

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

APR 12 2023

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS**

TAMMY H. DOWNS, CLERK
By: Kittayn DEP CLERK

DO NO HARM,

Plaintiff,

v.

KENYA L. EDDINGS, in her official capacity
as Arkansas Minority Health Commission
Executive Director,

Defendant.

Case No. 4:23-cv-347-LPR

This case assigned to District Judge Rudafsky
and to Magistrate Judge Volpe

COMPLAINT

1. One Arkansas agency runs a scholarship—the Minority Healthcare Workforce Diversity Scholarship—that discriminates against students based on their skin color.

2. To be eligible for the scholarship, an applicant must “confirm that [he is] a racial minority,” meaning “African American, Hispanic, Native American/American Indian, Asian American or Marshallese.” *See* Ex. A. In other words, Arkansas’s white and Arab-American students need not apply.

3. The scholarship is blatantly illegal. The Equal Protection Clause requires racial classifications to satisfy strict scrutiny, and the scholarship’s gross racial exclusion obviously fails. The scholarship should be declared unconstitutional and promptly enjoined.

PARTIES

4. Plaintiff, Do No Harm, is a Virginia-based, nationwide membership organization consisting of a diverse group of physicians, healthcare professionals, students, patients, and policymakers who want to protect healthcare from radical, divisive, and discriminatory ideologies and policies.

5. Do No Harm accomplishes its mission through education and advocacy about the divisive and discriminatory ideas being embedded within medical education, training, research, practice, and policy. It has, among other things, sued the Biden administration for introducing discriminatory “equity” criteria into Medicare, sued private medical organizations for creating racially exclusive

fellowships, and filed OCR complaints against medical schools that create fellowships and scholarships that exclude students based on race.

6. Do No Harm has at least one member who is ready and able to apply for the scholarship if the scholarship program stops discriminating against white applicants.

7. Defendant, Kenya L. Eddings, is the Executive Director of the Arkansas Minority Health Commission (AMHC). The Director of AMHC is responsible for selecting scholarship recipients based on the scholarship's eligibility criteria. The AMHC is in the executive branch of the Arkansas government. The AMHC is based and located in Little Rock, Arkansas. Defendant Eddings is sued in her official capacity.

JURISDICTION AND VENUE

8. This Court has subject-matter jurisdiction under 28 U.S.C. §1331 and §1343.

9. Venue is proper under 28 U.S.C. §1391 because Defendant resides here and all the events and omissions giving rise to the claim occurred here.

FACTUAL ALLEGATIONS

A. The Arkansas Minority Health Commission and the Arkansas Department of Health provide racially exclusive scholarships.

10. Arkansas has “established the Arkansas Minority Health Commission.” Ark. Code. §20-2-102. Arkansas law declares that the “Department of Health” “shall collaborate with the commission to achieve healthcare equity in the State of Arkansas.” §20-2-103(a)(2)(B)(i). The law also requires that AMHC “report to the Secretary of the Department of Health” its work, including “[o]utlining plans for continuing and expanding in the coming year the program to reduce disparities in health and health care in this state.” §20-2-106.

11. Arkansas has “created a cash fund” for AMHC “to be used for expenses.” §20-2-205(a). Arkansas also permits AMHC to “receive grants and donations,” “which shall be deposited in

the State Treasury as cash funds and may be used for reimbursements for expenses of providing seminars or educational activities.” §20-2-205(b).

12. Among other powers and duties, AMHC must “[p]ublish evidence-based data, define state goals and objectives, and develop pilot projects for decreasing” “racial and ethnic minority disparities in health and health care.” §20-2-103(a)(7)(A), (8).

13. AMHC has exercised its powers to create the Minority Health Workforce Diversity Scholarship. Its stated objective is “to help increase diversity in the state’s healthcare workforce.” *See* Ex. B at 1.

14. AMHC has promulgated “Rules and Regulations” governing the scholarship. *Id.* at 1. These rules declare that AMHC “shall administer” the scholarship and that the “Director of the Arkansas Minority Health Commission has the final responsibility for selecting scholarship recipients pursuant to the mission, vision and goals of the Commission.” *Id.*

15. The rules also establish the scholarship’s eligibility criteria:

- a. “The applicant must be a citizen of the United States or a permanent resident alien.” *Id.* at 2.
- b. “The applicant shall be a bona fide resident of the state as defined by the Department of Higher Education for a minimum of twelve (12) months immediately before the date on which the student applies.” *Id.*
- c. “The applicant shall be enrolled in an approved institution of higher education as a full-time or part-time first-time student, as defined by the Department of Higher Education.” *Id.*
- d. “The applicant must be enrolled in a program of study that leads to or is creditable towards a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied

health, public health, and/or health related professions). These programs include graduate degree programs, baccalaureate degree programs, associate degree programs, qualified certificate programs and nursing school diplomas, which require concurrent college enrollment.” *Id.*

- e. “Applicants must certify that they are tobacco-free and must pledge in writing on the application form to refrain from the use of tobacco.” *Id.*
- f. “Applicants must represent a racial minority population underrepresented in health workforce. Minority populations as defined in Act 912 of 1991 include: Black American, Hispanic American, Native American/American Indian, and Asian American. The Arkansas Minority Health Commission also includes Marshallese as an eligible racial minority.” *Id.*

16. In addition to that express racial exclusion, the rules separately define “eligible applicant” to mean “minority applicant.” *Id.* at 3. And it reiterates that “minority” means “Black Americans, Hispanic Americans, Asian Americans and American Indian/Native American.” *Id.*; *see also* Ark. Code §20-2-101(2) (“‘Minority’ means black Americans, Hispanic Americans, Asian Americans, and American Indians.”).

17. As part of the application process, applicants “must complete the Minority Health Workforce Diversity Scholarship application and essay.” *See* Ex. B at 2.

18. AMHC “shall establish the deadline for receipt of applications each year.” *Id.* The “Scholarship is not automatically renewable,” and students “must apply each year.” *Id.* at 3.

19. The rules state that applications “will be reviewed for completeness and to determine whether the application meets all the required eligibility requirements.” *Id.* The AMHC “shall notify applicants who are determined to be ineligible and provide the reason for ineligibility.” *Id.* Awards

“will be made” to “minority students enrolled in a degree of study that leads to or is creditable towards a field of health.” *Id.*

20. The rules declare that the “amount of the annual scholarship awarded to each recipient shall be” \$1,000 for “full-time” students per academic year and \$500 for “part-time” students per academic year. *Id.* at 2. The AMHC “shall disburse scholarship funds to the approved applicants.” *Id.* at 3.

21. The scholarship’s “approved institutions” include “state-supported two-year or four-year college[s] or universit[ies] or technical institute[s] located in the State of Arkansas.” *Id.* at 3.

22. AMHC and the Arkansas Department of Health (ADH) create and publish the application for the scholarship. *See* Ex. A. The 2022-23 application bears the name of Defendant Eddings. *Id.* at 1.

23. Under a section titled “Eligibility,” the application requires that students confirm their eligibility by signing their “initial” next to each eligibility criterion. *See id.* at 1.

24. One of the criteria students must confirm is stated as follows: “I confirm that I am a racial minority (African American, Hispanic, Native American/American Indian, Asian American or Marshallese).” *Id.*

25. The application thus makes clear that (non-Hispanic) whites are excluded from applying.

26. On February 16, 2023, the ADH published a press release. *See* Ark. Dep’t of Health, *AR Minority Health Comm. Announces Recipients of Minority Health Workforce Diversity Scholarship* (Feb. 16, 2023), perma.cc/NR6R-VBUE. The release states that AMHC “awarded \$27,500 in scholarships to 29 minority students pursuing careers in health care and public health for the Spring 2023 school semester.” *Id.*

27. Defendant Eddings stated that the selected students “will help close the minority workforce diversity gap.” *Id.*

28. The ADH also maintains the website that includes links to the scholarship rules and regulations and application. *See* Ark. Dep’t of Health, *Arkansas Minority Health Commission*, perma.cc/Y7KU-C8N8.

29. The scholarship has existed since at least 2020. *See* *Minority Health Workforce Diversity Scholarship offered by Arkansas Minority Health Commission*, perma.cc/R5Y9-BKRA.

30. AMHC will continue to offer the scholarship in 2023, 2024, and future years.

B. Do No Harm has white members who are ineligible to apply to the scholarship based solely on their race.

31. Do No Harm has at least one student member who is being harmed by AMHC’s racially discriminatory scholarship.

32. Member A is a member of Do No Harm.

33. Member A is currently enrolled as a full-time student at a public university in Arkansas. Member A is currently a sophomore.

34. Member A is a U.S. citizen.

35. Member A is a resident of Arkansas and has been so for more than 12 months.

36. Member A expects to continue attending college in Arkansas in Fall 2023, Spring 2024, Fall 2024, and Spring 2025.

37. Member A is enrolled in a program of study related to the field of health: pre-nursing.

38. Member A is tobacco-free and would pledge in writing to refrain from the use of tobacco.

39. Member A is white. She is not Hispanic and does not meet the scholarship’s racial requirement.

40. Member A is interested in applying to the scholarship because it would provide her with financial assistance as she pursues her health-related education and career.

41. Member A meets all nonracial criteria for applying to the scholarship.

42. Member A is ready and able to apply to the scholarship for the next cycle if Defendant stops discriminating against white applicants.

43. Member A also would write a short essay addressing her notable qualities, her knowledge about minority health, and examples of her demonstrated leadership ability. *See* Ex. A at 4.

CLAIM FOR RELIEF
COUNT
Violation of the Fourteenth Amendment
(42 U.S.C. §1983)

44. Do No Harm repeats and realleges each of the prior allegations.

45. Section 1983 provides that “[e]very person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress.” 42 U.S.C. §1983.

46. The Fourteenth Amendment provides, among other things, that no person shall be denied “the equal protection of the laws.”

47. Defendant is operating the racially discriminatory scholarship, which categorically excludes white applicants, like Do No Harm’s Member A, from applying to and benefiting from the scholarship.

48. The “central mandate” of equal protection is “racial neutrality” in government programs. *Miller v. Johnson*, 515 U.S. 900, 904 (1995). “[W]henver the government treats any person unequally because of his or her race, that person has suffered an injury that falls squarely within the language and spirit of the Constitution’s guarantee of equal protection.” *Adarand Constructors, Inc. v. Peña*, 515 U.S. 200, 229-30 (1995).

49. “A racial classification, regardless of purported motivation, is presumptively invalid and can be upheld only upon an extraordinary justification.” *Shaw v. Reno*, 509 U.S. 630, 643-44 (1993). Thus, “any official action that treats a person differently on account of his race or ethnic origin is inherently suspect.” *Fisher v. Univ. of Texas*, 570 U.S. 297, 310 (2013). This principle “is not dependent on the race of those burdened or benefited by a particular classification.” *City of Richmond v. J.A. Croson Co.*, 488 U.S. 469, 494 (1989).

50. “[A]ll racial classifications, imposed by whatever federal, state, or local governmental actor, must be analyzed by a reviewing court under strict scrutiny.” *Adarand*, 515 U.S. at 227. This standard requires a “detailed examination, both as to ends and to means.” *Id.* at 236. Racial classifications can be upheld “only if they are narrowly tailored measures that further compelling governmental interests.” *Id.* at 227. Defendant bears the burden to “assert a compelling state interest” and “demonstrate that its [program] is necessary to serve the asserted interest.” *Burson v. Freeman*, 504 U.S. 191, 199 (1992).

51. The scholarship is a racial classification because, on its face, it includes and excludes students based on their race. It must satisfy strict scrutiny, which it cannot.

52. Defendant has no compelling interest. A “generalized assertion that there has been past discrimination in an entire industry” like health care is not enough. *See Croson*, 488 U.S. at 498. And Defendant has no evidence that the scholarship is a response to the State’s own prior discrimination against minority students.

53. The complete exclusion of white students is also not narrowly tailored. Blanket racial exclusions, with no individualized review, cannot be narrowly tailored. And there is no evidence that Defendant ever “considered methods other than explicit racial classifications to achieve [the] stated goals.” *Parents Involved in Cmty. Sch. v. Seattle Sch. Dist. No. 1*, 551 U.S. 701, 735 (2007).

54. Nor can Defendant show “the most exact connection between justification and classification.” *Wygant v. Jackson Bd. of Educ.*, 476 U.S. 267, 280 (1986). Even though the scholarship treats members of these minority racial and ethnic groups as monolithic, they have very different experiences and histories. The scholarship also excludes Arab Americans, even though that group has suffered immense discrimination. And it includes Asian Americans, even though there’s no evidence that the group is “underrepresented” in health.

PRAYER FOR RELIEF

Do No Harm respectfully requests that this Court enter judgment in its favor and against Defendants and provide the following relief:

- A. A declaratory judgment that the Arkansas Minority Health Commission Minority Healthcare Workforce Diversity Scholarship violates the Fourteenth Amendment to the United States Constitution;
- B. A permanent injunction barring Defendant from selecting student applicants based on race and from enforcing any and all racially discriminatory eligibility criteria when awarding the Arkansas Minority Health Commission Minority Healthcare Workforce Diversity Scholarship;
- C. A preliminary injunction granting the above relief throughout the pendency of this case and a temporary restraining order preventing Defendant from selecting any scholarship recipients until the Court resolves the preliminary injunction;
- D. Reasonable costs and expenses of this action, including attorneys’ fees, under 42 U.S.C. §1988 and any other applicable laws; and
- E. All other relief that Do No Harm is entitled to.

Dated: April 11, 2023

Respectfully submitted,



Cameron T. Norris* (TN Mem. # 33467)
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Arlington, VA 22209
(703) 243-9423
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*Application for admission pending

Ex. A



Arkansas Department of Health

Arkansas Minority Health Commission
5800 W. 10th Street, Suite 805 • Little Rock, AR 72204 • (501) 686-2720 • Fax: (501) 686-2722
Governor Asa Hutchinson
Renee Mallory RN, BSN, Interim Secretary of Health
Kenya L. Eddings, MPH, CWWS, Director

Arkansas Minority Health Commission Minority Healthcare Workforce Diversity SCHOLARSHIP APPLICATION FORM

Deadline: This application form and all other required documentation must be received by **Saturday, December 31, 2022 by 5:00pm(CST)**.

Email to: Onekia.Freeman@arkansas.gov. Questions? Call (501) 686-2720 (8:00 a.m. – 4:30 p.m. weekdays) or e-mail: onekia.freeman@arkansas.gov.

Website: arminorityhealth.com.

Required fields are indicated by an asterisk (*).

Eligibility: Students must meet these criteria to be eligible. **Please initial.**

1. ____* I confirm that I am a racial minority (African American, Hispanic, Native American/American Indian, Asian American or Marshallese).
2. ____* I am a citizen of the United States or a permanent resident alien (includes Washington, D.C., and Puerto Rico).
3. ____* I am a resident of Arkansas as defined by the Department of Higher Education for a minimum of twelve (12) months.
4. ____* I will be attending a college in Arkansas in the **Spring** semester of **2023**.
5. ____* I am enrolled in a program of study that leads to or is creditable toward a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied health, public health, and/or health related professions). These programs include graduate degree programs, baccalaureate degree programs, associate degree programs, qualified certificate programs and nursing school diplomas, which require concurrent college enrollment.
6. ____* I am tobacco-free and must pledge in writing on the application form to refrain from the use of tobacco.
7. ***Name:**
 - a. First name*-- Middle name(s) -- Last name*:

b. If it is different than your formal name, what do you prefer to be called?

8. ***Have you been awarded an AMHC scholarship before?**
____ Yes (What Year?: _____) or ____ No

9. ***Home address:** *The AMHC Scholarship Program is restricted to residents of Arkansas.*

*Address: _____

*City: _____ *State: _____ *ZIP: _____

10. ***Primary telephone:** (_____) _____

11. **Secondary telephone:** (_____) _____ **Extension:** _____

12. ***E-mail:** _____

13. **Date of Birth (MM/DD/YYYY):** ____/____/____

14. ***What school do you currently attend?**

*Name: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

What is your current GPA? _____

15. ***Race/Ethnicity:**

American Indian/Alaska White Asian Hispanic/Latino

African American Marshallese Other: _____

16. **Gender:**

Male Female

17. **Preferred Language:**

English Spanish Other: _____

18. ***Classification in the Spring 2023 semester:** _____

[freshman, sophomore, junior, senior, graduate, terminal degree (pharmacy, medicine, etc.), postgraduate]

19. ***What degree(s) are you pursuing?**

20. ***What profession or field of employment do you wish to enter with your college degree?**

21. ***Anticipated year of college graduation:** _____

22. **List any other postsecondary institutions you have attended:**

22a. Name: _____

City: _____ State: _____ Years: _____

22b. Name: _____

City: _____ State: _____ Years: _____

22c. Name: _____

City: _____ State: _____ Years: _____

23. * Essay:

Please compose an essay that addresses each of the following: your most notable qualities, your knowledge about minority health, and examples of your demonstrated leadership ability.

Attach your essay to this form. The essay is limited to no more than 1,000 words on two printed pages (approximately 6,000 characters). Recommendation: **Carefully proof your essay and know that well-written, short essays are admired.**

24. *Certification Statement:

I pledge to be tobacco free. "Tobacco" includes any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means or any component, part, or accessory of a tobacco product to include but not limited to: any lighted or unlighted cigarette, cigar, pipe, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, snus, and snuff, in any form including, "e-cigarette" and Electronic Nicotine Delivery Systems (ENDs). This pledge includes alcohol for applicants less than twenty-one years of age.

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Ex. B

MINORITY HEALTH WORKFORCE DIVERSITY SCHOLARSHIP

Guidelines

The Minority Health Workforce Diversity Scholarship is an award offered by the Arkansas Minority Health Commission to college students of a minority race who plan to pursue careers in the field of health. The goal of the scholarship is to help increase diversity in the state's healthcare workforce, which could have positive effects on both the health of minority populations and the quality of care in Arkansas.

Scholarship Eligibility Criteria

An applicant must meet the following requirements to be eligible to receive the Minority Health Workforce Diversity Scholarship:

- Must be a U.S. citizen or permanent resident alien
- Must be a bona fide resident of the state as defined by the Department of Higher Education for a minimum of 12 months immediately before the date on which the student applies
- Must be enrolled in a program of study that leads to or is creditable towards a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied health, public health and/or health related professions)
- Must certify they are tobacco-free and must pledge in writing on the application form to refrain from the use of tobacco
- Must represent a racial minority population underrepresented in health workforce (i.e. Black American, Hispanic American, Native American/American Indian, Asian American and Marshallese)

Scholarship Guidelines

Before completing the sponsorship application, please review the sponsorship guidelines below.

MINORITY HEALTH WORKFORCE DIVERSITY SCHOLARSHIP

RULES AND REGULATIONS

RULE 1 – ORGANIZATION AND STRUCTURE

I. The Arkansas Minority Health Commission (AMHC) shall administer the Minority Healthcare Workforce Diversity Scholarship. All formal communications shall be addressed to or signed by the Director of the Arkansas Minority Health Commission. II. The Director of the Arkansas Minority Health Commission has the final responsibility for selecting scholarship recipients pursuant to mission, vision and goals of the Commission.

RULE 2 – SCHOLARSHIP ELIGIBILITY CRITERIA

Eligibility Criteria: An applicant must meet the following requirements to be eligible to receive the Minority Health Workforce Diversity Scholarship:

A. The applicant must be a citizen of the United States or a permanent resident alien. B. The applicant shall be a bona fide resident of the state as defined by the Department of Higher Education for a minimum of twelve (12) months immediately before the date on which the student applies. C. The applicant shall be enrolled in an approved institution of higher education as a full-time or part-time first-time student, as defined by the Department of Higher Education. D. The applicant must be enrolled in a program of study that leads to or is creditable towards a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied health, public health, and/or health related professions). These programs include graduate degree programs, baccalaureate degree programs, associate degree programs, qualified certificate programs and nursing school diplomas, which require concurrent college enrollment. E. Applicants must certify that they are tobacco-free and must pledge in writing on the application form to refrain from the use of tobacco. "Tobacco" includes any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means or any component, part, or accessory of a tobacco product to include but not limited to: any lighted or unlighted cigarette, cigar, pipe, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, snus, and snuff, in any form including, "e-cigarette" and Electronic Nicotine Delivery Systems (ENDs). This pledge includes alcohol for applicants less than twenty-one years of age.

F. Applicants must represent a racial minority population underrepresented in health workforce. Minority populations as defined in Act 912 of 1991 include: Black American, Hispanic American, Native American/American Indian, and Asian American. The Arkansas Minority Health Commission also includes Marshallese as an eligible racial minority.

RULE 3 – APPLICATION PROCESS

I. Application Students must submit an application for the Minority Health Workforce Diversity Scholarship to the Arkansas Minority Health Commission. The Arkansas Minority Health Commission will provide application forms to any individual upon request. The applicant must complete the Minority Health Workforce Diversity Scholarship application and essay to be considered for the scholarship. **II. Submission of Application and Application Deadline** Any interested minority student planning to enroll in an eligible public or private college or university in Arkansas may apply.

The Arkansas Minority Health Commission shall establish the deadline for receipt of applications each year. The deadline date shall be clearly printed on the application. All applications and supporting documentation must be received by the Arkansas Minority Health Commission by the established deadline date in order to be considered. It is the responsibility of the individual applicant to ensure that the application is received by the Arkansas Minority Health Commission by the deadline date.

III. Amount of Scholarship The amount of the annual scholarship awarded to each recipient shall be as follows: A. A full-time recipient shall be awarded in the amount of one thousand dollars (\$1,000) per academic year; B. A part-time recipient shall be awarded in the amount of five hundred dollars (\$500) per academic year.

RULE 4 - AWARD PROCESS

Arkansas institutions of higher education will award the Minority Health Workforce Diversity Scholarship to eligible students based on the criteria below.

A. Awards will be made based on minority students enrolled in a degree of study that leads to or is creditable towards a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied health, public health, and/or health related professions).

B. Applications will be reviewed for completeness and to determine whether the applicant meets all the required eligibility requirements. Applicants will be notified regarding receipt of all required documentation of the status of their application.

C. The Arkansas Minority Health Commission shall notify the students of their status as eligible. The notice provides instructions for receiving an award and defines the recipient's responsibilities.

D. The Arkansas Minority Health Commission shall notify applicants who are determined to be ineligible and provide the reason for ineligibility.

RULE 5 – SCHOLARSHIP PAYMENT POLICIES

Payment of Scholarship

The Arkansas Minority Health Commission shall disburse scholarship funds to the approved applicants. The Arkansas Minority Health Commission shall send funds to the applicant via electronic funds transfer or state warrant, after verification of full-time or part-time enrollment in a state institution. The scholarship fund payment will correspond to academic terms or equivalent time periods at the eligible institution not to include summer terms. Students who withdraw from school may owe a refund to the program.

Minority Health Workforce Diversity Scholarship is not automatically renewable.

Students must apply each year and awards will be made based on the amount of funds available.

RULE 6 - PROGRAM DEFINITIONS

The following definitions are used in the Minority Healthcare Workforce Diversity Scholarship:

A. APPROVED INSTITUTION

A state-supported two-year or four-year college or university or technical institution located in the State of Arkansas that is accredited by the North Central Association, Commission on Higher Education, or has achieved candidacy status, and does not discriminate against applicants, or employees on the basis of race, color, religion, sex, age, handicap, or national origin, consistent with the provisions of applicable state and federal laws.

Arkansas Minority Health Commission Scholarship www.arminorityhealth.com

B. ACADEMIC YEAR

Fall semester and spring semester only.

C. CITIZEN

A person who is a U.S. citizen or a permanent resident alien. If the recipient is not a U.S. citizen, but a permanent resident alien, the recipient must attach a copy of the permanent resident alien card to the application.

D. ELIGIBLE APPLICANT

Any minority applicant who is enrolled in a program of study that leads to or is creditable toward a field of health (i.e. medicine, nursing, pharmacy, dental, radiology, allied health, public health, and/or health related professions).

E. MINORITY

Act 912 of 1991 defines minority as Black Americans, Hispanic Americans, Asian American and American Indian/Native American. The Arkansas Minority Health Commission also recognizes the Marshallese population as minority.

F. FULL-TIME STUDENT

Twelve (12) college credit hours or its equivalent per semester for the first semester and fifteen (15) credit hours or the equivalent thereafter.

G. PART-TIME STUDENT

Six (6) college credit hours or its equivalent per semester for students.

H. QUALIFIED CERTIFICATE PROGRAM

A program that is:

A. Offered by an approved institution of higher education;

B. Shorter in duration than an associate degree for which credit hours awarded are creditable towards an associate degree; and

C. Recognized by the United States Department of Education for financial aid purposes.

I. TUITION

Charges levied for attendance at an eligible institution of higher education including mandatory fees charged to all full-time or part-time students by the approved institution.

CIVIL COVER SHEET

4:23-cv-347-LPR

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS
DO NO HARM
(b) County of Residence of First Listed Plaintiff Henrico (VA)
(c) Attorneys (Firm Name, Address, and Telephone Number)
Cameron Norris, Consovoy McCarthy PLLC, 1600 Wilson Blvd., Ste. 700, Arlington, VA 22209, 703-243-9423

DEFENDANTS
KENYA L. EDDINGS, in her official capacity as Arkansas Minority Health Commission Executive Director
County of Residence of First Listed Defendant Pulaski
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.
Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)
1 U.S. Government Plaintiff
2 U.S. Government Defendant
3 Federal Question (U.S. Government Not a Party)
4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)
PTF DEF
Citizen of This State 1 1
Citizen of Another State 2 2
Citizen or Subject of a Foreign Country 3 3
Incorporated or Principal Place of Business In This State 4 4
Incorporated and Principal Place of Business In Another State 5 5
Foreign Nation 6 6

IV. NATURE OF SUIT (Place an "X" in One Box Only) Click here for: Nature of Suit Code Descriptions.

Table with columns: CONTRACT, REAL PROPERTY, TORTS, CIVIL RIGHTS, PRISONER PETITIONS, FORFEITURE/PENALTY, LABOR, IMMIGRATION, BANKRUPTCY, SOCIAL SECURITY, FEDERAL TAX SUITS, OTHER STATUTES. Includes various legal categories like Personal Injury, Real Property, Labor, etc.

V. ORIGIN (Place an "X" in One Box Only)
1 Original Proceeding
2 Removed from State Court
3 Remanded from Appellate Court
4 Reinstated or Reopened
5 Transferred from Another District
6 Multidistrict Litigation - Transfer
7 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION
Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
42 U.S.C. §1983.
Brief description of cause:
A suit challenging racially discriminatory policies under 42 U.S.C. §1983 for violations of the Equal Protection Clause of the Fourteenth Amendment.

VII. REQUESTED IN COMPLAINT:
CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ CHECK YES only if demanded in complaint: JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE DOCKET NUMBER

DATE Apr 11, 2023 SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY
RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**Authority For Civil Cover Sheet**

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. Origin.** Place an "X" in one of the seven boxes.
 Original Proceedings. (1) Cases which originate in the United States district courts.
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
 Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
 Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.