STATEMENT ON EXECUTIVE ORDER #13950

At the American Physician Scientists Association (APSA), we are committed to fostering a culture that values and celebrates all our members and their identities. The overarching mission of our organization is to help physician-scientist trainees—of all races, ethnicities, genders, sexual orientations, disabilities, and religions, at all levels of training—to thrive as they realize their educational and professional goals. We recognize that, to achieve this mission, we must make an active effort to dismantle the structures that contribute to inequity and injustice.

Executive Order (EO) #13950 issued by the White House on September 22 significantly undermines these efforts, as it prohibits the federal government as well as the recipients of federal funds from instituting training to combat systemic racism, bias, and inequity. APSA strongly opposes this policy and the language that is used in its justification, which is troubling and deeply misguided.

The EO suggests that diversity, equity, inclusion, and justice (DEIJ) work, in particular trainings that explicitly discuss the concepts of unconscious bias and white privilege, “promotes race or sex stereotyping or scapegoating” and “perpetuates racial stereotypes and division.” In support, the EO claims that these initiatives are rooted in “false beliefs,” which include the notion that “America is an irredeemably racist and sexist country; that some people…on account of their race or sex, are oppressors; and that racial and sexual identities are more important than our common status as human beings and Americans.” Additionally, this order suggests using color-blindness as a method to repair race relations. This method has been discredited repeatedly (Apfelbaum 2012; Peery 2011; Neville 2016) and suggests societal factors, including injustices, experienced by members belonging to different racial groups prohibit the act of perceiving a person with solely one common status. Race has little to no evidence of genetic basis (Rosenberg 2002) and is instead informed by societal contexts. Color-blindness ignores these sociopolitical aspects. Until societal contexts, including past national grievances and their sustained effects, are addressed, individual meritocracy and color-blindness are neither appropriate nor effective solutions.

These statements demonstrate the complete and utter failure of the current administration to grasp the basic principles of unity, empathy, and understanding that lie at the very core of DEIJ initiatives, which seek to ensure equity for individuals and communities of all identities. Further, APSA firmly believes that in order for DEIJ work to be effective, we must confront the injustices that have disproportionately affected marginalized communities, and in doing so, recognize that such disparities are a product of policies and institutions that continue to propagate inequity. At the same time, DEIJ work is also fundamentally grounded upon the belief that we can dismantle these injustices to strengthen our society. As such, we deny the aforementioned “false beliefs,” which do no more than perpetuate misinformation that wrongfully vilifies DEIJ initiatives in hopes of maintaining the status quo.

While this EO is specifically focused on DEIJ-related trainings, we recognize this is one of many steps this administration has purposefully taken to threaten diversity and the livelihoods of marginalized communities. Thus in response, in addition to expressing our fundamental disagreement with this EO, we
would like to reiterate the importance of diversity, especially within the scientific and medical communities APSA and our members actively participate in. Numerous studies have demonstrated the importance of working towards building a physician workforce that is more representative of our country as a whole. Patients are more satisfied with their care, have better outcomes, and are more likely to adhere to medical advice and utilize health services when they can relate to their providers (LaVeist 2002; LaVeist 2003; Cooper 2003; Traylor 2010; Greenwood 2018). Further, within the research community, studies have shown that author diversity has a strong positive correlation with the scientific impact of published research, as well as the frequency of publications and number of citations (Adams 2013; Freeman 2014; AlShebli 2018); additionally, teams that are more diverse outperform those that are more homogenous when completing complex tasks (Page 2017).

As such, here at APSA, we are unwavering in our commitment to foster a more equitable and just society that is inclusive of individuals of all backgrounds. We will expand upon our existing initiatives that seek to diversify the physician-scientist workforce. We also encourage our members to take individual action to directly support programs that increase equity and diversity. This involves voting—not limited to presidential elections but also state and other local elections—to express support for DEIJ initiatives through choices on the ballot (Thrower 2017). Other actions include asking institutional leadership to demonstrate their commitment to DEIJ-related programs, actively participating in and volunteering for such initiatives, and continuing conversations about the importance of a diverse physician-scientist workforce.

Physician-scientists are leaders in both science and medicine, and as such, we have a duty to promote justice and equity in these spaces in all facets—from diversifying our workforce to ensuring a safe, welcoming space for our colleagues and to, perhaps most importantly, championing the equitable treatment of our patients, both within and beyond hospital walls. As an organization devoted to serving the next generation of physician-scientists, we pledge our commitment to realizing this mission and thereby contributing to the creation of a community in which all individuals are treated fairly with the utmost respect and dignity to which they are inherently entitled. Science and healthcare are intimately tied to social structures and policies, and thus—we cannot pursue good research or patient care without such advocacy.

Signed,

Executive Council & Committees
American Physician Scientists Association
References


