

Systemic Racism, Sexism and Discrimination at Tulane University: A Statement from Tulane Alumni and Beyond

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Public information has recently surfaced that a program within Tulane's Graduate Medical Education (GME) department underwent a rather notable change in their choice of program directors for the Med Peds residency. Last week, Dr. Princess Dennar had her duties as program director suspended and placed under review based on a written statement released by Dr. Lee Hamm, Senior Vice-President & Dean of Tulane University School of Medicine. In that same statement, Dr. Hamm stated that "this change came about after the Accreditation Council for Graduate Medical Education (ACGME) placed the program Dr. Dennar was directing on warning status." Dr. Hamm went on to say that "this status change triggered an automatic review of the program by the Graduate Medical Education Committee." In additional communication from a Tulane Assistant Dean for Graduate Medical Education, Tulane residents were informed that Dr. Dennar would be replaced by the interim Program Director as a result of the Special Review process that many residents had participated in over the last couple of months. Dr. Hamm's statement also mentioned that "some have sought to link the current Med Peds leadership review to a lawsuit Dr. Dennar filed alleging discrimination and making other claims." The lawsuit Dr. Hamm references was filed in October 2020 against Tulane by Dr. Dennar in which she details many acts of potential discrimination, sexism, racism, retaliation, multiple complaints being filed with the ACGME against a specific member of Tulane's Internal Medicine Residency leadership and many other troubling events, practices, and beliefs on the part of Tulane's GME leadership.

While many were surprised by the suspension (and likely permanent removal) of Dr. Dennar, the troubling details listed in her 49-page filing were all too familiar. In fact, when many of us heard the news of what likely happened to Dr. Dennar and many of the minority residents in the Med Peds program, the resounding response that followed was that it was not surprising in the least. When a multitude of alumni representing numerous schools of Tulane unequivocally state they are not surprised that this happened, it speaks volumes about the culture - and lack of leadership oversight - that Tulane School of Medicine (SOM) has perpetuated and failed to correct. When these same alumni, and many others, hear that Dr. Dennar is likely one of many Black female clinicians who deal with this culture of racism, discrimination, sexism, and retaliation within Tulane still in 2021, it should cause all of Tulane's leadership to collectively stop and begin to call for a meticulous examination and overhaul of its organizational structures immediately.

This does not begin by removing Tulane SOM's first (and only) Black female physician Program Director who by most accounts is respected by her peers, staff, and residents and has likely withstood many harsh and unrelenting behaviors and practices. Instead, what should result is a transparent, fair, and equitable process that leaves the Med Peds program, its residents, and anyone who is following these events with no question that Tulane is committed to improving its historical standing within the minority community. As it stands, this is not the case and has not been the case for quite some time. Most importantly, the process - led by Tulane University President Michael Fitts and The Office of the Provost - must have an open mind that some enshrined processes - even the unanimous Graduate Medical Education Committee decision by, "a diverse panel of 15 peers," may themselves be vulnerable to structural inequality and implicit bias. Based on that understanding, all affected students, residents, faculty, and staff should receive support for their bravery, not admonishing. They deserve to be included in the ranks of leadership for their belief that Tulane can be better and continuous efforts to make it so; not retaliated against or inherently silenced.

With that, we strongly encourage you to reconsider the message you are sending by suspending Dr. Dennar in light of all that has happened. While the triggering of an internal review may be warranted due to a change in the Med Peds program's standing with the ACGME, many of us within the academic medical community know that this is not, and has not been grounds for a change in leadership within many accomplished residency programs. To be more specific, residency programs across the country are placed on probationary status with the ACGME, which is a greater sanction than the warning status, and very rarely does that result in the removal of the program director from that residency. With that said, the aforementioned change serving as the potential cause for Dr. Dennar's removal is concerning and leaves room for suspicion that the retaliation that has been alleged in her filing is within reason. If this is not the case and there is additional reasoning for this suspension that is tangible and with true purpose, we hope that you will transparently and without bias inform us, the Tulane residents, medical students, and so many others of those facts.

In line with continuing the journey toward inclusive and equitable medical training, we ask that you will commit to actively dismantling and removing all structures of racism, sexism, and discrimination within Tulane's Graduate Medical Education programs, the Tulane School of Medicine, and so many other areas, departments, and levels throughout the Tulane organization. We request that you will allocate substantial resources and proper training to ensure Tulane is a place of both anti-racist policies and practices for medical education and overall healthcare. We further request that you will have clearly defined and impactful initiatives inclusive of metrics that demonstrate the efficacy of those initiatives at meeting the established goals of diversity, equity, and inclusion.

We have been privileged to see a renewed call to action from many within medicine to both confront systemic racism and eliminate health disparities. This effort will require collaboration, commitment, education, transparency, and difficult, but transformative, conversations around racism, health inequity, and advocacy. By doing this and all that has been stated above, we believe that if another series of events such as this one were to take place in the future, the responses from your Tulane alumni, and so many others, will be filled with surprise. Those same responses will also come with the knowledge that Tulane has become an active leader within the medical field at combating harmful, discriminatory practices, and we know that it will do what is right for all who are involved, especially Tulane's Black clinicians and learners.

Respectfully,

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