

Racism was called a health threat. Then came the DEI backlash.

A growing number of institutes exploring the nexus between racism and health — and their researchers — are under attack.

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David R. Williams and Rachel Hardeman are population health researchers at different universities with one thing in common: Both have been added to a right-wing “watch list” for teaching about and researching the ways racism affects health.

At the American Academy of Dermatology, some members proposed “sunsetting all diversity, equity and inclusion programs,” arguing DEI has evolved into a political movement filled with perceived antisemitism that labels people as oppressed or oppressor — a proposal that failed at the annual meeting in March.

And grant-making organizations that awarded millions of dollars to investigate racism as a threat to public health are now asking some researchers to stop using the word “racism.”

A growing number of U.S. institutes created to explore the nexus between racism and health — and the researchers who preside over them — are finding themselves under attack, their missions and funding in peril barely four years after the nation had what many called its “racial reckoning.”

Other efforts to address systemic racism and inequality — in education and corporate America — have encountered resistance, but the stakes are especially stark with health care because centuries of inequities yield life-or-death consequences.

“It’s very taxing. This anti-DEI movement creates a climate of fear,” said Chandra L. Ford, a professor at Emory University and founding director of the Center for the Study of Racism, Social Justice & Health.

In her case, Ford said she was told by a funder who gave her money to study racism “not to use that terminology after the project was underway, after the funder signed on to it, after the proposal was approved and after the project is already ongoing.”

While declining to identify the organization, Ford said this was its rationale: The political winds are shifting, and this work is now high-risk.

In spring 2020, George Floyd was murdered by Minnesota police officers as a crowd watched, begging the police to stop. Lives in Black, Hispanic and Native American communities were being cut short at grossly disproportionate rates by the coronavirus. And anti-Asian hate was on the rise.

Corporations declared Black lives matter and promised billions of dollars to address health, education and economic inequality. Hospitals created chief diversity officers. Anti-racism research centers and programs received an influx of money. Federal health agencies — and hundreds of cities and states — declared racism a threat to public health and vowed to end it.

The backlash was swift, as a mostly conservative countermovement began to argue that DEI doesn't mean fairness, justice and representation but discrimination, exclusion and indoctrination.

It reflects a broader movement. According to the Chronicle of Higher Education's DEI Legislation Tracker, state lawmakers have introduced at least 85 anti-DEI bills since 2023. More than a dozen Republican attorneys general sent a letter urging Fortune 100 companies to reexamine their DEI strategies after the Supreme Court banned race-conscious college admissions policies. And the conservative activist who led the campaign to oust Claudine Gay, Harvard University's first Black president who resigned amid plagiarism allegations in January, said on X that it was "the beginning of the end for DEI in America's institutions."

Among the arguments against diversity, equity and inclusion initiatives: that they deepen racial inequality by lowering standards to make space for unqualified people of color, resulting in reverse discrimination because skin color — not merit — becomes a deciding factor in hiring and school acceptance.

America First Legal — a group backed by Stephen Miller, an adviser to former president Donald Trump — has vowed in online posts to "DEFEND MERIT. DEFEAT RACISM. DEMOLISH DEI," which it says punishes "Americans for being White, Asian or male."

Now, as Trump vies for a second term in the White House, some of his allies have derided Vice President Kamala Harris as a "DEI candidate," while the former president has questioned her racial identity.

Miller's group, along with other conservative lawmakers, activists and organizations, is using the threat of litigation and the courts — once the venue used to help secure civil rights progress — to invalidate race-conscious programs dedicated to addressing the harm caused by centuries of legalized racial injustice.

Conservative lawmakers have threatened the funding of medical schools that have a DEI office or lessons on structural racism.

The Medical Board of California has been sued for requiring continuing medical education courses to include implicit-bias training. The suit is backed by the Pacific Legal Foundation, a Sacramento law firm that says it “fights for limited government, property rights and individual rights.” The firm represents two California doctors and Do No Harm, a nonprofit whose website says it was founded to “counteract divisive trends in medicine, such as ‘Diversity, Equity and Inclusion’” and gender expansive care. The legal and advocacy group has suits pending in Louisiana, Montana and Tennessee, too.

And in August, Do No Harm and a Wisconsin law firm filed a complaint against the Cleveland Clinic with the Department of Health and Human Services’ Office for Civil Rights, saying two efforts — the Minority Stroke Program and Minority Men’s Health Center — illegally discriminate on the basis of race. In a statement, the hospital system said its mission is to “care for life, research for health and educate those we serve ... regardless of race, ethnicity, or other characteristics,” adding that the stroke program is “open to all patients” but the men’s health center “has not been in place for several years.”

Do No Harm, which was co-founded by Stanley Goldfarb, a nephrologist who is the former associate dean of curriculum at the Perelman School of Medicine at the University of Pennsylvania, rejects the notion that systemic racism plays a role in health disparities, pointing instead to underlying medical conditions and a lack of access to prenatal care in the case of maternal health.

“Focusing on color-blind science in research and treatment of all patients must be the priority if we want better health outcomes and a strong relationship of trust in the medical community,” Goldfarb, who serves as chairman of Do No Harm, said in a statement.

Joshua Thompson, senior attorney and director of equality and opportunity litigation at Pacific Legal Foundation, said in a statement that “the extent, cause, measurement, and utility of racial health disparities is a highly politicized topic” that should be left to politicians to debate “so long as government doesn’t engage in race-based discrimination to achieve their goals.”

Then, there are the watch lists.

Turning Point USA, a conservative nonprofit, maintains a professor watch list that it says exposes scholars “who discriminate against conservative students and advance leftist propaganda in the classroom.” The list, which includes Williams and Hardeman, is compiled mostly from news stories, public speeches, scholarly publications and social media, according to the watch list’s website.

Miller’s group has created what it calls the “Woke Wagon,” a searchable database of political appointees in federal agencies.

America First Legal and Turning Point USA did not respond to requests for comment.

“A lot of people are under the assumption that we live in a meritocracy, but what they don’t realize is how life chances are dictated by so many other factors,” said Linda Sprague Martinez, a professor at the University of Connecticut School of Medicine and director of the Health Disparities Institute at UConn Health, adding that she, too, has had grant-funders recently challenge her use of the word racism in her work. “DEI initiatives don’t even fully level the playing fields. But if we’re not paying attention to the inequities and addressing them, they’re just going to persist.”

Ford said the debate about merit and inequities is ensnared in an assumption that people from historically underrepresented communities lack the expertise or credentials to hold positions in predominantly White workplaces and academic settings. Research shows Black college students are often asked if they’re on a sports scholarship, and Black doctors are mistaken for food service workers or janitors.

Six states prohibit lessons on meritocracy’s limitations, defining such critiques as “divisive concepts,” according to an April article in the Milbank Quarterly, a population health and health policy journal.

Social scientists say the anti-DEI movement has co-opted and twisted the fight for justice and equal opportunity, which calls for eliminating legal and practical barriers that restrict access to resources and makes climbing the socioeconomic ladder that much harder for people historically pushed to the margins.

Health and Human Services Secretary Xavier Becerra agreed.

Equity remains a key driver of the Biden administration, Becerra said in an interview, despite attacks by the anti-DEI machine. Becerra said he refuses to be intimidated by the “McCarthy-type lists” the anti-DEI movement has created that target not just scholars but federal workers.

“We’ve seen this before where people get branded and listed and blackballed,” Becerra said. “In the end, it doesn’t work.”

Becerra urged researchers and “people of good will” who find themselves in the crosshairs to not get distracted or water down their efforts. “Some people can try to deny history. Some people can try to rewrite history. The facts and science prevail,” he said.

Health equity researchers say the hostile response to DEI is happening as the field and academia develop a critical mass of scholars of color.

“There’s always a backlash when we made progress,” said Thomas LaVeist, dean of Tulane University School of Public Health and Tropical Medicine.

“Just like we had a moment during the civil rights movement that was kind of taken down when Nixon came in with his war on drugs,” said LaVeist, who has received hate-filled emails and phone calls because of his research into the economic implications of health disparities.

This moment is “particularly problem-filled and dangerous,” said Sherman A. James, a professor emeritus at Duke University who has been at the vanguard of health disparities research for more than four decades. The social epidemiologist devised the John Henryism hypothesis, which posits that the cumulative toll of the day-in, day-out effort to be equal in an unequal society can damage the cardiovascular system, leading to early onset hypertension, heart attacks and strokes for African Americans.

James grew up in the Jim Crow South, attending college in Alabama at the height of the civil rights movement and remembers being spat on and hit over the head during protests. And yet, he said, this moment of acrimony has surprising potency.

“It’s not just a Black-White kind of thing anymore,” James said. “It’s multifaceted, multiethnic, multiracial. And it’s not just what’s happening in the United States, it’s what’s happening globally. And so, the backlash has to have the vigor that matches the perceived threat.”

When James began his career in the mid-1970s, he said there were few Black professors and even fewer Latinx scholars, especially outside of California universities. A critical mass of scholars of color didn’t emerge for more than a decade, and “we weren’t vying for positions of power within the university, and we weren’t foregrounding racism, structural racism, in our research,” he said.

Explicit conversations and scientific studies about how racism undermines Black people’s health didn’t start until the mid-1990s.

Just before then, Williams, now a Harvard professor, recalls routinely hearing comments like “The term racism does not belong in a scientific paper,” and “Racism is an ideological concept that can’t be measured.”

Williams, whose research illuminates the ways race, socioeconomic status, racism, stress, behavior and religion affect physical and mental health, said he remembers speaking on a panel in the early 1990s.

“I said one of the priorities of the future is to document the ways in which racism affects health,” Williams, listed as one of the most cited scholars in social science research of the 21st century, said recently. “A gentleman raised his hand and said, ‘What Dr. Williams is asking us to do is important, but it’s impossible. We will never be able to measure racism.’”

Williams decided to take up the challenge, saying, “If we measure self-esteem, why do you think we can’t measure racism?” He developed the Everyday Discrimination Scale, now among the most widely used tools to assess perceived discrimination in health studies.

The wave of pushback, he said, “reflects the regression from the dramatic progress that had been made, in part, because of the evidence that now exists.”

Though Williams’s work has made him a target of the right, he remains unbowed, saying, “You can put me on whatever list, and I will continue to do what I’m doing. People gave their lives to open doors. I owe it to them and their sacrifice to continue.”

Williams and other experts said the nation has made much less progress eliminating patterns of division and disparity than most people think. Residential segregation — which affects school boundaries, longevity, green space, grocery store access, policing, taxes, air and water quality — is worse today than a generation ago, research shows. And the wealth gap remains stubbornly persistent.

According to a [2023 Federal Reserve report](#), for every dollar of wealth the typical White household had in 2013, Black households had 9 cents and Latino households had 10 cents. By 2022, the gap had improved only marginally: Black families had 16 cents and Latino families had 22 cents for every dollar of wealth held by White families.

And physicians and health equity researchers point out that the dearth of doctors of color, who are more likely to be primary care providers and work in medically underserved areas, hasn't changed much in more than a century.

A [2021 study from UCLA](#) found that the proportion of Black physicians increased only marginally during the past 120 years, going from 1.3 percent in 1900 to 5.4 percent in 2018. Today, the number remains largely the same at about 5 percent, according to the Association of American Medical Colleges.

The share of Black male doctors — about 2.6 percent — has remained unchanged since 1940, research shows.

The association said in an online statement it “remains committed to strengthening the diversity of the medical student body and the physician workforce as we navigate the changing legal landscape.”

Which is why Hardeman, founding director of the Center for Antiracism Research for Health Equity at the University of Minnesota School of Public Health, has vowed to continue even as her work on the impact of racism on maternal health has made her a target for conservative media. This experience, she said, has forced her to grapple with the “emotional, mental toll of what’s happening to Black scholars across the country, the impact that’s having on our well-being.”

One of the unrecognized aspects of the anti-DEI movement is that it stalls productivity and scientific inquiry, said Hardeman, a professor and reproductive health equity researcher.

“For the past year, my mind has been so entangled in trying to protect, trying to keep us afloat, trying to fight all those battles,” said Hardeman, named one of Time magazine’s 100 most influential people in 2024. “I actually haven’t been able to draw on my own creativity, innovation and vision to keep the work moving forward.”

For social epidemiologist Zinzi D. Bailey, there was only one option when Florida’s Republican governor, Ron DeSantis, was reelected in 2022 amid vows to eliminate DEI initiatives. She left her job there.

Bailey’s work focuses on the health effects of structural racism and policy solutions. Reassurance from a few colleagues was not enough of a guarantee that her work, which references critical race theory, would be protected and considered fairly in her tenure review — especially at a university in a state where the legislature and governor were hostile toward DEI. Florida enshrined its opposition in state law.

“Health equity work is not just looking at data or analyzing it,” Bailey said. “It’s doing community work and being able to communicate in a way that gets at the heart of the thing.”

That felt unattainable given the “pressure to fall in line,” she said. So, Bailey left her South Florida university and began teaching at the University of Minnesota last year. But she hasn’t relocated, regularly flying back and forth.

“It absolutely was a hard choice,” she said, adding that “institutions are being held hostage, in my opinion.”