October 21, 2020

On September 22, 2020, the President of the United States issued an Executive Order on Combating Race and Sex Stereotyping.[1] The Executive Order 13950 (EO 13950) avows to "promote economy and efficiency in Federal contracting, to promote unity in the Federal workforce, and to combat offensive and anti-American race and sex stereotyping." The EO goes on to prohibit the federal government and federal grantees from training that addresses systemic racism and bias in the workplace and directly censors the use of terms such as "race theory," "white privilege," and "unconscious bias." However, the EO's message itself demonstrates the systemic forms of discrimination that undermine the work to foster a culture of equity. These systematic exertions are in direct contrast to the Black Women Orthopaedic Surgeons Organization's (BWOS) mission to advocate for health equity.

After assessing the impact of the Executive Order, the implications are far-reaching and detrimental as outlined below:

Implications on the US Patient Population

It has historically been understood, albeit not always acknowledged, that systemic racism causes afflictions on diverse communities and contributes to healthcare disparities. These have resulted in higher rates of maternal and infant mortality, cancer, diabetes, and trauma. Furthermore, discriminatory healthcare practices (both intentional and unintentional) lead to Black and Hispanic patients being less likely to be treated at a specialty-based institution. They are also less likely to be referred to a medical specialist and more likely to have multiple visits before definitive interventions are offered. For minority patients seeking orthopaedic interventions, this results in poor mobility, decreased quality of life, progression of medical comorbidities, and higher postoperative complications.

Several medical institutions and socially conscious organizations have spent decades pursuing scientific research to improve minority health and reduce health disparities. This work is supported by the National Institute on Minority Health and Health Disparities (NIMHD.) As one of the 27 centers of the NIH, the mission of the NIMHD is to 1) "conduct and support research in minority health and health disparities" and 2) "promote the training of a diverse research workforce."[2] EO 13950 reduces NIMHD funding established to support and protect a diverse workforce. EO 13950 will potentially exacerbate healthcare disparities by limiting or eliminating minority patients' understanding, limiting access to care, and decreasing vulnerable healthcare institutions' funding.

Implications on the Healthcare Workforce and Medical Training

The BWOS remains committed to promoting a diverse workforce within the fields of medicine, in particular orthopaedic surgery. It is essential to the medical training for medical students, residents, and fellows that the adverse effects and consequences of systemic racism continue to be an educational requirement. The EO 13950 undermines these goals, disrupting the medical community's efforts to

address the multifaceted issues of diversity, equity, inclusion, and health care disparities. EO 13950 disrupts and prohibits the graduate medical education community's opportunity to advance physician workforce diversity and build safe, inclusive, and equitable learning environments for physicians to improve patient access and health care outcomes.

Minorities make up 29% of the medical workforce[4]. With Hispanics and Blacks as the highest proportion of the minority workforce, it is a direct affront to the advancements that have been made since the Civil Rights Movements to combat discriminatory hiring practices. The EO 13950 highlights these evolutions as an attempt to "sow division among the workforce by attempting to prescribe and impose upon employees a conformity of belief in ideologies that label entire groups of Americans as inherently racist or evil." The truth could not be further from this assertion. The endeavor to silence that reality is akin to collusion and consent in their execution.

Economic Impact on the Health of a Nation

Furthermore, the US has the lowest life expectancy amongst industrialized countries, with mortality highest for the black population than that of age-adjusted Whites, even when corrected for educational level and socioeconomic status[3]. There is a high long term cost for a country with premature death in its workforce. Additionally, there is a substantial financial burden on the healthcare system to care for an unhealthy population with lower quality-adjusted-life-years and inability to contribute to the workforce. In turn, the economic impact of exacerbated health care disparities would continue to increase healthcare costs nationwide.

The EO 13950 provides that federal funds cannot be used to implement training that promotes unity through racial understanding and reconciliation. The ambiguous descriptions leave room for a great deal of latitude for the progressive expansion to the scope of those restrictions. The impact of the EO 13950 sets the stage for a slippery slope for organizations that would otherwise seek to avoid the intentional pursuit of diversity, equity, and inclusion.

Conclusion

The Presidential Executive Order 13950 charges against decades of scholarly exertions and federally funded research that seek to correct systemic and systematic efforts within historically marginalized minorities. As such, the EO undermines the significance of the advancements that have been made in our nation's deeply rooted need for racial equity. The Black Women Orthopaedic Surgeons Organization opposes, but also vehemently denounces the spirit of Executive Order 13950. We remain committed to promoting equity and the protection of all. We stand in solidarity with the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, the National Association of Community Health Centers, and all other national health care organizations. We each have a moral, ethical, and professional responsibility to promote equity and

the protection of all for the sake of our nation's unity and health.

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[1]E.O. 13950, Combating Race and Stereotyping, 85 Fed Reg 60685 (2020).

[2]National Institute on Minority Health and Health Disparities (NIMHD, designated 2010) . *Eating Disorders*. Retrieved October 20, 2020, from **https://www.nimhd.nih.gov/docs/about-nimhd-factsheet.pdf**

[3]Jackson, Chazeman S, and J Nadine Gracia. "Addressing health and health-care disparities: the role of a diverse workforce and the social determinants of health." *Public health reports (Washington, D.C. : 1974)* vol. 129 Suppl 2,Suppl 2 (2014): 57-61. doi:10.1177/00333549141291S211

[4]American Association of Medical Colleges .Diversity and Medicine: Facts and Figures 2019.

https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018