



THE AMERICAN ORTHOPAEDIC ASSOCIATION®

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**American Orthopaedic Association/AOA's Council of Orthopaedic Residency
Directors Statement on Executive Order on Combating Race and Sex Stereotyping
October 27, 2020**

On September 22, 2020, the White House issued the “Executive Order on Combating Race and Sex Stereotyping”. The intent of the executive order (EO) is to prohibit discussion of “divisive concepts” related to race and sex. Divisive concepts defined by the EO include statements 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 (defined as ascribing character traits, values, moral and ethical codes, privileges, status, or beliefs to a race or sex, or to an individual because of his or her race or sex) or any other form of race or sex scapegoating (defined as assigning fault, blame, or bias to a race or sex, or to members of a race or sex because of their race or sex).

Following the release of the EO, the ACGME and AAMC have released statements expressing concern regarding the negative consequences of the order and directly opposing it.

The AAMC notes that the EO belies a “misunderstanding of most diversity and inclusion training programs and therefore will only further divide an already fragmented nation.” The ACGME outlined the impact that the EO would have on federally funded sponsoring Institutions and their graduate medical education programs; federally funded health care institutions and their educational and community programs, the National Institutes of Health; and, federally funded health care workforce pathway programs, among others. The ACGME statement said that reducing funding for the noted institutions and programs would exacerbate health care disparities due to the decreased funding of vulnerable health care institutions. Additionally, the EO could potentially diminish the role and impact of ACGME curricula designed to achieve a diverse and equitable learning environment in compliance with ACGME requirements.

Upon thorough review of the EO and the subsequent statements by the AAMC and ACGME, the American Orthopaedic Association (AOA) and its Council of Orthopaedic Residency Directors (CORD) believe that the implications and potential impact of this EO will negatively influence orthopaedic residency training and academic programming. The AOA and CORD acknowledge the evidence that orthopaedic surgery is the least diverse specialty in medicine. We acknowledge that the reasons behind the lack of racial and gender diversity in orthopaedics is multifactorial, and we remain steadfast in our commitment to improving diversity, inclusion and equity within the field. Several of the tenets that the EO aims to restrict would curtail any discussions regarding inequities in race and/or sex, labeling these topics as divisive. As a community of educators and leaders within orthopaedic surgery, we universally acknowledge that a challenging problem is not resolved by avoiding any discussions related to that topic. Therefore, we stand with the AAMC and

ACGME and reject the underpinnings of the EO. Only through education and increasing awareness of these so-called divisive topics, can we encourage development of strategic programming that not only addresses the roadblocks to achieving a diverse, equitable and inclusive culture in orthopaedics but also embraces pointed criticism of the past and current climate of diversity within the field. This is essential for our growth as a diverse and inclusive subspecialty in the modern era of medicine.

Additional information regarding the Presidential Executive Order, the subsequent AAMC and ACGME statements, and other medical associations' responses can be reviewed at the following links:

Executive Order - <https://www.whitehouse.gov/presidential-actions/executive-order-combating-race-sex-stereotyping/>

AAMC Statement - <https://www.aamc.org/news-insights/press-releases/aamc-statement-executive-order-combating-race-and-sex-stereotyping>

ACGME Statement - <https://acgme.org/Newsroom/Newsroom-Details/ArticleID/10647/ACGME-Statement-on-the-Executive-Order-on-Race-and-Sex-Stereotyping>

American Medical Association and others - <https://www.healthcarefinancenews.com/news/hospital-groups-send-letter-trump-criticizing-executive-order-race-and-sex-stereotyping>