

IU School of medicine DEIJ issues

Diversity, Equity, Inclusion, Justice (DEIJ) and LGBTQ agendas are heavy endorsed and pushed by Dean Hess. He has hired upper level administration at the Indianapolis campus that is fully supportive of his agenda and in line with this ideology. Per an IU Sch of Med employee, he has stated that he wants the IU Sch of Med to lead the way in the country pushing these agendas.

School Executive Committee Meeting on 2/6/23 3:00-4:00 EST

Zoom #87580838320

Paraphrased Dean Hess Comments:

Dean Hess was reported to state that, “We will permeate all education levels at the school of medicine with DEIJ and LGBTQ principles.” He also directed that the school needs to hide this agenda from legislative action like in Florida and Tennessee.

This meeting was supposed to be recorded. The written minutes excluded these comments. It would be helpful to obtain the recording to confirm he made these statements.

Direct Quotes from IU Faculty:

“Mistreatment reports at all time high at school and leaders encourage everyone to report racism, gender bias, etc. They are silencing conservative, religious views. Students at our center are reporting other students and faculty who are religious, telling students to never mention Jesus in their presence, objecting to having student activity funds used for a student Christian coffee, yet same group received funding to attend LGBTQ conference in Bloomington.

Injecting DEIJ and gender bias into every course. Look at human structure course, gender ideology replacing science. Dean reported that DEIJ not added as a lead component in new IUSM strategic plan so that if legislative laws are passed to stop it, it would be hard to get rid of it at IUSM. He said we need to be careful that what is happening in Florida and at Vanderbilt doesn't happen here. IUSM Spending millions on DEIJ imitative. This doesn't count the lost time for students and faculty having to spend limited education time on this. Dean critiqued President Witten for not taking a more activist stance on abortion, DEIJ, COVID vaccination and masking. 5 years ago Dean celebrated that IUSM had the highest % of Latino/black students of all state Med schools.....Then he said now we have to figure out how to get them through to graduation. The following year we went pass fail in phase one. Then step one went pass fail last year. Now students are all the same academically until late in the third year. Test scores for courses have dropped at IUSM significantly over the past 4 years despite the tests being the same or very similar questions. The school will only fail a max of 2.5% of students..... students know as long as they are not in the bottom 3% they will pass. Meritocracy at IUSM is gone in the first 2 years.”

“There has been and still is intimidation and silencing of those with traditional views.”

“First day session for new students is AIM, a program to teach inclusivity. Check it out on line. There are some good aspects to it, but it is a primer for inclusivity agenda. This is before they tour the center or get a locker! Welcome to medical school new students! AIM program developed at Stanford. “

“Promotion and tenure require achievement of something in DEI. Annual reviews for faculty and staff ask what they’ve done in past year for DEI.”

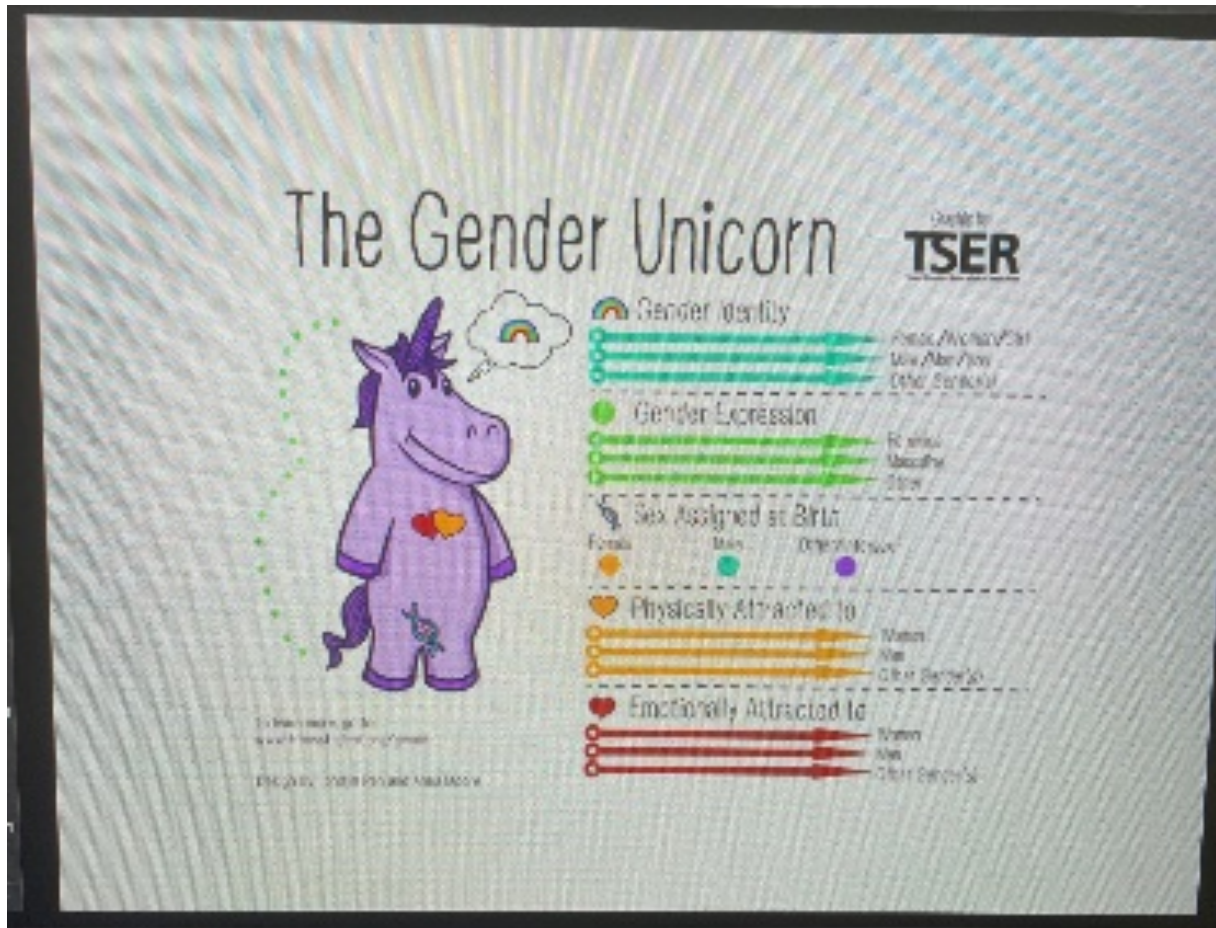
“Honor code added diversity and Inclusion as one of 5 pillars.”

“Admissions has special tract for under represented in medicine group-black and Latino- these are mostly out of state with much lower academic performance and if they were white or Asian in state residents, they wouldn’t get an interview. We are spending major state funds to train these out of state students, the vast majority leave Indiana to return to Florida, California, Arizona, etc.”

*****Most recently, Dean Hess has stated internally that they received a letter from AG Rokita and more recently a letter from Senator Young. Administration has directed faculty to NOT answer any questions.

Students at the schools of medicine said that community health in Indy has gone heavy into DEI and gender ideology. Adding DEI to the health system mission statement.

This is one example of what a student is forced to learn and how they are forced to affirm gender ideology. Note: this is not to say that these students are very supportive of LGBTQ individuals. They are just frustrated that a political ideology is being forced on them. They are also frustrated with the amount of time that the school devotes to this agenda taking away from basic medical education time.



EXAMPLE of forced ideology or face dismissal or expulsion:

Recent Adjunct faculty member was threatened to be removed from faculty and teaching after a complaint from a single student about the faculty member stating he does not ask for pronouns he does not ask for pronouns from his patients.

Students who disagreed with approved ideology may face the same retribution.

PROPOSED/Enacted LEGISLATIVE ACTIONS in other states:

Florida – although I just heard a report that the court system has over-ridden the legislation stating it is unconstitutional

<https://www.jdsupra.com/legalnews/florida-s-stop-woke-act-signed-into-law-7475010/>

<https://www.nationalreview.com/news/desantis-proposes-legislation-to-eliminate-dei-bureaucracies-in-florida-colleges/>

Tennessee

<https://tennesseelookout.com/2022/02/17/conservative-report-affects-higher-education-anti-diversity-bill/>

<https://www.mtsu.edu/about/divisive-concepts.php>

RECENTLY PUBLISHED ARTICLES ON DEI IN MEDICAL SCHOOLS

<https://www.foxnews.com/politics/indiana-medical-students-dei-instruction-gender-basic-human-structure-course>

<https://www.washingtonexaminer.com/restoring-america/equality-not-elitism/dei-is-poisoning-college-campuses>

<https://nypost.com/2023/03/16/meet-kenny-xu-the-anti-dei-crusader-targeting-every-medical-school/>

<https://www.breitbart.com/politics/2023/03/18/big-bucks-medicine-doctors-rip-gender-affirming-care-model/>

<https://www.breitbart.com/politics/2023/03/17/doctors-warn-movement-turn-physicians-social-justice-warriors/>

Select slides from lecture at Marian DO School of Medicine. NOTE that this lecture had 89 slides. Average lecture on other topics is approximately 20 slides. Students spent 4 hours solely on this lecture. This is only one of many presentations students must attend.

Access (e.g., insurance status, ability to pay for health care) is an important predictor of the quality of healthcare, it is not the only predictor, it is difficult—even artificial—to separate access-related factors from social categories such as race, gender, language, religion and ethnicity.

The bulk of research on healthcare disparities has focused on Black-White-Hispanic-Asian outcomes. Well-documented research available to understand disparities among, religious, LGBTQ+, other ethnic groups.

Explicit and implicit biases are well-documented against obese individuals and individuals with history of mental health issues.

Transgender horror stories

<https://www.youtube.com/watch?v=pvRYamaFToc>

Common Encounters in Obstetrics and Gynecology

- A White resident enters the exam room. Their bias is activated when they see an overweight Black female with hypertension for a new Obstetric visit.
- They assume she is 'a baby-Mama', uneducated, won't follow instructions, has had pregnancies by multiple men and won't keep her appointments.
- They do not speak to her with respect. They don't ask her questions regarding her life that may impact healthcare. She does not tell them that the White nurse asked her 'Do all your babies have the same father?' She feels as if they don't care and she withdraws.
- The resident presents the patient to a White attending physician. They don't give her name. They do not humanize her. They develop a base plan for treatment which does not include her work schedule, social needs, etc.
- She leaves the office, does not keep the appointments and returns to labor and delivery with severe preeclampsia, is diagnosed with a placental abruption, baby dies and she develops cardiomyopathy.
- The physicians react with 'these people don't care about their health'

White Primary care physicians visited chiefly by Black patients were more likely to report they were unable to provide high-quality care to all of their patients, 2000-2001.

Percentage of physicians reporting that they were not able to provide high-quality care to all of their patients, 2000-2001

Patient Group	Percentage of Physicians Reporting Inability to Provide High-Quality Care
Physicians visited primarily by white patients	19%
Physicians visited primarily by Black patients	28%

Note: Data are from a survey of physicians visited by Medicare patients.
Source: B. E. Bach et al., "Primary Care Physicians Who Treat Blacks and Whites," *New England Journal of Medicine*, Aug 5, 2004, 350(6):575-84.

No one in the United States should have less of a chance to be healthy because of where they live, how much money they make, who they love, how they speak or the color of their skin. We know if we build strong communities then our children will become more resilient and healthier adults. [As medical students you can change this system!!!!](#)

While these examples may seem reasonable, many of these topics about race disparity of health and health outcomes are debatable. For example, there is no conversation about cultural influence to produce bad health outcomes. Such as in lower income patients, diet can be more unhealthy, more obesity in certain populations that contribute to poorer health outcomes. Poor outcome is related to multiple factors and this presentation implies only physician bias is the cause. There is no opportunity to express a different narrative.

Proposed actions/legislation I have heard as possibilities.

- Support a new medical school with Purdue administration leading the curriculum
- Withhold funding for any activities related to DEI and LGBTQ agendas

- Support legislation that states DEI and LGBTQ issues can be discussed but only if a counterview is also given the same amount of time to educate students
 - Withhold funding until Dean Hess and his administration is removed and replaced with educators more in line with Indiana voters.
 - Support legislation that requires admission to IU Sch of Med be determined by merit and not race or sexual orientation.
 - Start a petition to ask Trustee of IU sch of med to remove Dean Hess and replace with a more moderate leader in line with Indiana values.
 - Representative Bucshon has stated he may write a letter to the Dean from his office.
 - Launch an official investigation into free speech and diversity of ideas in the School of Medicine.
 - Many of these initiatives are mandated by national accreditation organizations for medical schools. Can legislation be enacted to expressly direct these organizations that they can no longer be the sole accreditation pathways.
 - Legal action to make changes. Not sure what this would require. Would it require a student or can anyone involved with medical school or can any Indiana physician bring legal action for freedom of speech?
 - Lastly, Marian Medical School also has issues. However, it is not as egregious as at IU.
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