Pediatric Endocrine Society (PES) Statement on Equity, Diversity and Inclusion, in response to E.O. 13950, Combating Race and Stereotyping, 85 Fed Reg 60685 (2020)

On September 22, 2020, a Presidential Executive Order on Combating Race and Sex Stereotyping was issued. The stated aim of the executive order (EO) is to create an inclusive environment by avoiding race and sex stereotyping in Federal Government Employees and Agencies, the Uniformed Services, Federal contractors, and/or any recipients of Federal Grant monies. The EO lays out "divisive concepts": "(1) that one race or sex is inherently superior to another race or sex; (2) the United States is fundamentally racist or sexist; (3) an individual, by virtue of his or her race or sex, is inherently racist, sexist, or oppressive, whether consciously or unconsciously; (4) an individual should be discriminated against or receive adverse treatment solely or partly because of his or her race or sex; (5) members of one race or sex cannot and should not attempt to treat others without respect to race or sex; (6) an individual's moral character is necessarily determined by his or her race or sex; (7) an individual, by virtue of his or her race or sex, bears responsibility for actions committed in the past by other members of the same race or sex; (8) any individual should feel discomfort, guilt, anguish, or any other form of psychological distress on account of his or her race or sex; or (9) meritocracy or traits such as a hard work ethic are racist or sexist, or were created by a particular race to oppress another race. The term "divisive concepts" also includes any other form of race or sex stereotyping or any other form of race or sex scapegoating" [1].

We concur that race or sex stereotyping as laid out in the EO is undesirable. Our principal concern with the EO is that the directives it lays out would yield the opposite results, by declaring mechanisms meant to raise awareness of historical and current prejudices and disparities to be supposed vehicles of divisiveness. We agree with the Accreditation Council for Graduate Medical Education (ACGME) that this EO "is inconsistent with the ideals it seeks to espouse, and could undermine care of patients, appropriate education of physicians, and the entire health care workforce, both now and into the future [2]." It is crucial to learn about the history of race and sex stereotyping and resulting discrimination. Disallowing the education of this history does not render it inapplicable - if we do not learn the facts of the past, we are ill-equipped to deal with their present-day sequelae. The goal must be to provide training that will allow us to achieve the noble ideals laid out by the Declaration of Independence (US, 1776) that "All Men are Created Equal". The EO risks undermining current educational efforts to reduce bias and disparities.

In our country's history, women and individuals of racial and ethnic minorities were not treated equally, leading to disparities in medical care and health outcomes. The history of systemic discrimination and of unequal access to care contributes to these disparities [3] [4]. This is notably highlighted in the highly disproportionate toll COVID-19 exerts upon communities of color in the United States [5] [6]. Chronic health conditions also impact racial and ethnic minorities in the United States disproportionately. Obesity and insulin resistance are far more common in Hispanic and African American vs. White or Asian children and youth [7]. Similarly, minority youth with type 1 diabetes and type 2 diabetes are at far higher risk of adverse health consequences, which is partially due to limited access to health care resources (e.g. diabetes education in a linguistically and culturally sensitive manner), diabetes medications, and/or diabetes technologies (e.g. continuous glucose monitoring), exacerbated by differences between what is covered by private vs. public insurance plans [8] [9]. In order to minimize the gap in health outcomes among different communities in the US, it is therefore imperative that we continue to study and teach about all contributory factors. A modern-day version of the Hippocratic oath states that "I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick" [10]. To achieve this aim, it is important to understand social determinants of health in order to avoid perpetuating poor health care outcomes and to not limit our ability to achieve the goals of equity and inclusion.

The PES remains committed to promoting the education and training of our members and trainees by fostering an environment that teaches about the adverse outcomes of systemic discrimination and implicit bias, past and present. We strive to create a health care environment that treats equally all patients and all colleagues, whatever their backgrounds, and that ensures equitable access to care for all. For these reasons, the PES stands in solidarity with the ACGME, Association of American Medical Colleges, and other national health care organizations in opposing the Executive Order on Combating Race and Sex Stereotyping.

References:

1. E.O. 13950, Combating Race and Stereotyping, 85 Fed Reg 60685 (2020). Section 2(a) states, "Divisive concepts" means the concepts that (1) one race or sex is inherently superior to another race or sex; (2) the United States is fundamentally racist or sexist; (3) an individual, by virtue of his or her race or sex, is inherently racist, sexist, or oppressive, whether consciously or unconsciously; (4) an individual should be discriminated against or receive adverse treatment solely or partly because of his or her race or sex; (5) members of one race or sex cannot and should not attempt to treat others without respect to race or sex; (6) an individual's moral character is necessarily determined by his or her race or sex; (7) an individual, by virtue of his or her race or sex, bears responsibility for actions committed in the past by other members of the same race or sex; (8) any individual should feel discomfort, guilt, anguish, or any other form of psychological distress on account of his or her race or sex; or (9) meritocracy or traits such as a hard work ethic are racist or sexist, or were created by a particular race to oppress another race. The term "divisive concepts" also includes any other form of race or sex stereotyping or any other form of race or sex scapegoating.
2. ACGME President and CEO Thomas J. Nasca, MD, MACP. ACGME Statement on the Executive Order on Race and Sex Stereotyping. September 30, 2020.
3. Williams DR, Rucker TD. Understanding and Addressing Racial Disparities in Health Care. Rucker TD. Health Care Financ Rev. 2000 Summer; 21(4):75-90. PMCID: PMC4194634.
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8. Lado JJ, Lipman TH. Racial and Ethnic Disparities in the Incidence, Treatment, and Outcomes of Youth with Type 1 Diabetes. Endocrinol Metab Clin North Am. 2016 Jun;45(2):453-61. doi: 10.1016/j.ecl.2016.01.002. Epub 2016 Apr 7. PMID: 27241975.
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10. Hippocratic Oath, Modern Version. Louis Lasagna, Academic Dean of the School of Medicine at Tufts University. 1964.