A Letter on the COST for Black Faculty

Dear Duke School of Medicine, Health System, and PDC Faculty,

Over the last several months, we, and other Black people, have not only seen family, friends, and community members die at higher rates from COVID-19, we have watched people who look like us gunned down while going for a jog, murdered in their own homes, threatened while bird watching in Central Park, and mercilessly choked on camera. Moreover, we recognize that these are the tragedies that have come to national attention. As recent directives from the White House surreptitiously support supremacist notions and actively dismantle diversity trainings, the burden on people of color is unequal and unsustainable. As put so well in the title of an op-ed by Danielle

United States. Despite being seated in a county that is 36.9% Black, within a state that is 22.2% Black, and over

help the SOM, in alliance with DUHS and PDC, dismantle systemic racism and realize its highest ideals of diversity, equity, and inclusion.

1. Develop a strategy to substantially increase the number of Black faculty in the SOM over the next 5 years. This should include a specific goal for growth (for ex: 100% increase) with clear benchmarks and account

to diversity demonstrated at the center/institute, department, and division levels. Lastly, Black faculty reported the lowest levels of agreement regarding feeling the climate and opportunities for minorities in the department/unit were at least as good as those for non-minorities. Similarly, in the 2018 Association of American Medical Colleges Diversity Engagement Survey (AAMC DES) assessing perceptions of inclusion and engagement in academic medicine among faculty in the Duke SOM, Black faculty had the lowest overall perceptions of the climate of belonging, inclusion, and engagement, specifically reporting the lowest positive sentiment/agreement in 31 of 33 domains assessed by the survey.

policies, is having a major impact on our experiences and productivity. The culture for Black faculty is steeped in inequity as manifested in the daily experiences of Black faculty in the following key areas:

1. Discrimination and racism
2. Lack of allyship and advocacy
3. Pervasive demoralization and isolation

Discrimination and Racism

unprofessional language under the protection of anonymity and a lack of accountability. Learners need to know that there is MORE potential harm for faculty of color personally and professionally when evaluations are filled with biased and racist undertones...and that some of the faculty already struggle with the burden of being isolated, not to mention feeling like they can never make the typ

mentors told me that I had earned the right to be here. I will always doubt my right to be here, my worth to Duke

During the discussion of a commonly reported, well-described complication, other faculty commented by raising their voices. Comments to me included that they

One faculty member laughed during the discussion.

The demoralization and isolation that Black faculty experience is ubiquitous. When leadership and fellow faculty serve as silent bystanders or even perpetrators of these experiences, Black faculty experience further isolation, additional barriers to success and advancement, and attrition.

Recommendations

The data and narratives demonstrate a culture of hostility, disrespect, discrimination, and isolation for many Black faculty across Duke Health. While we appreciate and acknowledge the recent anti-racism efforts, to push the administration from their spoken intent to actionable changes in policies and practices that improve the institutional climate and experiences of marginalized members, we recommend the following.

1. Establish a longitudinal assessment tool with benchmarks that specifically measure change in domains of culture/climate relevant to the experience of Black faculty, including acts of aggression (often referred to as micro/macroaggressions), discrimination, racism, etc. Findings should be shared broadly with the development of strategies to address areas where ongoing improvement is needed.
2. Stratify and report findings of future and current climate surveys by race and ethnicity with the goal of developing strategies which specifically target those at increased risk of experiencing adverse effects of current culture and climate.
3. Create a user friendly and effective reporting system that provides increased accountability for acts of aggression, marginalization, racism and other discriminatory behaviors, and develop a mechanism for regular reporting to the Duke Health community and tracking incidents over time (e.g., racial equity report card). Processes must ensure the protection of the reporter against retaliation.
4. Invest substantial financial resources into anti-bias, anti-racism, cultural humility, and other equity training programs across Duke Health for faculty and staff, especially for current and future leaders in all divisions, departments, centers, and institutes. These trainings should be longitudinal and well-integrated into Duke Health process -

Part 3: Accountability, Administrative Structure, and Oversight

Authentic mechanisms for accountability and appropriate oversight of initiatives to promote equity are vital to

of the few existing measures to ensure equitable treatment of Black faculty and resulted in an environment where Black faculty are too often left with no voice and no recourse when treated inequitably but to keep working while suffering in silence. Such accountability and oversight must be clearly articulated, implemented, monitored, and strictly enforced at the highest levels of leadership. All recommendations and initiatives raised thus far in this document will fail if Duke SOM, in partnership with the Health System and PDC, does not prioritize the concerns

Lack of clearly defined, mandatory, longitudinal metrics with processes of accountability across the Health System, PDC, and all SOM units to combat racism and enhance diversity, equity, and inclusion

es because leadership, which is predominately white, has the privilege of not having to make any changes. They pretend everything is alright. The

The issues raised in this letter are longstanding, familiar, and well-documented but have remain unaddressed over many decades. In many ways, policies, practices, and goals to ensure equitable treatment of Black faculty are treated as suggestions to be considered when convenient or easy or at the discretion of individual units. Efforts to address DEI across entities have been thwarted by complacency and pushback from some leaders and the absence of the will and the courage to demand compliance from others. This has resulted in the absence of substantive change, and Black faculty who too often find themselves barely surviving rather than thriving.

Absence of accountability with corrective action for students, trainees, faculty, and staff who commit acts of aggression, discrimination, and racism

Given this

and woman, compared to my non-minority male colleagues. I am treated differently, in many ways, as simple as

I was actually yelled at by a staff member in front of patients and in front of other staff, without any negative repercussions to the staff member who did this to me. I I have emailed clinic and divisional leadership on several occasions about this mistreatment.

training/processes, etc.) must be mandatory and measurable, with accountability tied to resource allocation and academic advancement. Failure to meet defined common metrics should have real consequences and accountability should extend to all units. For example, if a division fails to implement recommended DEI initiatives or meet benchmarks, this should negatively affect the annual financial package received by the Division Chief from the Department Chair and by the Department Chair from the Dean with similar processes across all Duke Health entities.

2. Develop a systematic process of timely review and plan of corrective action for students, trainees, faculty, and staff who commit acts of aggression, discrimination, and racism. This process would be linked to the review of all incidents entered into a newly created user-friendly reporting system (see previous section--Culture) and include an oversight board responsible for review of incidents and recommendations for corrective action. Guidelines for corrective action should consider the frequency (patterns of behavior) and severity of incidents and recommendations may include participation in processes of restorative justice, completion of relevant training, loss of compensation, suspension and even termination for repeat offenders, demotion from leadership role, loss of resources, etc. To ensure transparency, leaders should report annual, aggregate, de-identified data on acts of aggression and racism along with corrective actions taken to address them.
3. Create an Office of Vice Dean for Diversity, Equity, and Inclusion (DEI) to oversee and ensure compliance with antiracism and DEI initiatives across SOM. This office will provide a centralized structure to ensure accountability across all individual SOM units, and its leader should report directly to the Dean The position will have reach into departments, centers, and institutes across the SOM which would be facilitated by interactions with Vice Chairs (or similar roles) for Diversity, Equity, and Inclusion across each SOM unit (departments, centers, and institutes). The Office of the Vice Dean for DEI would be fully supported financially with dedicated administrative staff and faculty to guide DEI strategy development, implementation, and monitoring of progress. This position will also provide administrative oversight of new SOM DEI initiatives, lead communication on progress to dismantle racism and promote equity and engage in real time communication with the SOM community to receive regular feedback and elicit new recommendations. This office would also serve as the central administrative hub for ensuring compliance with recommendations included in all sections of this document. We recommend similar leadership roles as appropriate for the Health System and PDC.
4. Create a similarly supported position as not (ex: Vice Chancellor for DEI). Institutional accountability for dismantling racism and improving DEI requires integration across all Duke Health entities. This position would report directly to the Chancellor, monitor the overall progress of individual Duke Health entities (ex: SOM, Health System) on achieving specific DEI metrics, and direct plans and timelines for corrective action as needed.

Closing Comments

Breathing is a basic, yet necessary component of living. This document contextualizes some of the many aspects of our experiences as Black faculty in the SOM that stifle us, at times making us feel as though we cannot breathe. We are your colleagues, your companions, your confidants, and even your clinicians. The obligations we have to each other are beyond fiduciary. They are built around friendships we share, families we created, collaborations we forged, and frankly lives both saved and lost...all done together. When we say we cannot breathe, what we really mean is that we cannot breathe alone, at least not anymore. We need you to be active participants in this movement. We need you to embrace this moment with us. Inaction and apathy will undermine everything we have built together as a community and perpetuate a status quo that has created inequity in personal and professional success for Black and other underrepresented faculty in academia.

We, therefore, invite you to actively engage in the fight against inequity with us. Share this document. Reach out to your colleagues. Do the internal, individual work and participate in the collective action necessary to bring about real change and dismantle racism. **Breathe with us**.