

Part I: Viewpoint — Does American medicine perpetuate a ‘racist caste system’? Critical Race Theory enters mainstream health

Medical schools are [adding units](#) on [critical race theory](#), intersectionality, implicit bias, identity, oppression, [allyship](#), power and privilege to their curricula. Medical students are learning about medical exploitation and medical experimentation on enslaved blacks, black prisoners and other unwitting subjects. And [staple reading](#) assignments in med schools feature [such non-medical polemics](#) as Robin DiAngelo’s “White Fragility” and Ibram X. Kendi’s “How to Be an Antiracist.”

Follow the latest news and policy debates on sustainable agriculture, biomedicine, and other ‘disruptive’ innovations. Subscribe to our newsletter.

[SIGN UP](#)

Such developments trouble skeptics worried about the repercussions for patient care and for the training of physicians. They say the moral fervor reduces complex policy to simplistic slogans and indiscriminately blames all racial disparities on a nebulous menace – white supremacy or systemic racism – while discounting the influence of cultural differences and individual initiative. It then attacks the perceived problem through blunt weapons as such racial preferences, ideological conformity and emotional blackmail.

“The fundamental problem with social justice in public health is that there are no limiting principles to it,” American Enterprise Institute senior fellow and author Sally Satel [wrote in the journal Liberties](#) this year.

[Read the original post](#)