

## **Department of Neurology Solidarity Statement**

The Department of Neurology of the University of Pennsylvania stands in firm solidarity with communities of color in its condemnation of racism in all forms. The recent deaths of George Floyd, Ahmaud Arbery, and Breonna Tylor helped to shed light on the grim history of racial hatred that indelibly stains both our country's history and its present. However, one need look no farther than the field of medicine to realize that discrimination and systematic oppression on the basis of race are persistent, pervasive, and powerful.

Like all other fields of medicine, neurology is tragically impacted by racism in a variety of ways. Discriminatory policies and institutions create and reinforce inequities in education, employment, nutrition, and safety between White populations and marginalized racial and ethnic groups. These social determinants of health contribute substantively to the increased risk to persons of color of stroke, epilepsy, dementia and many other common and serious neurologic conditions. Racism also manifests itself in the unequal treatment of patients with neurologic disorders. Years of evidence plainly show that patients from marginalized racial groups who present with the same neurological complaints as their White peers are all too often treated inferiorly. For instance, patients from communities of color are less likely to get thrombolytics for their acute strokes, less likely to get curative surgeries for their intractable seizures, and less likely to get medications to help their failing memories when they suffer from neurodegenerative diseases.

While most neurologists disavow overt discriminatory treatment of their patients, unconscious biases that lie submerged below the threshold of awareness drive many of these glaring inequities. These hidden biases unconsciously brand patients from marginalized populations as less cooperative, less intelligent, less susceptible to pain, and more likely to abuse their medications in the minds of providers. In short, these patients are unfairly mentally marked as less deserving of care, with devastating health consequences. But racism in medicine—including in neurology—is not only represented by the experiences of patients. It also manifests in the persistent absence of diversity and inclusion in the field itself. In this respect, the field of neurology is especially challenged because individuals who are underrepresented in medicine (UIM) are especially underrepresented in our profession.

The University of Pennsylvania Department of Neurology is committed to combating racism, both in our patients and in our workforce. Clearly, this entails delivering quality care to disadvantaged populations. To that end, Penn faculty and residents provide care to Spanish-speaking, largely undocumented patients at Puentes de Salud and Community Volunteers in Medicine. In addition, for over 17 years, Penn Neurologists have been at the helm of the Pipeline Educational Program, which provides outreach to West Philadelphia high school students. Also, our cutting-edge research has, over time, moved to form empowering community partnerships in order to better understand and dismantle barriers that keep novel research discoveries from reaching underserved patient populations. In 2017, Neurology was one of the first departments in Penn Medicine to appoint an inaugural Vice Chair of Inclusion and Diversity, Dr. Roy Hamilton. In the years that have followed, Penn Neurology has moved

toward more holistic residency application review practices, standardized and enforced its diversity practices for faculty searches, introduced a health equity curriculum for its residents and neurodisparities education in its medical student clerkship, mandated implicit bias training for its leadership, and invited nationally recognized advocates for equity, diversity, and inclusion to speak at its Grand Rounds. Over the same period, our department has seen a doubling of UIM applications to our residency program, steady increase in UIM residents to over a third of the incoming class of 2020, and a doubling in UIM faculty who have achieved the rank of Associate Professor or higher, from 3 to 6.

While we have enjoyed a number of recent successes in creating a diverse, inclusive, community-facing neurology department, we also recognize how much more we need to accomplish. In response, we recently created the **Inclusion, Diversity, Anti-Racism, and Equity in Neurology (I DARE Neurology)** program. This framework consists of four full committees devoted to (1) equity education, which includes anti-racism training; (2) recruitment and retention of underrepresented and disadvantaged persons across the entire career span; (3) community and social action, which included promoting equity in the delivery of neurologic care; (4) intradepartmental equity, which includes the fair, affirming, and inclusive treatment of staff, trainees, and faculty. Importantly, we now recognize that solely burdening a small number of underrepresented department members with the task of promoting inclusion, diversity, anti-racism, and equity is itself a racist practice. Our **I DARE Neurology** framework therefore includes a truly diverse community of over 55 faculty, trainees, and staff. Moreover, in recent weeks, Penn Neurology has played a leadership role in promoting the creation of diversity and inclusion programs in neurology departments across the country and in crafting the anti-racism policies for the two largest professional societies for neurology in the US.

While we are saddened and deeply moved by the tragic events that have served as a catalyst for elevated racial consciousness, we are excited to see the changes in policy and practice that are coming to Penn Medicine. We are committed to supporting and contributing to the Action for Cultural Transformation (ACT), and we look forward to partnering with the Office of Inclusion and Diversity and with other departments within Penn Medicine to bring the vision of a truly diverse, inclusive, and equitable institution to fruition.