Political Agendas Should Be Excised from Medical Care

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Critical Race Theory (CRT) has been around for years in academic circles, and a subject of deep discussions in dimly lit coffee houses. But it is just that: a theory that still should be an academic exercise discussed in university seminars and law school lounges. Suddenly, 5-year old children—who are not even at the age of reason—are being taught that white supremacy is the root of all social ills. In the purported pursuit of "Diversity, Equity, and Inclusion" (DEI), schools are segregating children by race for certain activities and lessons. In higher education, students have separate eating areas, dorms, and graduations. What happened to the principle of *Brown v. the Board of Education* that separate is inherently unequal?[1] What happened to seeing people as individual human beings, each with our own attributes, personalities, good sides, and bad sides?

After years of progress in civil rights, it appears that we are going backwards. Is this planned? Were people getting along too well so that the social engineers had to devise ways to divide us and keep us filled with anxiety? As Eric Hoffer explained in *The True Believer*,[2] a mass movement deliberately makes the present "mean and miserable…. People whose lives are barren and insecure seem to show a greater willingness to obey than people who are self-sufficient and self-confident."

Now this ideology that promotes racial division is infecting medicine—in medical school, in clinical practice, and in public health. There were rules during COVID that prioritized certain minorities for treatments. Skin color was actually mentioned in the protocol, not the factor of economic hardship.

If we stop looking at patients as individuals with their own unique needs we are doomed as a profession. We become tools of the government social engineers advancing a political agenda, not necessarily the best patient care.

Medicine as a science has advanced over the years to treat and cure more and more complex conditions. Medicine as a profession has advanced culturally to include all races and genders. My father went to an all-black college and medical school in the 1930s. I went to an integrated college and medical school in the 1960s.

When my parents moved to San Diego from Tuskegee, Alabama, where my father served in the Army Air Corps during World War II, diversity, equity, and inclusion was not on their mind. My mother wanted to move to a city with great weather. She wrote to several chambers of commerce west of the Mississippi and asked if the town needed a doctor. In San Diego, my mother got her good weather and my father developed a successful practice with patients of all colors. He was so well-regarded that in a mainly white Republican town (at the time), the city council adjourned on the day his death was announced.

How did we go from an organic cultural shift, from including all qualified persons in the medical profession to turning medical schools into socialist indoctrination factories? We've gone from equal opportunity to equal outcomes. We've regressed from taking it as normal that physicians like my father had patients of all colors to dubious studies[3] asserting that "racial concordance"[4] is needed for good medical care.

Certainly, there are useful skin-color-based studies such as whether skin color affects the reading on pulse oximeters.[5] However, what we see mainly publicized by academicians and medical associations are poorly researched articles that conclude that black and brown patients are better off by having a doctor who, as the jargon goes, "looks like them." What if we turned that around? A white patient would be a racist if he asked for a white doctor. This obsession with race is not a path toward unity. It is an excuse to fundamentally transform education to a series of leftist political seminars with the ultimate goal of transforming America into an authoritarian wasteland devoid of individualism.

For example, a medical student organization, White Coats for Black Lives (WC4BL), has more than 70 chapters across the country, including at such top institutions as the University of North Carolina, the University of Michigan, and the University of Wisconsin. What could be wrong with an organization of student doctors caring for black folks who have limited access to medical care? However, their "Vision and Values" document[6] reads more like a manifesto to—dare I say—fundamentally transform America.

"Our [WC4BL] job is two-fold: 1) dismantling dominant, exploitative systems in the United States, which are largely reliant on anti-Black racism, colonialism, cisheteropatriarchy, white supremacy, and capitalism; and 2) rebuilding a future that supports the health and well-being of marginalized communities." The group asserts that medical practice is informed by race as a political system and used false biological arguments. Some diseases are more prevalent in different races. For example, 10 percent of black men have G-6PD deficiency.[7] Pregnant black women have a four times higher risk of pre-eclampsia.[8] It is hard for me to swallow that an *über* famous singer and world class athlete were "undervalued" during their pregnancies because they were black and thus developed pre-eclampsia. Exclusive focus on systemic racism and "systemic oppression"[6] as the key factor of disease seems scientifically disingenuous and frankly, lazy. We are all *H.sapiens sapiens* with miniscule genetic variation among us. The concept of race and genetics and epigenetics is complex and all would benefit from scientifically ethical and rigorous study.[9]

WC4BL asserts that medical professionals must unlearn "the false equivalency between weight and health, and "fat people must have access to affirming healthcare free of stigma and guilt."[10] Of course, we should never shame any of our patients, but not because being "anti-fat is being anti-black." Research has shown that obesity causes all sorts of health problems, including all causes of death (mortality); high blood

pressure; high LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (dyslipidemia); type 2 diabetes; coronary heart disease; stroke; gallbladder disease; osteoarthritis; sleep apnea and breathing problem; mental illness such as clinical depression, anxiety, and other mental disorders; and many types of cancer (endometrial, esophageal adenocarcinoma, gastric cardia, liver, kidney, multiple myeloma, meningioma, pancreatic, colorectal, gallbladder, postmenopausal breast, ovarian, and thyroid).[11]

The group further asserts that in order to help underrepresented minorities, one must "follow the guidance from black queer feminists." (Do they mean someone like a certain leader of Black Lives Matter who bought a 2,580-square-foot house in the Topanga Canyon neighborhood of Los Angeles that is 1.7 percent black?[12,13]

The group instructs us that we must consider medicine "just another trade" and question the need for professional degrees, "establish a mandatory minimum wage," defund the police, abolish prisons, decriminalize "sex work" (prostitution), "dismantle capitalism," and profess that "socialism provides one alternative that establishes collectively owned resources and prioritizes basic human rights."[6]

It is truly worrisome that "Trojan horse" best describes a medical activist group that has the opportunity to be a giant step toward Martin Luther King's dream for equality and furtherance of our Hippocratic duty to treat all patients with equally good medical care. Yet fueled by the moral imperative to not be a racist, some medical schools are on board with the rhetoric. For example, at University of California at Davis, WC4BL presented recommendations and its Racial Justice Report Card to the school of medicine. The administration found them "largely feasible" and responded by creating the "Administrative Action Plan to Address Racial Justice."[14] The schools may be choosing to ignore the hidden subversion in the horse.

Fortunately, most physicians adhere to old-school DEI—dignity, excellence, and integrity—in providing great medical care to our patients.

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