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May 4, 2023

Dr. Barbara Barzansky, PhD, MHPE  
Co-Secretary  
Liaison Committee on Medical Education  
American Medical Association  
330 North Wabash Avenue, Suite 39300  
Chicago, IL 60611-5885

Dr. Veronica M. Catanese, MD, MBA  
Co-Secretary  
Liaison Committee on Medical Education  
Association of American Medical Colleges  
655 K Street, NW, Suite 100  
Washington, DC 20001-2339

Dear Dr. Barzansky and Dr. Catanese:

Americans are entitled to a healthcare system that is free from racial discrimination. Discrimination on the basis of race is “odious to a free people whose institutions are founded upon the doctrine of equality.”<sup>1</sup> Thus, consistent with our nation’s founding principle that all men are created equal<sup>2</sup> and our Constitution’s guarantee of equal protection to all individuals regardless of race,<sup>3</sup> each and every patient deserves access to the best possible care no matter the patient’s race.

Medical schools should instill this fundamental precept in our country’s future health care professionals. Given the Liaison Committee on Medical Education’s (LCME) recognition “by the U.S. Department of Education for the accreditation of medical educational programs leading to the MD degree with full accreditation,”<sup>4</sup> we write to confirm your commitment to ensuring that

<sup>1</sup> *Loving v. Virginia*, 388 U.S. 1, 11 (1967) (cleaned up).

<sup>2</sup> THE DECLARATION OF INDEPENDENCE para. 2 (U.S. 1776).

<sup>3</sup> U.S. CONST. Amend. XIV, § 1.

<sup>4</sup> LCME, *Rules of Procedure* at 1 (Mar. 2023), available at [https://lcme.org/wp-content/uploads/2023/03/Rules-of-Procedure\\_2023\\_03\\_25\\_updated.docx](https://lcme.org/wp-content/uploads/2023/03/Rules-of-Procedure_2023_03_25_updated.docx).

medical schools are preparing future health care professionals to provide health care free from racial discrimination.

In particular, we write regarding Standard 3 and Element 3.3 of your accreditation standards.<sup>5</sup> Standard 3 requires that a “medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, *recognizes the benefits of diversity*, and promotes students’ attainment of competencies required of future physicians.”<sup>6</sup> Your standards define “the benefits of diversity” as “the facts that having medical students and faculty members from a variety of socioeconomic backgrounds, racial and ethnic groups, and other life experiences can: 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities.”<sup>7</sup>

Within Standard 3, Element 3.3 elaborates on the school’s duty to “recognize the benefits of diversity.”<sup>8</sup> Specifically, Element 3.3 assesses whether a “medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve *mission-appropriate diversity outcomes* among its students, faculty, senior administrative staff, and other relevant members of its academic community.”<sup>9</sup> “These activities,” according to Element 3.3, “include the use of *programs and/or partnerships aimed at achieving diversity among qualified applicants* for medical school admission and the evaluation of program and partnership outcomes.”<sup>10</sup>

Your standards further define “mission-appropriate diversity” and “programs aimed at developing a diverse pool of medical school applicants.” You define “mission-appropriate diversity” as the “inclusion, in a medical program’s student body and among its faculty and staff and based on the program’s mission, goals, and policies, of persons from different racial, ethnic, economic, and/or social backgrounds and with differing life experiences to enhance the educational environment for all medical students.”<sup>11</sup>

You define “programs aimed at developing a diverse pool of medical school applicants” as programs “directed at students from selected level(s) of the educational continuum (middle school-level through college) and intended to support their becoming qualified applicants to a medical school and/or, depending upon the level of the program, to another health professions program or a STEM/biomedical graduate program.”<sup>12</sup>

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<sup>5</sup> See LCME, *Functions and Structure of a Medical School* (Mar. 2023), available at [https://lcme.org/wp-content/uploads/2023/03/2024-25-Functions-and-Structure\\_2023-03-21.docx](https://lcme.org/wp-content/uploads/2023/03/2024-25-Functions-and-Structure_2023-03-21.docx).

<sup>6</sup> *Id.* at 4 (emphasis added).

<sup>7</sup> *Id.* at 21.

<sup>8</sup> *Id.* at 4.

<sup>9</sup> *Id.* (emphasis added).

<sup>10</sup> *Id.* (emphasis added).

<sup>11</sup> *Id.* at 24.

<sup>12</sup> *Id.* at 25.

To help us understand how you construe and apply Standard 3 and Element 3.3, please respond to the following questions and requests (instructions enclosed) no later than two weeks after the date of this letter:

1. Does LCME require and/or encourage medical schools to treat applicants differently based on the applicants' race?
2. Does LCME require and/or encourage medical schools to award scholarships based on recipients' race?
3. Can a medical school satisfy Element 3.3 if the school chooses to treat its applicants, students, faculty, and staff equally, irrespective of their race?
4. Can a medical school satisfy Standard 3 if the school chooses to treat its applicants, students, faculty, and staff equally, irrespective of their race?
5. Does LCME require and/or encourage medical schools to teach that it is preferable for doctors and patients to be the same race?
6. In LCME's view, is it preferable for doctors and patients to be the same race?
7. Does LCME require or encourage medical schools to teach that the American health care system is systemically racist?
8. In LCME's view, is the American health care system systemically racist?
9. Please describe all communications regarding racial diversity that LCME has published or sent in the past three years.
10. In LCME's view, are members of a particular race inherently racist or privileged?
11. In LCME's view, are members of a particular race inherently oppressed?
12. What steps does LCME take to pursue racial diversity in its own operations?
13. Does LCME pursue any antiracism efforts?
14. What percentage of LCME's budget is spent on diversity, equity, and inclusion initiatives?

We appreciate your prompt and timely response to these questions and requests.

Sincerely,



Virginia Foxx  
Chairwoman  
U.S. House Committee on Education and the  
Workforce



Burgess Owens  
Chairman  
Subcommittee on Higher Education and  
Workforce Development of the U.S. House  
Committee on Education and the Workforce



Glenn Grothman  
Member of Congress



Gregory F. Murphy, M.D.  
Member of Congress

Enclosure