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Trump's war on diversity in medical education could shorten Americans' lives

Building a diverse medical workforce is a crucial step to improving population health outcomes, write **Gavin Yamey** and **Michael D Green**

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The Trump administration and its allies have recently taken several steps to ensure that medical schools in the US dismantle all diversity, equity, and inclusion (DEI) policies. The consequences that this will have for Americans' health are likely to be catastrophic because research has shown that having a physician workforce that represents the population can improve patients' experiences and outcomes.[1 2]

In July 2025, the conservative non-profit organisation America First Legal, which was founded by Trump adviser Stephen Miller and has been described as an "attack dog" for the Trump administration,[3] filed a complaint to the US Justice Department against the Johns Hopkins University School of Medicine. It alleges that the school's promotion of DEI actively discriminates against people on the basis of race, sex, and other identity based characteristics.[4] Even before Trump's return to power, Miller had reportedly planned to "change the government's interpretation of civil rights-era laws to focus on 'anti-white racism' rather than discrimination against people of colour."[5]

In May, an executive order targeted the use of DEI based standards in accrediting medical schools and medical residency programs.[6] More recently, the secretary of health and human services, Robert F Kennedy Jr, and education secretary Linda McMahon sent our institution, Duke University, a letter that demands Duke University School of Medicine end any policies supporting DEI in "recruitment, student admissions, scholarships and financial aid, mentoring and enrichment programs, hiring, promotion, and more."[7]

The intent of all these actions is clear: to terminate policies that create a diverse medical workforce—one that looks like America—and which has doctors with lived experience that gives them insights into their patients' lives.

The Trump administration and its allies argue that schools that consider race and socioeconomic status are not factoring in merit. For example, America First Legal's complaint alleges that the Johns Hopkins University School of Medicine uses "race based admissions practices" that are part of a "university-wide regime of racial engineering."[4] The notion that US medical schools have abandoned merit in promoting DEI is baseless: there was no decline in medical college admission test (MCAT) scores over the past six years,[8] and it has never been more competitive to get into medical school.[9] Even with the adoption of DEI policies, black and Hispanic students are still under-represented in medical school and the enrolment of students from these groups is falling.[10]

America First Legal also criticises the school for its financial aid program, which makes tuition free for students whose families earn less than $300 000 (£225 000) a year. America First Legal argues that with this program, "Johns Hopkins is using 'socioeconomic status' as a proxy for race based admissions."[4] In June 2023, the US Supreme Court ruled that universities were no longer allowed to include race as a factor when considering admissions.[11] Since then, it has become a common trope among anti-DEI campaigners that universities are admitting students from low income households as an indirect way to achieve racial diversity.

Unlike the backgrounds of Donald Trump, his advisers, and the main beneficiaries of his policies, it is very common for American families to earn less than $300 000—in fact, around two thirds of the medical students at Johns Hopkins qualify for free tuition.[4] By eliminating the financial barrier to attendance, candidates who might otherwise be unable to pursue medicine owing to their parents' income can currently do so. Increasing the proportion of students of low socioeconomic status is important for two reasons. Firstly, studies have shown that students of low socioeconomic status are more likely to go on to practice as physicians in low socioeconomic status areas and to serve underserved patients.[12 13] Secondly, patient outcomes are improved by matching the composition of the health workforce with the community it serves.[14] High income households are currently over-represented in the US medical student body,[15] and removing financial aid programs, such as the one at Johns Hopkins, is likely to further exacerbate the under-representation of students from lower income households.

If DEI policies in US medical education and training are shelved, it would be a huge backward step for the US population's health. These policies are not just about providing fair opportunities to all students. They are a matter of life and death.

Take, for example, the results of a US nationwide cohort study that found that black people who live in areas with more black doctors live longer, narrowing the gap in the mortality rate between black and white people.[16] For every 10% increase in the number of black primary care physicians, the life expectancy of black residents rises by about one month.

Compared with the health systems of other high income nations, the US health system performs poorly in providing accessible, affordable, high quality prevention and treatment services.[17] People in the US can miss out on care for many reasons—from poverty to lack of health insurance. One particularly shameful reason is that ethnic minority populations experience disproportionate difficulty in getting quality care, which can be caused by racism and discrimination within the health system.[18]

A recent study of electronic health records found racial bias in clinicians' assessment of patients' credibility.[19] Specifically, "clinicians were more likely to insinuate in the electronic health record that black compared to white patients were not truthful and not competent in reporting their own experiences." In the emergency department, black patients wait longer to be seen by a clinician.[20] These kinds of barriers lead to large inequalities in health outcomes, including life expectancy, between black and white Americans.[21 22] A crucial way to end these inequalities is to build a diverse medical workforce.

Building such a workforce improves our nation's health through a variety of routes. Increasing diversity in the physician workforce expands the health safety net.[23] Research shows that physicians from an ethnic minority background are more likely to care for patients that are sicker, less affluent, and uninsured or on Medicaid, and to practice in underserved areas.[24 25] A diverse physician workforce also helps in providing culturally competent healthcare and serving the needs of a diverse population.

If the Trump administration and its allies succeed, and the US medical workforce looks even more like only those who can afford to have the best test tutors and attend elitist schools without loans, we can expect Americans who aren't among the wealthy few to become sicker and die younger.[26] It is patients who will be the victims of the war on DEI in medical education and training, not just the institutions that the administration seeks vengeance against.

The views in this article are the authors' own and do not necessarily reflect the views of their institution.

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