

ANTI RACISM REPORT

ADDRESSING ANTI-RACISM AT SCHULICH MEDICINE & DENTISTRY
RETREAT AND LEARNER TOWN HALL – FALL 2020

ANTI-RACISM REPORT 2021
RETREAT AND LEARNER TOWN HALL

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January 2021

Dear faculty, staff and learners,

In early June 2020, the Schulich School of Medicine & Dentistry publicly released its [statement on anti-racism \(June 3\)](#) and [emailed it to all faculty, staff and students \(June 4\)](#). Through the statement, I committed to our learners that we would create opportunities for engagement in the coming academic year.

On June 3, 2020, I received a letter (Appendix I) signed by nearly 400 Schulich Medicine students urging our leaders and School to take action against racism and offering a number of important and thoughtful recommendations.

I am extraordinarily proud of our students for their initiative, and at that time made the decision to expand on our plans to have a learner town hall and set up a learning retreat on anti-racism for faculty, staff and learners.

I asked Dr. Gary Tithecott, Acting Vice Dean, Undergraduate Medicine, to establish and chair a planning committee that would collaborate on the planning and execution of the retreat. During the summer months, the Planning Committee (Appendix II) worked together to create a learning retreat that provided for large group learning and sharing, as well as breakout group discussions.

The retreat had three objectives:

- Provide a forum for productive conversations about racism at Schulich Medicine & Dentistry.
- Identify next steps to support anti-racism strategies across the School.
- Recommend an approach to governance, implementation, evaluation, and accountability for the anti-racism strategies.

Prior to the retreat, attendees were encouraged to read through the [President's Anti-Racism Working Group Final Report](#) and the letter sent to me from medical students (Appendix I). During the retreat, the more than 130 attendees (Appendix III) had the opportunity to hear from two Indigenous Elders, Mary Lou and Dan Smoke, as well as participate in a foundational session about racism, discrimination, equity, diversity and inclusion presented by Nicole Kaniki, PhD, one of Western University's anti-racism advisors.

Participants then moved into smaller breakout groups to talk about what they learned and recommend next steps for the School. Groups were asked to document their top three learnings and recommendations and submit them post retreat to be compiled. Their learnings and recommendations are provided in this report and will form the foundation of our work moving forward.

On October 28, I hosted the planned Learner Town Hall. Drs. Bertha Garcia and Sandra Northcott, as well as Danielle Alcock, PhD, Jennifer Massey, PhD and Olivia Ghosh-Swabey joined me at the retreat to support the question and answer session. After brief remarks, the majority of the town hall was dedicated to questions from our learners

Twenty-five questions were submitted (Appendix IV) in advance and during the Town Hall, and we did our best to respond to as many during the one-hour session. A recording of that Town Hall is now available to all faculty, staff and learners. Please see Appendix IV for access details.

Our retreat and town hall are just the beginning of our work on anti-racism and our renewed focus on equity, diversity and inclusion. Both have helped to identify areas that we need to focus on as a School, including system/structural and programmatic (curriculum, recruitment and admissions).

Now we must take action, and I will continue to work with our School's faculty and student leaders and seek counsel from the President's Special Advisors on anti-racism, Drs. Bertha Garcia and Nicole Kaniki. We will be aligning our work with that of the University's own equity, diversity and inclusion initiatives that are responding to the University's Anti-racism Working Group Recommendations, as well as our School's strategic plan.

I sincerely appreciate the engagement that we have received so far, and the time, energy and thoughtful suggestions that you have already offered. I want to thank Dr. Gary Tithecott for serving as Chair of the retreat planning committee, which has been and will continue to be foundational in our work today and moving forward.

Sincerely,

John Yoo, MD, FRCS(C), FACS
Dean, Schulich School of Medicine & Dentistry
Western University

LEARNINGS FROM BREAKOUT GROUP SESSION

LEARNER EXPERIENCE AND LEARNING AND WORKING ENVIRONMENT

- The experiences of BIPOC students are vastly different from other students at the School. Many BIPOC students think about racism on a daily basis.
- There is blatant racism in medicine – mostly in the clinic. Negative stereotypes discussed and used in front of learners – and aren't challenged by senior physicians in the room.
- There is fear of exclusion and harm due to race, as well as fear around safety and trepidation to bring forward concerns.
- There is a fear of speaking up.
- Reporting mechanisms need to provide safety or they won't be used.
- For some faculty, staff and learners there is no one to go to for support.
- Non-BIPOC people at the School don't know what to do to help.
- Students want to be part of the solution.
- Harmful acts ranging from microaggressions to overt acts of racism are present in the classroom and the clinical environment. These acts may be perpetuated by professors, learners and/or patients. These take a toll on professors, learners and patients.
- There is a perception that the School is good at listening and talking about change, but there is no evidence of action in making change.
- The School has a history of success and achievement by white men, no history explored of achievement by women or BIPOC – this needs to change.

LISTENING

- Listening is needed more often.
- Language matters.

CURRICULUM

- Representation matters in the study of populations that are used as participants in biomedical research.
- There is a concern that curriculum may be seen as an easy option to implement something or as a change, but not result in a change in culture.
- There is an absence of content and leadership about anti-racism in curriculum.
- Most of curriculum is Euro-centric and colonialist.
- The School needs to explore synergies between what is being done in one curriculum with others.
- All learners have an interest in learning and a desire for training.
- Faculty, staff and learners have a desire to have teaching on EDI/racism/microaggressions in curriculum.
- Nicole Kaniki's talk, presented during the retreat, would be a great starting point and could serve as a training module for every member of the Schulich Medicine & Dentistry community.

RECRUITMENT/HIRING

- Diversity and excellence are one in the same – by hiring and recruiting a diverse group of faculty and staff in science, medicine and dentistry we will see improved quality of work.
- Mentorship after hiring is critical.

ADMISSIONS

- Communities are most harmed by racism in admissions when barriers occur in any admissions process – it ultimately affects who will serve communities as physicians, dentists and researchers.
- May be losing prospective applicants due to the lack of support and mentorship during pre-admissions.

GENERAL LEARNING

- It's important to understand the wide-ranging groups that are impacted by racism and discrimination.
- If the School is going to support EDI it needs to dedicate resources to it.
- EDI work should be recognized in the promotions process and as leadership opportunities for faculty and trainees/learners.

RECOMMENDATIONS

EDUCATION/TRAINING

- A course to enable skilled conversations on addressing language or microaggressions in the moment should be developed by education programs, continuing professional, faculty or staff development.
- Training and education is needed for dealing with racism in the classroom and in clinical settings.
- Training modules that are built on Nicole Kaniki's presentation that are multipurpose and adaptable across programs could be developed.
- There is a need to tell history and lessons of racism.

RESEARCH

- Work needs to be done to identify who is doing research on racism, equity, diversity and inclusion in the community? Is it community based and relevant? Are processes in place to support it?

LEADERSHIP

- Six of the 12 groups recommended that the School develop an EDI Committee.
- A trainee-led EDI subcommittee should be established to work on integrating EDI into departmental practices.
- A decanal position should be created/tasked with holding the School to a high standard and ensuring anti-racism and EDI initiatives move forward.

REPORTING PROCESS

- The School needs to identify a process that allows all students to disclose potential mistreatment in a safe and transparent fashion.
- Improve the safety of faculty, staff and learners who experience or witness issues related to racism, inequity and exclusion. Possibly consider the creation of an ombudsperson.

HIRING

- Faculty recruitment with greater focus on wider representation of Black, Indigenous and people of colour, as well as international scholars/physicians/dentists is required.
- Advertising to communities and outlets that connect specifically with underrepresented groups would support recruitment of diverse applicants.

HIRING CONT'D

- Selection committees/panels should reflect racial diversity.
- Gain a better understanding of where faculty need support when it comes to EDI and hiring.
- Job searches need to integrate EDI that intentionally search for women and underrepresented people.
- More explicit direction about EDI needs to be provided to hiring committees.
- CIHR requires an EDI representative on each committee. This should be extended to the School.

ADMISSIONS

- Set up a role modeling/mentorship support program similar to Community of Support at University of Toronto, which will encourage and foster an inclusive environment for applicants of underrepresented populations to meet mentors, receive application support and build network/experiences.
- Develop and offer support for BIPOC individuals across the continuum with pre-admission support to develop the pathway into medicine, dentistry and graduate training and targeted early career leadership training.
- Address and train on unconscious bias for individuals involved in admissions.
- Continue to gather data on admissions to better understand the students who comprise programs.

GENERAL RECOMMENDATIONS

- Survey community to determine how we are doing in meeting objectives and taking action.
- Promote intersectionality and the importance of protecting marginalized groups.
- Ensure that Schulich Medicine & Dentistry, all Western faculties and Western centrally have synergistic work in this realm.
- Future conversations shouldn't focus on what we have to achieve rather what we want to achieve. What values do we want to embrace and how do we want those values reflected in our policies, structure and decision-making bodies?
- Trying to fix everything at once is not possible, need to have a group of experts to guide us and be empowered to address action items and recommendations.

LETTER FROM MD PROGRAM STUDENTS

A Letter to our Medical Educators: Racism affects patients and your students every day. Please help us serve our community by addressing it.

June 3, 2020

Dear Drs. Yoo, Rosenfield, Tithecott, Northcott, Joy, Jacobs, and Stein,

We write to you, not as experts, but as students and imperfect allies searching for a more equitable way forward. The recent deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and the uncertainty regarding the passing of Regis Korchinski-Paquet have made it clear to us as a student body that we must engage more actively in anti-racism. Their deaths follow a long, historical line of people of colour, the majority Black and Indigenous, killed at the hands of law enforcement and/or racist ideologies.

In the face of injustice, we are asking ourselves how we can fight for a society that is fair for all. As physicians-in-training, we want to start by examining ourselves and our profession and we are asking for your help to do so. We recognize that much work has already been done in the curriculum to educate medical students in social issues. However, we believe it is pertinent to re-visit with a more focused lens to ensure we strive to deliver high-quality anti-racist medical care, education, and research.

In medical education, race has often been viewed and presented as a 'biological truth' that can be quantified and confers some form of medical consequence. We are taught that black skin should remind us to consider sickle cell anemia, to adjust our eGFR calculations, and to consider 'atypical' presentation of skin pathology. However, the discussion is incomplete without teaching how race influences health status through social constructs. What choice do students have but to believe that "people who have this skin colour must be at higher risk of illness"? We must also acknowledge the lack of Black students as we look around our classrooms. The small representation of Black medical students at our institution remains a trend year after year. How well are we trained to care for our patients with this lack of accurate representation, both in our lecture content and in our classmates?

In their article "[The elephant in the room: talking race in medical education](#)", Drs. Sharma and Kuper (2016) advocate to medical educators that race should be taught as a social construct, rather than biological truth. They use the term racialization to emphasize that it is society that is racially focused, not our biology. They also advocate for fostering race consciousness in our staff, faculty, and learners. This is an acknowledgement that racialization affects each of us, irrespective of skin colour, but that skin colour designates how this process impacts us as an individual.

“Understanding race as a social construction can fundamentally change how medical educators, trainees, and education researchers conceptualize racialized health disparities”

- Sharma and Kuper (2016)

To this end, we call on the Schulich School of Medicine & Dentistry to take concrete action in re-addressing how race is implicitly or explicitly woven in our policies, curriculum, and practices, and actively deconstructing those to be more equitable for all. We call on this with the recognition that some have lived experience with racialized identities, while many others do not. We ask you to consider the following actions:

ACTIONS FOR NOW

- I. Adopt a formal, public statement condemning racism and acknowledging the existence of systemic racism within Canadian medical education
- II. Distribute an anti-racism reading list to all medical learners (please see suggested reading list below)

Give racialized students access to tailored peer and institutional support Actions Moving Forward
(adapted from the [Canadian Public Health Association](#))

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RECOMMENDATION	EXAMPLE ACTIONS
<p>Undertake school-wide reviews of admissions and retention of undergraduate medical education and postgraduate medical education</p>	<ul style="list-style-type: none"> • Reassess MCAT requirements and other medical admission application hurdles that disproportionately affect racialized applicants • Examine admission rates by race and ethnicity, and take action to address disparities, in accordance with CACMS Accreditation Standard 3.3
<p>Implement assessment methodologies to identify and remove racist policies, curriculum, and other practices</p>	<ul style="list-style-type: none"> • Implement a Social Accountability Dean position and/or Committee that systematically reviews policies and curricula for implicit or explicit racism, and creates a culture of social responsibility in our programs, in accordance with CACMS Accreditation Standard 1.1.1 • Examine lecture material regarding how race is taught with respect to certain disease states, to ensure race is framed as a social construct and keeping intersectionality at the forefront, in accordance with CACMS Accreditation Standards 7.2, 7.6, 8.3 • Review research activity as a potential “site of racialization” and current epistemology as a source of implicit racism (Sharma and Kuper 2016) • Create policies to protect racialized students’ rights to dismiss themselves from any situation where they experience racism without fear of being reprimanded for a “professionalism” lapse, in accordance with CACMS Accreditation Standards 3.4-3.6
<p>Provide mandatory, rigorous and system-wide anti-racism and anti-oppression training for all staff, faculty, and students within the School</p>	<ul style="list-style-type: none"> • Collaborate with external organizations to bring facilitated and longitudinal discussions to staff, faculty, and learners surrounding racism and self-reflection on how the medical profession and we as individuals are shaped by racist structures, in accordance with TRC Calls to Action #24 and National Inquiry into Missing and Murdered Indigenous Women Calls to Justice #7.6
<p>Monitor for stereotyping, discrimination, and racist actions and take corrective actions.</p>	<ul style="list-style-type: none"> • Use the Faculty of Medicine platform to exercise community leadership and condemn racism in our communities (e.g. publicly condemn racist death threats sent to London city councillors, Arielle Kayabaga and Mohamed Salih)

No amount of action from any single person or institution can adequately address the complexity of racism in Canada. In the same way, these recommendations are neither perfect nor comprehensive. However, we believe that this does not absolve us from working within ourselves, within our institution and within our profession to break down the racist structures that we uphold. We look forward to hearing your plan and working with you to continue improving and growing through concrete actions.

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Written in consultation with our Black classmates: Dr. Michelle Quaye (Class of 2020), Ahmed Abbas (Class of 2021), Mobolaji Adeolu (Class of 2021), Shanté Blackmore (Class of 2021), Merhu Abel Berhe (Class of 2023)

Endorsed by the Black Medical Students' Association of Canada: Gbolahan Olarewaju (Chair, UBC Class of 2023), Sabreena Lawal (Ontario Regional Director, Queen's Class of 2022)

Endorsed by the Schulich Hippocratic Council: Jessica Garabon (President, Class of 2022), Montana Hackett (President-elect, Class of 2023)

Sincerely,

Adrina Zhong and Joshua Quisias Schulich Medical Students, Class of 2021

With support from the student body:

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Tharsan Kanagalingam, Class of 2023
Dr. Therese Hanlon, Class of 2020
Thulasie Manokaran, Class of 2021

Tiana Downs, Class of 2024
Dr. Tiffany Burger, Class of 2020
Tishya Parikh, Class of 2021
Tristan Duffy, Class of 2022
Dr. Trystan Nault, Class of 2020
Tyler Stratton, Class of 2023
Umangiot Kaur Bharaj, Class of 2021
Utbah Kazi, Class of 2023
Vanessa Montemurri, Class of 2023
Vicky Vo, Class of 2022
Victor Polins Pedro, Class of 2022
Dr. Victor Pope, Class of 2020
Victor Tat, Class of 2021
Victoria Candy, Class of 2021
Vivian Tia, Class of 2021
Wendy Wang, Class of 2022
Wesley Tin, Class of 2021
Xiaoxiao (Daisy) Deng, Class of 2024
Yael Campanile, Class of 2023
Dr. Yashoda Valliere, Class of 2020
Dr. Yifan Zhang, Class of 2020
Yoni Levin, Class of 2023
Youshan Ding, Class of 2023
Yueyang, Class of 2023
Zachary Weiss, Class of 2022
Zahra Taboun, Class of 2024
Zara Ahmad, Class of 2024
Zara Kiani, Class of 2023
Ziad Sabaa-Ayoun, Class of 2022
Zoë Piquette, Class of 2024
Dr. Zoha Hassan, Class of 2020

SUGGESTED READING LIST

The elephant in the room: talking race in medical education:

An article by two Canadian physicians discussing how we treat the concept of race in medical education.

Canadian Anti-Racism Resources:

Compiled by Queen's medical students and includes podcasts, organizations to follow on social media, documentaries, and other readings.

The Kidneys in Black and White: Inheriting Medical Racism:

An article by a medical student from the University of Washington outlining the genealogy of racism in medical thinking.

When Black medical students weren't welcome at Queen's:

An article about when Queen's banned Black medical students in order to improve their reputation.

The Flexner Report:

A 1910 report that served as the basis of medical education in Canada and the US as we know it today. The report also includes a section describing Black communities as sources of disease and discouraging training Black students in medicine.

Myths about Physical Racial Differences were Used to Justify Slavery - and Are Still Believed by Doctors Today:

An overview of historical medical experiments and unproven biological "truths" the medical community used to justify slavery.

The White Space:

Characterizes the experience of Black people navigating predominantly white spaces with narrative examples.

London, Ontario Was a Racist Asshole to Me:

A Western alumnus' experiences with racism at Western University and in London.

Teaching Diversity: The Science You Need to Know to Explain Why Race Is Not Biological:

Written for social scientists and educators to help teach race as a social construct through a scientific lens.

Remembering 27 Black, Indigenous, and racialized people killed by Canadian police

The intersectionality wars:

An interview with the professor Kimberlé Crenshaw, who coined the term 'intersectionality', and an overview of the origins of the term, why it's become controversial.

White Privilege: Unpacking the Invisible Knapsack:

Dr. Peggy McIntosh's essay on white privilege, using examples from her own experiences.

Racism and Public Health:

A position statement from the Canadian Public Health Association with recommendations

**ADDRESSING ANTI-RACISM AT SCHULICH MEDICINE & DENTISTRY RETREAT
PLANNING COMMITTEE**

Mobolaji Adeolu

Olivia Reshmi Ghosh-Swaby

Susanne Schmid

Danielle Alcock

Alicia Gordon

Megha Shetty

Merhu Berhe

Montana Hackett

Robert Stein

Amrit Bhogal

Lawrence Jacobs

Javeed Iqbal Sukhera

Shaily Brahmabhatt

Kate Jacques

Gary Tithecott

Lois Champion

Saadia Jan

Kathryne Van Hedger

Chandlee Dickey

Tisha Rosalin Joy

Charanjit Virk

Thomas Drysdale

Alexandra Levine

Christopher John Watling

Jessica Garabon

Sandra Northcott

Bertha Garcia

Jennifer Párraga

RETREAT ATTENDEES
SEPTEMBER 28, 2020

Andrea Lum	Rebecca Barnfield	Carole Creuzenet	Sandra Northcott
Mike Motolko	Kyle Massey	Rachel Halaney	Merhu Berhe
Yiannis Iordanous	Robert Hammond	Scott McKay	Tim Doherty
Saadia Jan	Evelyn Vingilis	Subrata Chakrabarti	Pam Bere
Andy Hrymak	Shaily Brahmbhatt	Frank Beier	Kelcie Ann Lahey
Ana Cabera	Greg Dekaban	Kathryne Van Hedger	Shante Blackmore
Kathy Roth	Dan Lizotte	Sylvia Penuela	Robert Stein
Rod Lim	Geoff Bellingham	Courtney Newham-Kanas	John Yoo
Steve Kerfoot	Homer Yang	Rithwik Ramachandran	Azin Orumchi
Sam Asfaha	Javeed Sukhera	Mary Benson-Albers	Hanna Chang
Arif AlAreibi	Danielle Alcock	Lloy Wylie	Adrean Angles
Rini Ilangomaran	Divya Santhanam	Ramina Adam	Terri Paul
Valerie Schulz	Kevin Fung	Charys Martin	Sharron Burrey
Tracey Crumley	Shivani Shah	Tisha Joy	Lisa Johnson
Bertha Garcia	Al Day	Ram Singh	Steve Wetmore
Jim Calvin	Teresa VanDeven	Mobalaji Adeolu	Nassisse Solomon
Montana Hackett	Adrina Zhong	Chanaranjit Virk	Karen Gingrich
Alison Allan	Rebekah Jacques	Gildo Santos	Harsh Zaran
Jeff Frisbee	Aturan Shanmugalingam	Jamie Wickett	Greg Berezinck
Alan Shephard	Shannon Venance	Natasha Holder	Michelle Devito
Paul Woods	Anita Woods	Gaeul Lee	Fred Ross
Daniel Smoke	Jennifer Ho	Dayana Kibilds	Chandlee Dickey
Mary Lou Smoke	Ilke Heinemann	Tom Drysdale	Kristina Fornelos
Rushil Chaudhary	Chris Watling	Kyra Harris-Schulz	Isabella De Blasi
Karishma Desai	Olivia Reshmi Ghosh-Swaby	Alicia Gordon	Lois Champion
Gary Tithecott	Narinder Paul	Larry Jacobs	David Steven
Brintha Sivajohan	Yodit Tesfagiorgis	George Kim	Joshua Quisias
David Driman	Craig Campbell	Mike Haddad	Kang Howson-Jan
Ava John-Baptiste	Rob Bartha	Taylor Dear	Jill Sangha
Karishma Desai	Grace Parraga	Susan Munro	Aruna Koushik
Robin Bessemer	Ravi Menon	Emil Schemitsch	Ali Tassi
Glenn Baumann	Susanne Schmid	Michelle Barton Forbes	Taryn Taylor
Alexandra Levine	Jessica Garabon	Ana Cabrera	Daniela Keren
Jennifer Parraga	David Litchfield	Ian Massetti	Danielle Ouellette
Saverio Stranges	Savita Dhanvantari	Andrea Andrade	Melissa Cookson
Greg Gloor	Sayra Cristancho	Megha Shetty	

QUESTIONS RAISED DURING LEARNER TOWN HALL

On October 28, 2020, Dr. John Yoo hosted a Learner Town Hall at the School. During the Town Hall, the Dean presented information about the Anti-racism Retreat and some of the learnings and recommendations. The majority of the time was dedicated to responding to questions from learners. The following is the list of questions asked.

[An audio recording of the town hall is available.](#) (Western OWL credentials required.)

- How would you balance sanctions while also allowing room for individuals to learn and grow from mistakes for students and faculty who committed an act of discrimination and/or racism?
- What are the impacts of, and how can we combat/improve upon - the race correction used in clinical algorithms in medicine for risk assessment and outcomes, like the MDRD equation in nephrology, etc?
- There is almost no intellectual diversity at Schulich, with the vast majority of learners being left leaning and metropolitan. What steps are being taken to encourage intellectual diversity?
- Recent 'controversy' at uOttawa where a prof was suspended for using the N word in class. What will Western do to ensure that profs can teach controversial & offensive topics w/o being censored? Adding to the Q re: "'controversy' at uOttawa". What will Western do to ensure that difficult content is discussed without using racial slurs, and help learners understand why this is not censorship?
- With the creation of EDI committees at other Medical Schools, what is Schulich's position going forward on similar endeavours?
- Are there positions to facilitate EDI initiatives going forward?
- Has Western implemented any strategies to educate students enrolled in Health/Medicine programs regarding racism against people of color in hospitals?
- Schulich introduced a mandatory \$10,000 prep course for the ITD Program simply for applying to the school. Policy wise - isn't this discriminatory and akin to exclusion based on financial status?
- How can learners hold Schulich accountable for their reported strategies in anti-racism work?
- Who will ensure the work is done? Is this work adequately funded?
- What initiatives on anti-racism work are currently underway at Schulich? Has/have there been any success in this work?
- Are scholarships, programs, or designated seats available to marginalized groups who are interested in applying to Schulich programs (medicine/dentistry/graduate studies)?
- It is important for Schulich to implement anti-racism work on all levels including within leadership and faculty. How has Schulich educated faculty, administration, and staff on racism in the academy?



ANTI-RACISM REPORT 2021

RETREAT AND LEARNER TOWN HALL

- Do you believe there are any foreseeable barriers to anti-racism work at Schulich?
- Is there a timeline where we will see the work that is to be done on anti-racism?
- How has Schulich best informed incoming learners on racism in the academy and how to respect or be allies for peers? Learners' experience racism in many ways during their uni career. Do you believe leadership and faculty are aware of learners' who've experienced racism? Are faculty diverse enough to understand?
- Who at Schulich can learners' across all programs go to about issues with racism or even ideas/programming on anti-racism work?
- Graduate students & postdoctoral fellows often feel separate from the Schulich identity. Where are they supposed to safely go if they are experiencing racism from peers or supervisors?
- How do you plan to work anti racism and EDI into the upcoming strategic plan?
- How will you make sure the voices of marginalized groups are included in decisions? University of Toronto Medicine has an Office of Inclusion and Diversity and Queen's Medicine has an EDI Committee.
- How will Schulich stay at the forefront of EDI leadership?
- In what ways is Schulich currently supporting the Land Defenders at 1492 Landback Lane?
- What investments does UWO currently have in exploitative resource extraction of Indigenous land and what role will Schulich play in demanding divestment?
- How do we create a culture at Western/Schulich that both improves EDI awareness but also avoids unchecked cancel culture?
- How do we preserve the University's role as a free intellectual platform?
- The curriculum thus far went only as far as presenting social determinants of health in relation to patient risk factors/adverse outcomes. Will we ever focus on social justice, or strive to break down?
- There is almost no intellectual diversity at Schulich, with the vast majority of learners being right leaning and conservative. What steps are being taken to encourage intellectual diversity?
- When we are talking of discrimination, are we in covering race or culture or does it also extend to financial disparity?
- When can students expect to see a post-retreat report or some form of an action plan?
- Are there any specific takeaways or steps being taken that can be shared now?



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