American members.”⁴ This “meaningful impact” translates to Kaiser’s more specific goal of evening out certain “racial disparities” over others—particularly a perceived “inequity” between “Black Americans” and “their white counterparts.”⁵ As evidence of such racial “inequity,” the program’s website broadly singles out group statistics for black Americans, claiming “higher rates of chronic conditions, shorter life expectancy, higher maternal mortality, and lower screening rates for cancer and heart disease.”⁶ To address these purported racial imbalances, the Center “is led by a team of clinicians with experience in providing exceptional culturally responsive care to Black patients and their families.”⁷ While the Center “has a focus on primary care services,” it “plans to expand to specialty care over time.”⁸

As a fairly new initiative, Kaiser initially noted a 2024 launch,⁹ and coverage plan information indicates the Center as a new service “effective on or after January 1, 2025.”¹⁰ Presently, the “Doctors and Locations” search on Kaiser’s website locates a physical address, directions, office hours, and a phone number for scheduling appointments at the Center.¹¹ Google Maps similarly confirms the Center’s location and contact information and further offers several photos of the Kaiser Permanente campus depicting the Center’s physical interior and exterior premises as shown in the images below.¹²

⁴ News, Permanente Medicine, *Nothing about us without us: Kaiser Permanente Northwest uses KP member input to form the Kaiser Permanente Center for Black Health and Wellness*, <https://northwest.permanente.org/blog/cbhw-nothing-about-us-without-us>, archived also at <https://archive.ph/95Guh> (Apr. 2, 2025).

⁵ Kaiser Permanente, *Center for Black Health & Wellness*, <https://kpcenterforblackhealth.org/>, archived also at <https://archive.ph/DFSb5> (Feb. 14, 2025).

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ Kaiser Permanente, *CHR Supports KPNW’s Center for Black Health & Wellness*, <https://research.kpchr.org/News/CHR-Stories/CHR-Supports-KPNW-Center-for-Black-Health-and-Wellness>, archived also at <https://archive.ph/51KL2> (Apr. 2, 2025).

¹⁰ Kaiser Permanente Foundation Health Plan of the Northwest, *Oregon 2025 Plan Updates*, <https://business.kaiser-permanente.org/business/shared/nw/plans/2025/sb-group-plan-updates-nw-or-en-2025.pdf>, pgs. 1–2, archived also at <https://web.archive.org/web/20260206182231/https://business.kaiserpermanente.org/business/shared/nw/plans/2025/sb-group-plan-updates-nw-or-en-2025.pdf> (Feb. 6, 2026).

¹¹ Kaiser Permanente, *Center of Black Health & Wellness at Interstate Medical Office East*, <https://healthy.kaiserpermanente.org/oregon-washington/facilities/interstate-medical-office-east-100268/departments/behavioral-mental-health-dlp-330966>, archived also at <https://archive.ph/9X4at> (Dec. 30, 2025).

¹² See Google Maps, *Kaiser Permanente Center of Black Health & Wellness*, linked [here](#).

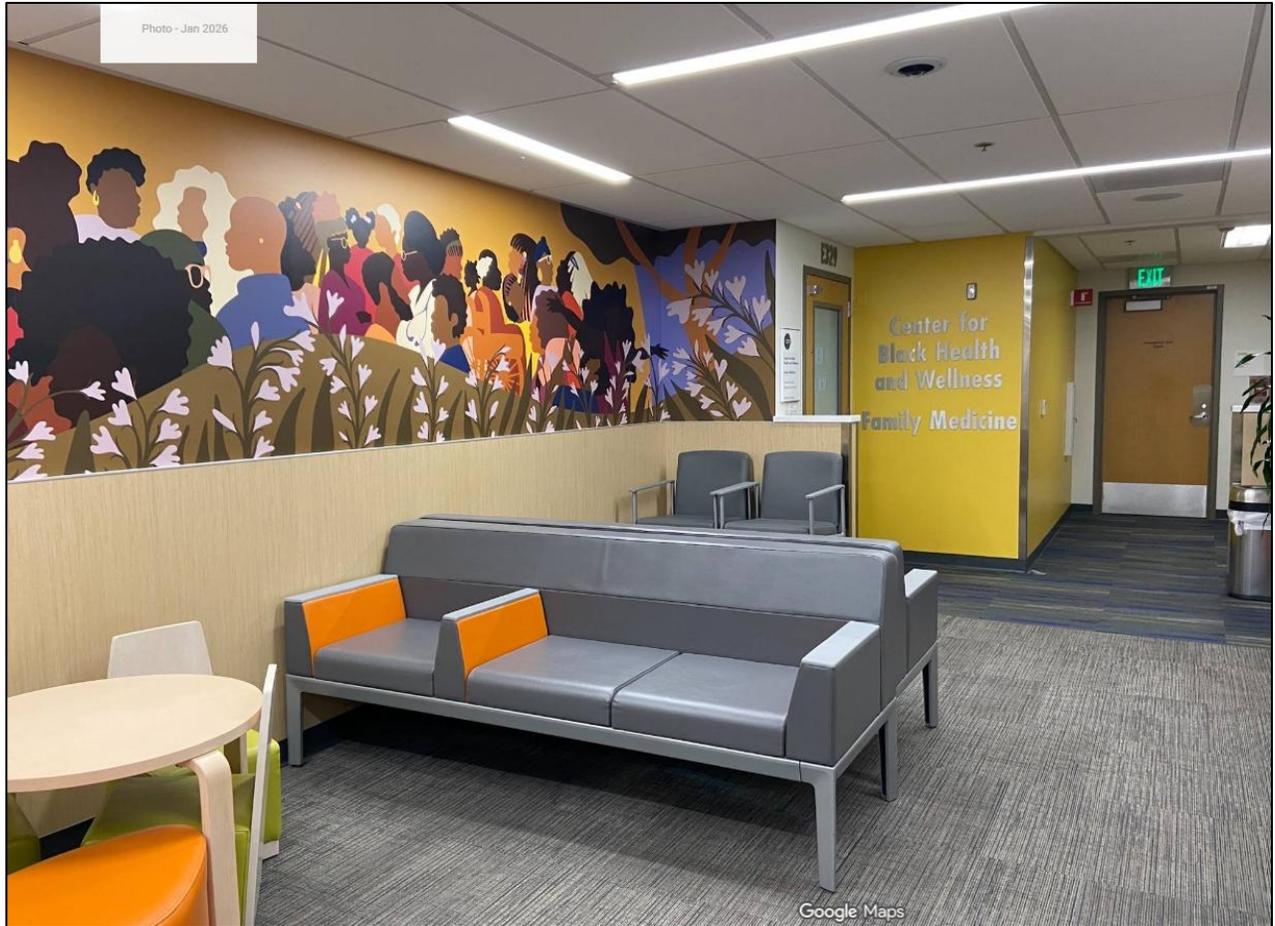


Image 1: A Google Maps photo associated with location information for Kaiser Permanente’s Center for Black Health and Wellness reveals what appears to be a patient waiting room in the Center. A mural depicts images appearing to exclusively feature black and brown individuals; and a backside wall prominently bears the following designation: “Center for Black Health and Wellness Family Medicine.”



Image 2: A Google Maps photo associated with location information for Kaiser Permanente’s Center for Black Health and Wellness shows what appears to be informational wall signage in the Center. The signage states: “Center for Black Health and Wellness Family Medicine.”



Image 3: A Google Maps photo associated with location information for Kaiser Permanente’s Center for Black Health and Wellness shows what appears to be part of the exterior premises of the Center and the surrounding Kaiser Permanente campus.

Elsewhere on Kaiser’s website is further explanation regarding the Center’s origins and rationale, reiterating the organization’s focus on providing preferential treatment to the black population. For example, in an article entitled, “*Nothing about us without us: Kaiser Permanente Northwest uses KP member input to form the Kaiser Permanente Center for Black Health and Wellness*,” Kaiser explains that the Center was developed in response to statements from “Kaiser Permanente’s Black members, members of [Kaiser’s] Black Advisory Council, and Black members of the community” regarding the “hurdles” to “getting care as persons of color, and what KP could do better and/or differently.”¹³

The article goes on to assert that, in addition to evening health disparities between black and white patients, the Center is necessary because “[d]ata has also shown that a physician that looks like you ... has a significant positive impact on lifespan and adopting preventive practices.”¹⁴ This notion is echoed on the Center’s website in which Kaiser again asserts that “Black patients have better health outcomes when they have Black clinician(s) and care teams.”¹⁵

Criteria from previously posted clinical positions continue to reinforce the Center’s race-based mantra to preferentially cater to patients based purely on race.¹⁶ However, even further troubling here is the question that is begged by Kaiser’s notion of minority providers for minority patients—that is, has and/or does Kaiser further engage in race-based hiring and employment decisions as yet another layer of race-based discrimination accomplished through its Center?

Indeed, the Center’s listings for clinical positions have included statements espousing Kaiser’s “commit[ment] to a diverse and inclusive workforce,” explaining that “[w]e know

¹³ News, Permanente Medicine, *Nothing about us without us: Kaiser Permanente Northwest uses KP member input to form the Kaiser Permanente Center for Black Health and Wellness*, <https://northwest.permanente.org/blog/cbhw-nothing-about-us-without-us>, archived also at <https://archive.ph/95Guh> (Apr. 2, 2025).

¹⁴ *Id.*

¹⁵ Kaiser Permanente, *Center for Black Health & Wellness*, <https://kpcenterforblackhealth.org/>, archived also at <https://archive.ph/DFSb5> (Feb. 14, 2025).

¹⁶ For example, a Kaiser listing for a “Primary Care Physician” indicated that the Center’s “dedicated team” “provide[s] primary care services to our African American and Black patients” and sought “physicians that have experience providing culturally responsive care to African American and Black patients and/or supporting BIPOC community support organizations, along with demonstrated experience addressing racial health disparities and improving health outcomes of African American and Black patients.” Permanente Medicine, *Primary Care Physician – Center for Black Health and Wellness*, <https://archive.ph/w5pAt> (archived Feb. 14, 2025). In similar form, Kaiser’s job listing for an “LPN” position at the Center stated that “Basic Qualifications” for the position included: “Two (2) years of experience with providing culturally responsive care to Black patients”; [t]wo (2) years of experience addressing racial health disparities and improving health outcomes of Black Patients, [which includes] [i]mplementing care delivery and social support models aimed at achieving health equity for the Black community”; and [t]wo (2) years of experience implementing or providing direct services/support through or in partnership with organizations that serve the Black community.” Kaiser Permanente Careers, *LPN – Center for Black Health & Wellness (FT, Days)*, <https://web.archive.org/web/20250214123518/https://www.kaiserpermanentejobs.org/job/portland/lpn-center-for-black-health-and-wellness-ft-days/641/72472715984> (archived Feb. 14, 2025).

that having a diverse and inclusive workforce makes Kaiser Permanente a better place to receive health care.”¹⁷

In short, Kaiser Permanente believes that race determines health outcomes and is facilitating a race-based remedy to balance purported disparities through its Center for Black Health and Wellness, complete with race-based patient-provider relationships.¹⁸

II. Kaiser Permanente’s operation of the Center violates Title VI and Section 1557 of the ACA.

As a private healthcare entity and a recipient of federal funding,¹⁹ Kaiser Permanente is subject to numerous anti-discrimination laws, all of which forbid discrimination on the basis of race, color, ethnicity, and national origin. Among those laws are Section 1557 of the ACA and Title VI of the Civil Rights Act of 1964.

¹⁷ *E.g.*, Kaiser Permanente Careers, *LPN – Center for Black Health & Wellness (FT, Days)*, <https://web.archive.org/web/20250214123518/https://www.kaiserpermanentejobs.org/job/portland/lpn-center-for-black-health-and-wellness-ft-days/641/72472715984> (archived Feb. 14, 2025). See also Kaiser Permanente Careers, *Expected Employee Conduct*, <https://www.kaiserpermanentejobs.org/disclaimer> (broadcasting Kaiser’s continued commitment to “Equity, Inclusion, and Diversity”).

¹⁸ We further note that Kaiser Permanente’s Center for Black Health and Wellness is far from the only race-based initiative that the organization promotes and/or funds. In fact, Kaiser’s website includes a list of many more race-based initiatives that Kaiser actively supports. See News, Kaiser Permanente, *Investments in Black community promote total health for all*, <https://about.kaiserpermanente.org/news/investments-in-black-community-promote-total-health-for-all>, (June 19, 2024), archived also at <https://archive.ph/iMKt2> (Jan. 9, 2026). Among these initiatives—all of which are aimed at supporting “the Black communities [Kaiser] serve[s]”—are efforts designed to promote “[d]iverse business growth,” “[e]quity and social justice” for “Black and other people of color,” and “Black mental health.” *Id.* Kaiser Permanente’s support of such initiatives only further demonstrates its interest and participation in racial discrimination.

¹⁹ In addition to other sources of federal funding Kaiser receives, Kaiser is a recipient of federal Medicare and Medicaid funding. See Kaiser Permanente, *Medicare*, available at <https://about.kaiserpermanente.org/commitments-and-impact/public-policy/our-key-issues/medicare>; Kaiser Permanente, *Medicaid*, available at <https://about.kaiserpermanente.org/commitments-and-impact/public-policy/our-key-issues/medicaid>; U.S. Dep’t of Health & Hum. Servs., *What qualifies as “Federal financial assistance” for purposes of civil rights complaints handled by OCR?*, <https://archive.ph/11D6y> (archived Feb. 6, 2026) (explaining that “recipients of Federal financial assistance from HHS” include (among other recipients) “providers participating in ... Medicaid programs,” “recipients under Medicare Part A,” recipients under Medicare Part B for “[m]edical, preventative, and mental health services,” and “recipients under Medicare Part C” for “Medicare Advantage Plans (e.g., HMOs and PPOs)”; see also 89 Fed. Reg. 88 at 37664–37666 (May 6, 2024) (explaining that recipients of Medicare Part B are subject to Title VI). Additionally, Kaiser Permanente’s Center for Health Research, which receives grant funding from the federal government, supports the Center for Black Health & Wellness. See Kaiser Permanente Center for Health Research, *CHR Supports KPNW’s Center for Black Health & Wellness*, <https://research.kpchr.org/News/CHR-Stories/CHR-Supports-KPNW-Center-for-Black-Health-and-Wellness>, archived also at <https://archive.ph/51KL2> (Apr. 2, 2025); Kaiser Permanente Center for Health Research, *External Funding Sources*, <https://research.kpchr.org/About/Funding>, archived also at <https://archive.ph/MPkOh> (Feb. 6, 2026).

Section 1557 of the ACA proscribes discrimination against individuals based on race in “any health program or activity, any part of which is receiving Federal financial assistance.”²⁰ Likewise, Title VI contains a similar provision, broadly prohibiting racial discrimination.²¹ Under Title VI, a recipient of federal funding, like Kaiser Permanente, may *not*, among other things:

- “[p]rovide a different service or other benefit, or provide services or benefits in a different manner from those provided to others”;
- “[s]egregate or separately treat individuals in any matter related to the receipt of any service or other benefit”;
- “[u]tilize criteria or methods of administration which subject individuals to discrimination”; or
- otherwise implement racial preferences, or rest its actions upon any racially discriminatory purpose or intention—whether in whole or in part.²²

Kaiser Permanente’s Center for Black Health and Wellness does *all* of these things in contravention of the law.

For starters, the Center has “methods” to single out black racial minorities for “services and benefits in a different manner from those provided to others.”²³ Indeed, the Center is prominently designated for and “dedicated to ... serving” black patients as the “Center for Black Health and Wellness.”²⁴ But a business may not use race-promoting or race-detering instructions in its sign plates and public designations and legitimately maintain that it doesn’t discriminate.

It is self-evident that a sign or designation specifying that a service is for a particular racial group is intended to be instructive and creates the impression that the business is less willing or unwilling to serve or welcome people outside of that racial group, (even if the business might claim it doesn’t actually exclude them). For example, a sign indicating a

²⁰ 42 U.S.C. § 18116.

²¹ See 42 U.S.C. § 2000d.

²² U.S. Dep’t of Health & Hum. Servs., *Civil Rights for Individuals and Advocates - Discrimination on the Basis of Race, Color, or National Origin*, available at: <https://www.hhs.gov/civil-rights/for-individuals/race/index.html> (last visited Feb. 6, 2026). See also, e.g., 45 C.F.R. § 80.3(b)(1)–(3); *Vill. of Arlington Heights v. Metro. Hous. Dev. Corp.*, 429 U.S. 252, 265–68 (1977).

²³ E.g., U.S. Dep’t of Health & Hum. Servs., *Civil Rights for Individuals and Advocates - Discrimination on the Basis of Race, Color, or National Origin*, available at: <https://www.hhs.gov/civil-rights/for-individuals/race/index.html> (last visited Feb. 6, 2026).

²⁴ News, Permanente Medicine, *Nothing about us without us: Kaiser Permanente Northwest uses KP member input to form the Kaiser Permanente Center for Black Health and Wellness*, <https://northwest.permanente.org/blog/cbhw-nothing-about-us-without-us>, archived also at <https://archive.ph/95Guh> (Apr. 2, 2025); Kaiser Permanente, *Center for Black Health & Wellness*, <https://kpcenterforblackhealth.org/>, archived also at <https://archive.ph/DFSb5> (Feb. 14, 2025).

service for “whites” would communicate, at a minimum, a discriminatory preference for whites and preferentially encourages whites to seek the service while deterring racial minorities.

Because this demeaning race-based alienation causes harm, the law does *not* require the ostensibly unwelcomed minority to seek any further.²⁵ In any event, the fact that additional inquiry may be needed or sought under such circumstances only *further emphasizes* the discriminatory inequality at play, since white individuals, who are explicitly welcomed, would *not* need to take such further steps or make additional inquiries to confirm whether their race was a disqualifier.²⁶ So too here: Kaiser’s Black Health and Wellness Center is for black patients, just as Kaiser repeatedly proclaims; and by these terms, members of other racial groups are instructed that they are inherently unwelcome.

Second, and equally problematic, the underlying goals of the Center rest on an impermissible interest “in race for race’s sake”—aiming to balance the scales of mortality and morbidity with nothing more than a bare reliance on a patient’s skin pigmentation.²⁷ Indeed, Kaiser has implemented the Center to remedy what it claims are unacceptable health disparities between blacks and whites. But Kaiser is *not* permitted to sort individuals and coordinate benefits on the basis of race according to whatever “equity” rationale it believes is appropriate. Our anti-discrimination laws require treating patients as *individuals*. Treating patients as racial archetypes to “fix” purported group differences is beyond the remit of a healthcare entity; and in any event, it is illegal.²⁸

²⁵ *E.g.*, *Int’l Bhd. of Teamsters v. United States*, 431 U.S. 324, 365 (1977) (confirming that a “sign” inviting “Whites” announces a policy of racial discrimination and that victims are “not ... limited to the few who ignore[] the sign and subject[] themselves to personal rebuffs”); *Heckler v. Mathews*, 465 U.S. 728, 739–40 (1984) (recognizing the Court’s “repeated[] emphasi[s]” on the “stigmatizing” effect of racial discrimination as a “serious noneconomic injur[y]”); *Moore v. U.S. Dep’t of Agric. on Behalf of Farmers Home Admin.*, 993 F.2d 1222, 1224 (5th Cir. 1993) (“The badge of inequality and stigmatization conferred by racial discrimination is a cognizable harm in and of itself”).

²⁶ A Title VI equal protection injury occurs when a recipient of federal funds “erects a barrier that makes it more difficult for members of one [racial] group to obtain a benefit than it is for members of another [racial] group.” *E.g.*, *Ne. Fla. Chapter of Associated Gen. Contractors of Am. v. City of Jacksonville, Fla.*, 508 U.S. 656, 666 (1993); *Students for Fair Admissions, Inc. v. President & Fellows of Harvard Coll.* (“*SFFA*”), 600 U.S. 181, n.2 (evaluating a Title VI race discrimination claim “under the standards of the Equal Protection Clause” because “[w]e have explained that discrimination that violates the Equal Protection Clause of the Fourteenth Amendment committed by an institution that accepts federal funds also constitutes a violation of Title VI.”) (citing cases).

²⁷ *SFFA*, 600 U.S. at 220.

²⁸ For all its focus on racial disparities, Kaiser ignores the fact that *any* racial group might show a disparity in relation to other groups in certain health outcomes. For example, conditions that may be more predominant in white populations include (among others) type 1 diabetes and multiple sclerosis. See Centers for Disease Control, *Diabetes - Type 1 diabetes* (May 15, 2024), available [here](#); Medical Press, *Whites have the highest prevalence of multiple sclerosis in the United States*, (May 17, 2023), available [here](#) (citing Michael Hittle et al., Population-Based Estimates for the Prevalence of Multiple Sclerosis in the United States by Race, Ethnicity, Age, Sex, and Geographic Region, *JAMA Neurol.* 80(7): 693–701 (2023)). Kaiser’s selective preferences for only certain racial disparities are a testament to its racially discriminatory animus in operating the Center.

It is well-established that federal funding recipients, like Kaiser Permanente, may *not* rely on general disparities in society to justify racially motivated action, nor allocate benefits using race “as a convenient or rough proxy for another trait” “believe[d] to be ‘characteristic’ of a racial or ethnic group.”²⁹ The “outright racial balancing” that the Center seeks to achieve has been long held “patently unconstitutional” and therefore also prohibited by Title VI.³⁰

Third, Kaiser’s Center violates the “twin commands” of equal protection.³¹ As the United States Supreme Court recently reiterated in a case applying the anti-discrimination standards of Title VI: “we have repeatedly explained... citizens [must be treated] as individuals, not as simply components of a racial ... or national class.”³² Equal protection under the law does not allow legally-bound actors to “intentionally allocate preference to those who may have little in common with one another but the color of their skin.”³³ Such preferences import illegitimate stereotypes about race into decision-making and employ race as a “negative” against individuals in violation of Title VI.³⁴

Yet here, Kaiser has implemented its impermissible goal of racial “equity” through “pernicious stereotype[s]” that (1) suggest “members of the same racial group—regardless of their age, education, economic status, or the community in which they live—[are all] alike” and (2) use race as a “negative” to overlook and deprioritize individuals of less prioritized racial classes.³⁵ At its core, such a program aims to filter and view health outcomes through a racial lens, assuming that one’s *race* says all the doctor needs to know about who needs treatment most. *It does not.*

Whether a particular patient needs medical care most does not change “simply because he was not the right color.”³⁶ Conflating correlation with causation and discounting relevant and legitimate variables for health risks and outcomes in exchange for simple, blind deference to skin pigmentation is an irresponsible and dangerous practice. This grave miscalculation has undoubtedly led many individuals to misunderstand their risk for disease and other health conditions and “can only cause continued hurt and injury.”³⁷

Finally, as if this all were not enough, Kaiser’s Center touts yet another disturbing implementation of racial segregation: black providers for black patients. But the United States Supreme Court has specifically considered, and repeatedly rejected, the notion that a racial preference is justified by an interest in providing black patients with “a physician that

²⁹ *SFFA*, 600 U.S. at 226; *Roberts v. McDonald*, 143 S. Ct. 2425 (2023) (statement of Alito, J., respecting the denial of cert.).

³⁰ *SFFA*, 600 U.S. at 223 & n.2.

³¹ *Id.* at 218.

³² *Id.* at 223.

³³ *Id.* at 220 & n.2.

³⁴ *Id.* at 218, 211–12.

³⁵ *Id.* at 220, 218.

³⁶ *Id.* at 209.

³⁷ *Id.* at 221.

looks like [them].”^{38, 39} Indeed, “[c]arried to its logical extreme, the idea that black [patients] are better off with black [doctors] could lead to the very system the Court rejected in *Brown v. Board of Education*” when it struck down the dark ages of the “separate but equal” regime.⁴⁰

* * *

In sum, Kaiser Permanente apparently hopes to return to the type of racial discrimination and segregation this country hasn’t seen in some 70 years. The organization’s own descriptions and underlying intentions for operating its Center for Black Health and Wellness run afoul of federal anti-discrimination laws. For all the foregoing reasons, we ask that you open a formal investigation.

Sincerely,



Cara Tolliver
Vice President of Legal Programs
Do No Harm



Kristina Rasmussen
Executive Director
Do No Harm

³⁸ *E.g.*, News, Permanente Medicine, *Nothing about us without us: Kaiser Permanente Northwest uses KP member input to form the Kaiser Permanente Center for Black Health and Wellness*, <https://northwest.permanente.org/blog/cbhw-nothing-about-us-without-us>, archived also at <https://archive.ph/95Guh> (Apr. 2, 2025); *see also, e.g., Schuette v. Coal. to Defend Affirmative Action*, 572 U.S. 291, 308 (2014).

³⁹ Moreover, this proposal for racial concordance in medicine has been thoroughly debunked. *See* Kingsbury & Greene, *Racial Concordance in Medicine: The Return of Segregation* 3, Do No Harm (Dec. 19, 2023), perma.cc/339T-Y23Z (“Medical research does not support racial concordance.”).

⁴⁰ *Wygant v. Jackson Bd. of Ed.*, 476 U.S. 267, 276 (1986) (plurality op.); *Brown v. Bd. of Educ.*, 347 U.S. 483, 495 (1954); *SFFA*, 600 U.S. at 203–06 (“Separate cannot be equal”) (recounting various illegal constructs of race-based segregation).