The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Answering the Call — Sustaining Equity Efforts in the Face of Regression

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"I'm so sorry," the caller began, "I never thought I'd have to tell you this." She was the site lead at a Veterans Affairs hospital — a linchpin of our ongoing national study of a health equity curriculum aimed at training physicians to consider diversity, equity, and inclusion (DEI) principles in clinical decisions — and she sounded hesitant, her voice heavy. "We have to pull out of the study. It's illegal for us to participate because of the new ban on DEI."

The air seemed to leave the room, replaced by disbelief. Surely what she was saying couldn't be true. Our study was not controversial, let alone something that could ever be described as illegal. Years of work — starting with a local needs assessment conducted along with community partners and evolving into a multi-institutional effort to equip clinicians with the tools to address the historical and systemic roots of health disparities — were suddenly unraveling. The call also reflected something deeper: a turning point, a reckoning.

As a field, medicine has been grappling with its own inequities. Racial health disparities are well documented, persistent over time, and resistant to change despite the best intentions of many clinicians.[1] These disparities are not accidents: they are the result of historical policies, codified biases, and systemic neglect.[2] Addressing them requires more than acknowledgment. It demands action that is deliberate, evidence-based, and sometimes uncomfortable.

Our curriculum grew out of this conviction, with case studies and content designed to help clinicians confront the uncomfortable and generally undiscussed: implicit bias contributing to disparities in maternal mortality, race "corrections" in clinical calculators, the lasting health inequities shaped by redlining — a discriminatory practice that systematically denied mortgages to people of color — and more. Work to mitigate health disparities, whether through education or research, is grounded in a substantial body of research and science that identifies such inequity as an urgent health care crisis.

Health equity, as defined by the Centers for Disease Control and Prevention, is "the state in which everyone has a fair and just opportunity to attain their highest level of health." This principle is embedded in the missions of accrediting bodies (the Joint Commission), regulatory agencies (the Centers for Medicare and Medicaid Services), and medical education institutions (the Association of American Medical Colleges and

the Accreditation Council for Graduate Medical Education). Casting equity initiatives as controversial or even criminal, as the new U.S. administration is doing, forces our field to confront its own conscience. What does it mean for medicine to be complicit in systems that uphold inequity? And what is its responsibility in dismantling them?

The most jarring aspect of the call we received was the seemingly arbitrary overnight change in priorities. Our work had gained traction over the years. Our curricular framework was published and disseminated.[3] We were invited to present at peer institutions around the country. We received multiple grants to develop the curriculum further and study its impact. Clinicians shared feedback on how the curriculum had challenged their assumptions, opened their eyes to blind spots, and given them strategies for providing better care to their patients. Our work felt acknowledged and valuable. But with one call, it came to a screeching halt. For our project, the impact was swift and devastating. Yet the implications of the DEI ban extend beyond individual studies like ours. The message is unmistakable: the pursuit of equity is now under threat.

The executive order to which the site lead referred, issued by President Trump on Inauguration Day, bans DEI initiatives at federal agencies. The policy, cloaked in language about fairness and neutrality, remains vague, but prohibits federal agencies from engaging in any DEI activities. A new reporting mechanism has even been established, encouraging anonymous reports of DEI-related efforts and thereby casting a shadow of suspicion over this work and halting the progress that has been made.

Backlash in the face of progress is not an anomaly; it is part of a historical pattern that underscores the duality of progress: it is fragile yet persistent. The civil rights movement of the 1960s didn't end with the passage of the Voting Rights Act; it laid the groundwork for generations of activists. The women's liberation movement didn't stop with securing the right to vote; it created a platform for ongoing efforts for gender equality. Each push for equity has been met with a counterforce — a recalibration, as society grapples with discomfort and change. The pendulum swings, and with each push forward, there is a pull back. This moment is no different.[4] Though public opinion may shift in favor of justice over time, the pendulum's swing reminds us that progress is neither linear nor inevitable.

But the costs of regression are not theoretical: they are lived. Patients from marginalized communities bear the brunt of regressive policies in medicine, and they will continue to face unchecked biases, widening disparities, underrepresentation, and eroded trust in systems that are meant to serve them. The consequences can be measured in missed and late diagnoses, inadequate treatment, and lives damaged by structural failures. Policies like the DEI ban also rob the medical field of its potential, stifling the innovation and compassion that diverse perspectives bring.

The call from our colleague marked a loss, but it was also a call to action. For the medical community, this moment demands a renewed commitment to equity. It calls for clinicians, educators, and researchers to sustain the work toward equity and justice, despite the headwinds we face. It calls for institutions to protect and prioritize initiatives that address disparities. And it calls for all of us to confront the discomfort of change with courage and resolve. Equity in medicine is not an ideal to be debated or a goal to be deferred — it is a necessity. The barriers we face today are reminders of why this work matters, of the lives it touches and the future it shapes. Despite the obstacles, this work will endure — because it must.

Disclosure forms provided by the authors are available at NEJM.org.

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This article was published on February 12, 2025, at NEJM.org.

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DOI: 10.1056/NEJMp2501471