Racism is a public health crisis. It is the most pervasive contributor to the health disparities in Black, Indigenous and other communities of color. Implicit in Medical Education is the systematic racism and white supremacy that allows these disparities to exist. They will continue to exist unless we take a stand, unless we own our participation in this systematic racism that affects the wellbeing of every person. It impacts the ability of these communities to access healthcare and be treated compassionately and with EQUITABLE care. If we remain silent, we are complicit. We must be part of the solution. We ask that you take this Anti-Racist Residency Pledge and commit to standing for a more just and equitable world for our BIPOC communities, especially for our Black and Indigenous students, staff and patients.

THE ANTI-RACIST MEDICAL EDUCATION PLEDGE

In Medical Education, the foundation for all of healthcare, an Anti-Racist stance must be more than just language or a belief. It must instead include efforts to intentionally disrupt racial bias in our education and our own prejudices which impact the care of patients, both contributing to more health disparities and the perpetuation of white supremacy. This disruption of systemic racism and white supremacy is the first critical step towards health equity.

- 1. To move towards Anti-Racism, we must first be able to identify white supremacy and the impact of racism on both our personal and professional lives. We acknowledge the omnipresent existence of white supremacy and how it operates in and is supported by our hospital institution, residency or medical school. White supremacy not only demoralizes and exploits Black lives, it prejudices communities of color against Black and Indigenous lives. It robs humanity from all communities of color and white people as well.
- 2. Engage in Anti-Racist education for our students, residents and staff. Commit money and time to continue Anti-Racism education on an ongoing basis. Anti-Racism must be active, not a one-time event. It can start with books, workshops or the hire of a Diversity, Equity and Inclusion (DEI) consultant. But the end goal is an Anti-Racism curriculum in our program that informs the learning of and communication between faculty, residents, students, staff and patients.
- 3. Allow discomfort. In the work of dismantling white supremacy and disrupting racist ideals, challenging conversations will occur. When conflict arises in our program, we will acknowledge it, not try to hide or ignore it. We will give ourselves space to be heard and address the underlying issue rather than demonizing the individual(s) who raised the issue.
- 4. **Institute racial-affinity caucusing as part of our Anti-Racist curriculum.** When individuals have the opportunity to process, learn and get support in safe spaces, the entire community can grow together.

- 5. Commit to anti-racism and inclusion in our recruitment process. Acknowledge where our program is perpetuating white supremacy and racism in our selection of candidates. Understand that systematic racism pervades the entire education system which limits many Black, Indigenous and people of color (BIPOC) applicants from even applying to medical school. Once admitted, racist testing policies and white supremacy in hospitals and the society at large affect their test and rotation scores. We commit to a separate committee that does a thorough review of all BIPOC applicants and especially Black and Indigenous applicants. This commitment not only disrupts the systematic racism that obstructs their presence but also increases the opportunity for our program to grow from their perspectives and our patients' opportunity to have providers who reflect them.
- 6. Commit to increasing the diversity of our faculty and institutional leadership. We commit to not only reform our faculty recruitment and selection processes but also to institute changes to promote retention of this faculty. This might include loan forgiveness, mentorship, faculty development or other programs that have been shown to improve retention and cultivate leaders. A more diverse faculty will contribute to accountability for our Anti-Racist stance and will be better able to serve the needs of a diverse student or resident body. Our recruitment and hiring processes should reflect our commitment to racial justice and pay close attention to recruitment of Black, Indigenous, Latinx, Asian and Pacific Islander faculty.
- 7. Invest a portion of our annual budget, determined by our organization but transparent to others, committed to racial justice. These actions can serve to financially support BIPOC applicants, increase the pipeline of underrepresented applicants and invest in vendors and suppliers that further anti-racist work and divest in White supremacy. Some examples are investing in recruitment conferences such as SNMA, LMSA, or AAIP or funding to help BIPOC medical students with transportation and housing for Sub-internship slots (which may be limiting factors that favor more privileged students being able to complete the rotation and thus be favored for selection). Consider funding DEI consultants, Anti-Racism workshops, or outside speakers on topics in Race in Medicine. Support caterers, vendors and suppliers who are committed to anti-racist work and are ideally BIPOC owned. We can be creative with these items, but will commit to the budget itself annually and be transparent about our work to align our finances with racial justice.
- 8. Express our sincere, long-term commitment to becoming an Anti-Racist organization. We will or have already created a mission statement that illustrates our commitment to Diversity, Inclusion, Equity and Anti-Racism that is included on all of our documents and websites. (Use realistic language but include your aspirations even if you are not yet far along in the process.)

We, the undersigned residencies and medical schools, take this pledge and commit to standing for BIPOC students, patients and communities in the fight for equity and justice in healthcare and the world at large.