



Perfection Not Required

GARY STEWART, MD FAOA, FAAOS

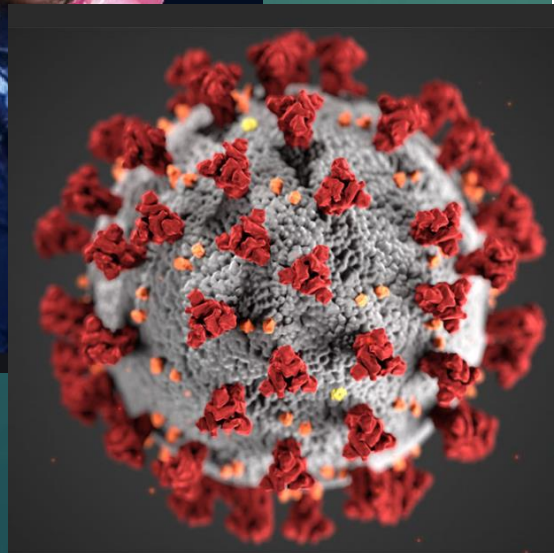
CHIEF, DIVISION OF FOOT & ANKLE WELLSTAR ATLANTA MEDICAL CENTER

DIRECTOR, RESURGENS FOOT & ANKLE CENTER

SOUTH REGION BOARD REPRESENTATIVE, RESURGENS ORTHOPAEDICS

CO-CHAIRPERSON DIVERSITY AND INCLUSION COUNCIL

Why am I here?... 2020



'We Stand with You'

In a special message from the AAOS president, Joseph A. Bosco III, MD, FAAOS, addresses recent racially charged events in America, including the death of George Floyd, telling Academy members of color, "We stand with you." Dr. Bosco also noted the Academy's goal to evolve the culture and governance of AAOS' board and volunteer structure to become more strategic, innovative, and diverse. "A more diverse Academy will lead to better care for our patients, including those of color," he said.



A Public Health Crisis: Racism and Racial Disparities

The COVID-19 pandemic and the recent death of George Floyd have both brought to light continued racial disparities in the United States. In this article, Julie Balch Samora, MD, PhD, MPH, FAAOS, deputy editor of *AAOS Now*, calls racism a public health crisis and calls on orthopaedic surgeons to combat racism and minimize racial disparities. The article also discusses ways AAOS is working to increase diversity within the organization's leadership and volunteer structure and what members can do to combat this public health crisis.



A Message from Eric Ward Carson, MD, President of JRGOS

Eric Ward Carson, MD, president of the J. Robert Gladden Orthopaedic Society (JRGOS), wrote a letter to JRGOS and the orthopaedic surgery community discussing the racial injustices taking place across the country as the battle against COVID-19 continues. Dr. Carson recalls his own experience with racism and the concerns he still harbors today for his son, a young black male in his 20s. "As the leader of the JRGOS, I propose we raise our voices, mobilize, and be part of the solution to these racial and healthcare inequities and work hand and hand with the AAOS leadership to bring about the necessary change," Dr. Carson wrote.

How Majority Surgeons Can Encourage, Promote Diversity in the Workplace

GARY W. STEWART, MD, FAAOS, AND JASMIN MCGINTY, MD, FAAOS, FAOA



Out of the Closet: Physician Endures Through DADT and DOMA

Growing up as a tomboy in the conservative, heavily Christian town of Springfield, Mo., I yearned to be “normal.” I dated men because that was what I was ...

We Need to Expand Efforts to Increase Diversity

Stop Talking About Diversity and Do Something

DOUGLAS W. LUNDY, MD, MBA, FAAOS, AND GARY W. STEWART, MD, FAAOS

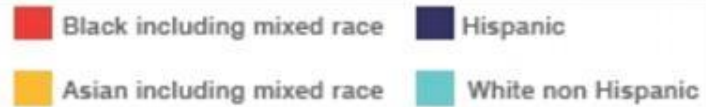
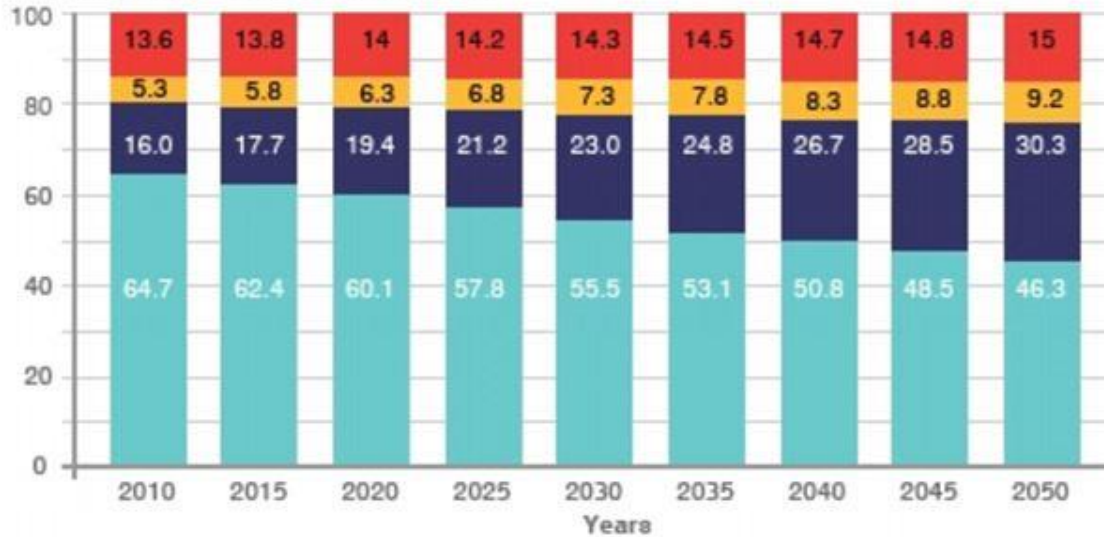
Transgender Orthopaedic Surgeon Talks About Discrimination

A background image of crumpled, grey paper. The text 'SILENCE IS COMPLICITY' is overlaid in white, serif, all-caps font.

SILENCE
IS
COMPLICITY

US POPULATION PROJECTIONS TO 2050

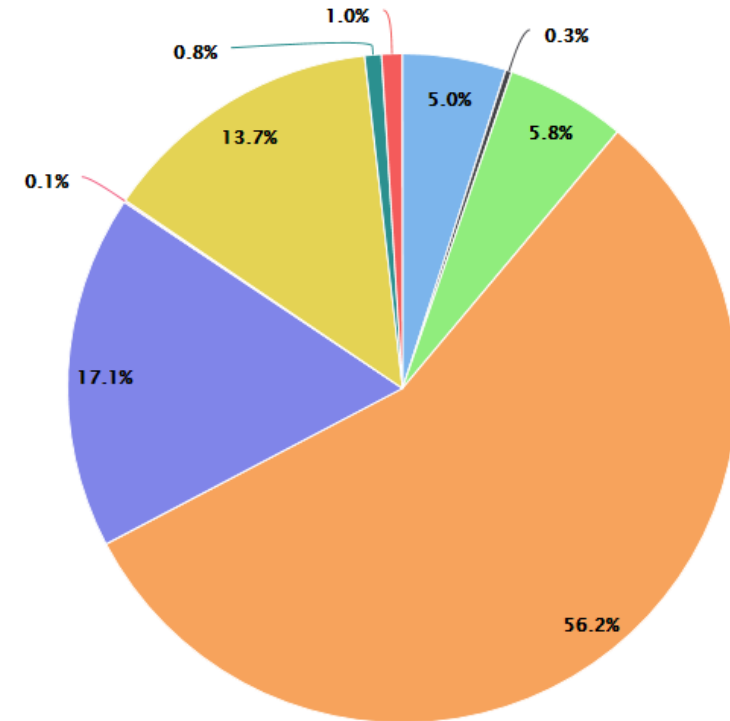
Percentage by race and Hispanic origin



© census.gov

SOURCE: US Census Bureau

Figure 18. Percentage of all active physicians by race/ethnicity, 2018.



Click on legend item below to add or remove a section from the report.



Diversity in Medicine: Facts and Figures 2019
AAMC

We have to Communicate

1. Pandya KN, Wustrack KR, Metz KL, Ward KD. Current concepts in orthopaedic care disparities. *J Am Acad Orthop Surg*. 2018;26(23):823–32.

[Article](#) [Google Scholar](#)

2. Braveman P. Health disparities and health equity: concepts and measurement. *Annu Rev Public Health*. 2006;27:167–94.

3. Adelani MA, O'Connor MI. Perspectives of orthopedic surgeons in care. *J Racial Ethn Health Disparities*. 2017;4(4):758–66.

4. O'Connor MI, Lavernia CJ, Nelson CL. AAOS/ORS/ABJS: disparities research symposium: editorial comment: a call to musculoskeletal healthcare disparities. *Clin Orthop Relat Res*. 2018;467:10–14.

5. Koh HK, Graham G, Glied SA. Reducing racial and ethnic disparities in total joint arthroplasty: the department of health and human services. *Health Aff (Millwood)*. 2018;37(10):1507–15.

6. Gaffney A, McCormick D. The affordable care act: implications for total joint arthroplasty. *Lancet*. 2017;389(10077):1442–52.

7. Zhang W, Lyman S, Boutin-Foster C, Parks ML, Pan TJ, Li X. Disparities in utilization rate, hospital volume, and perioperative outcomes in total knee arthroplasty. *J Bone Joint Surg Am*. 2016;98(15):1243–52.

8. Katz JN. Persistence of racial and ethnic differences in utilization and adverse outcomes of total joint replacement. *J Bone Joint Surg Am*. 2016;98(15):1241–2.

[Article](#) [Google Scholar](#)

9. Perry M, Baumbauer K, Young EE, Dorsey SG, Taylor JY, Starkweather AR. The influence of an integrative approach to total joint replacement. *J Bone Joint Surg Am*. 2018;100(12):1023–31.

[Article](#) [Google Scholar](#)

27. Li X, Veltre DR, Cusano A, Yi P, Sing D, Gagnier JJ, et al. Insurance status affects postoperative morbidity and complication rate after shoulder arthroplasty. *J Shoulder Elb Surg*. 2017;26(8):1423–31.

[Article](#) [Google Scholar](#)

28. Ghomrawi HMK, Funk RJ, Parks ML, Owen-Smith J, Hollingsworth JM. Physician referral patterns and racial disparities in total hip replacement: a network analysis approach. *PLoS One*. 2018;13(2):e0193014.

[Article](#) [Google Scholar](#)

29. Liu JH, Zingmond DS, McGory ML, SooHoo NF, Ettner SL, Brook RH, et al. Disparities in the utilization of high-volume hospitals for complex surgery. *JAMA*. 2006;296(16):1973–80.

[CAS](#) [Article](#) [Google Scholar](#)

30. Losina E, Wright EA, Kessler CL, et al. Neighborhoods matter: use of hospitals with worse outcomes following total knee replacement by patients from vulnerable populations. *Arch Intern Med*. 2007;167(2):182–7.

[Article](#) [Google Scholar](#)

31. Pamiilo KJ, Peltola M, Paloneva J, Mäkelä K, Häkkinen U, Remes V. Hospital volume affects outcome after total knee arthroplasty. *Acta Orthop*. 2015;86(1):41–7.

14. Hoaglund FT, Oishi CS, Gialamas GG. Extreme variations in racial rates of total hip arthroplasty for primary coxarthrosis: a population-based study in San Francisco. *Ann Rheum Dis*. 1995;54(2):107–10.

[CAS](#) [Article](#) [Google Scholar](#)

15. O'Brien MM, Gonzales R, Shroyer AL, Grunwald GK, Daley J, Henderson WG, et al. Modest serum creatinine elevation affects adverse outcome after general surgery. *Kidney Int*. 2006;69(5):827–33.

21. Akee R, Jones MR, Porter SR. Race matters: income shares, income inequality, and income mobility for all U.S. races. *Demography*. 2019;56(3):999–1021.

[Article](#) [Google Scholar](#)

22. Goodman SM, Mandl LA, Parks ML, Zhang M, McHugh KR, Lee YY, et al. Disparities in TKA outcomes: census tract data show interactions between race and poverty. *Clin Orthop Relat Res*. 2016;474(9):1986–95.

[Article](#) [Google Scholar](#)

23. Amen TB, Varady NH, Rajaei S, Chen AF. Persistent racial disparities in utilization rates and perioperative metrics in total joint arthroplasty in the U.S.: a comprehensive analysis of trends from 2006 to 2015. *J Bone Joint Surg Am*. 2020.

[Article](#) [Google Scholar](#)

24. Brown LE, Burton R, Hixon B, Kakade M, Bhagalia P, Vick C, et al. Factors influencing emergency department preference for access to healthcare. *West J Emerg Med*. 2012;13(5):410–5.

[Article](#) [Google Scholar](#)

25. Kulkarni A. Where Do We Stand Today on Racial and Ethnic Health Inequities? Analysis of Primary Total Knee Arthroplasty from a 2011–2017 National Database

[Antonio Cusano](#), [Vivek Venugopal](#), [Christian Gronbeck](#), [Melvyn A. Harrington](#) & [Mohamad J. Halawi](#) 

26. *Journal of Racial and Ethnic Health Disparities* (2020) | [Cite this article](#)

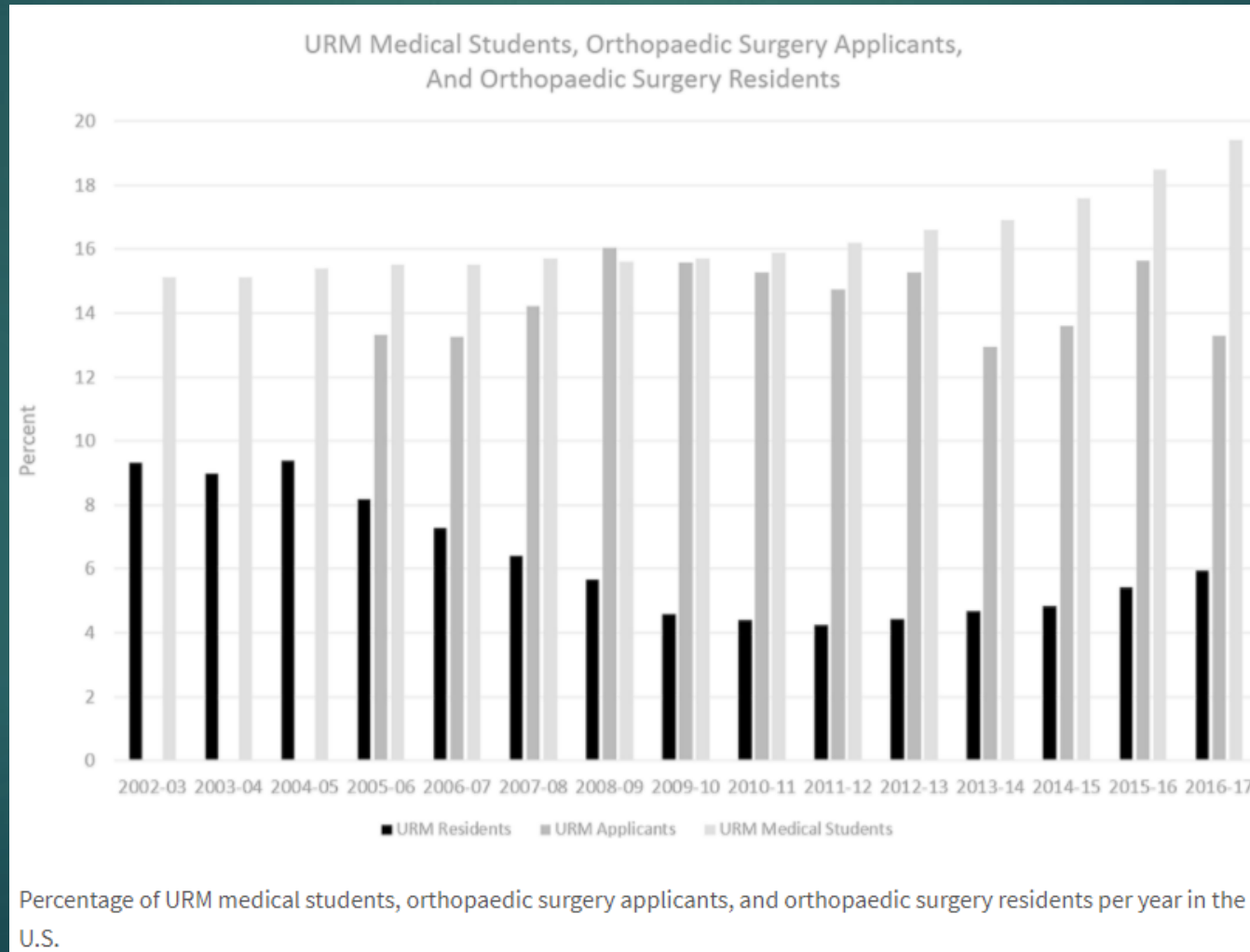
Arthritis Care Res (Hoboken). 2018;70(6):884–91.

[Article](#) [Google Scholar](#)

JBJS Sept 19, 2019
vol. 101 issue 18 pg. 96

The Distribution of Underrepresented Minorities in U.S. Orthopaedic Surgery Residency Programs

[Muyibat A. Adelani, MD](#)
[Melvyn A. Harrington, MD](#)
[Corey O. Montgomery, MD](#)

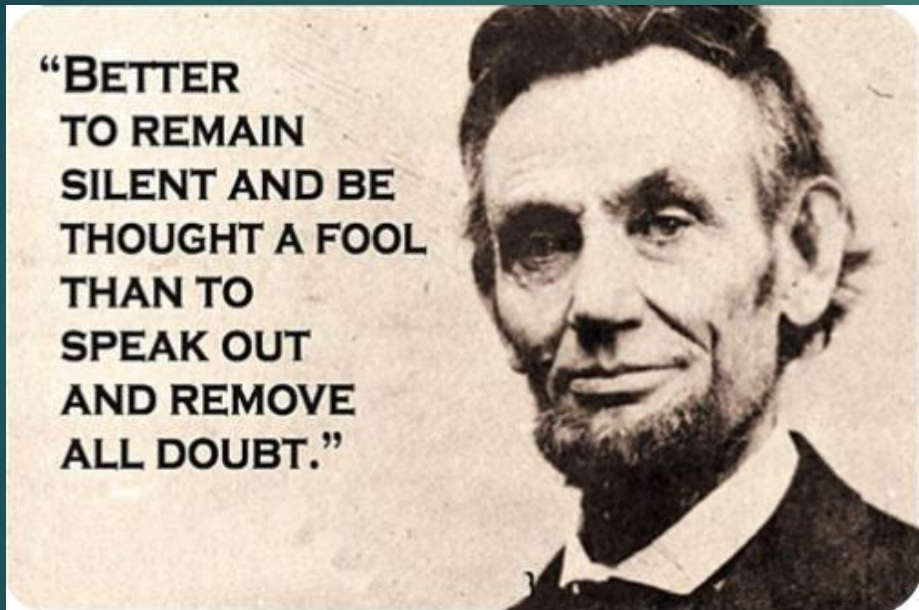


?



?.?.?.?.?
?.?.?.?.?
?.?.?.?.?

Fearful? Will I be cancelled?



Who am I

Male
Gen X
Upper Class
Christian
MD
Black
African
Heterosexual
Fully Mentally Able
Married
English
US Citizen
Able bodied

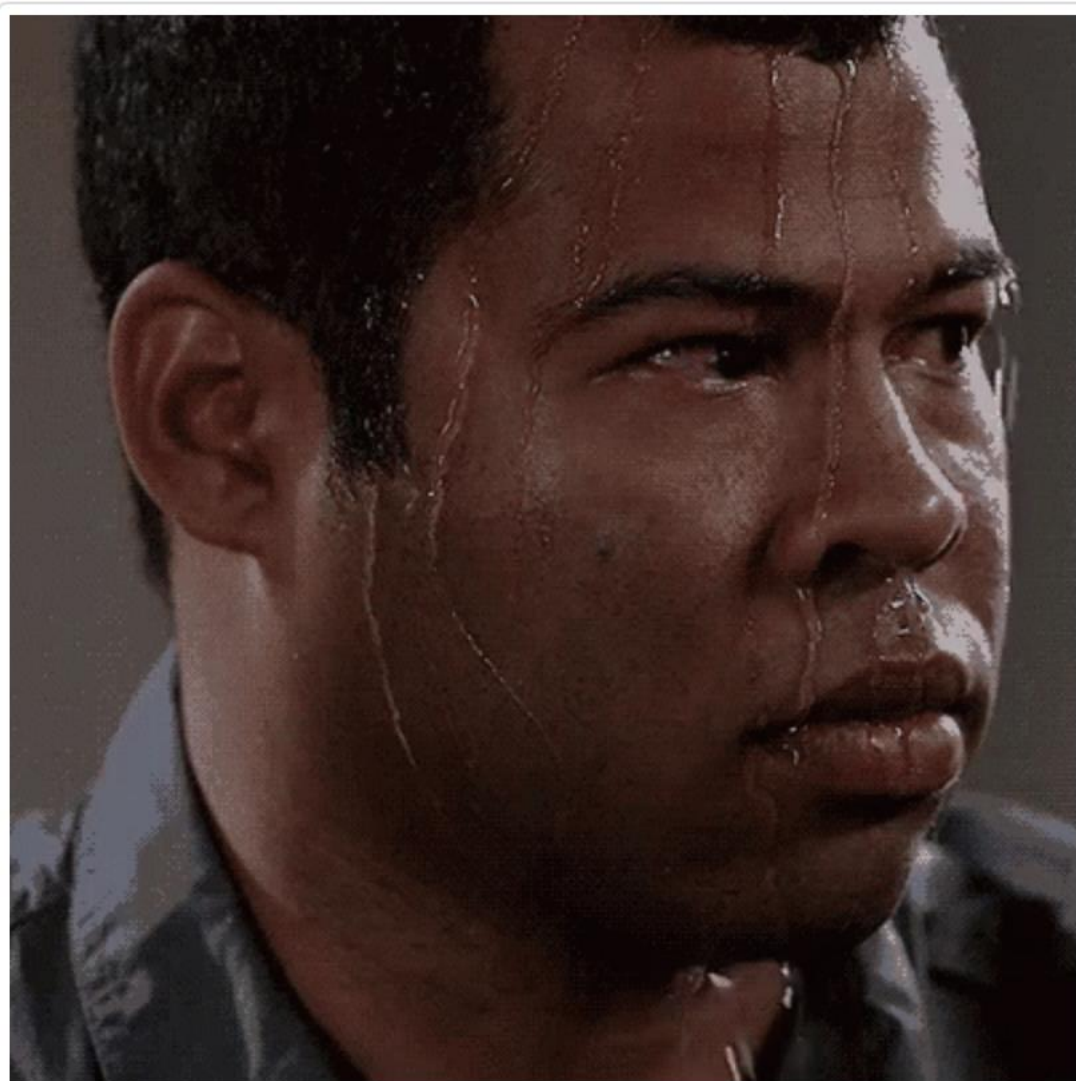


Male
 Gen X
 Upper Class
 Christian
 MD
 Black
 African
 Heterosexual
 Fully Mentally Able
 Married
 English
 US Citizen
 Able bodied

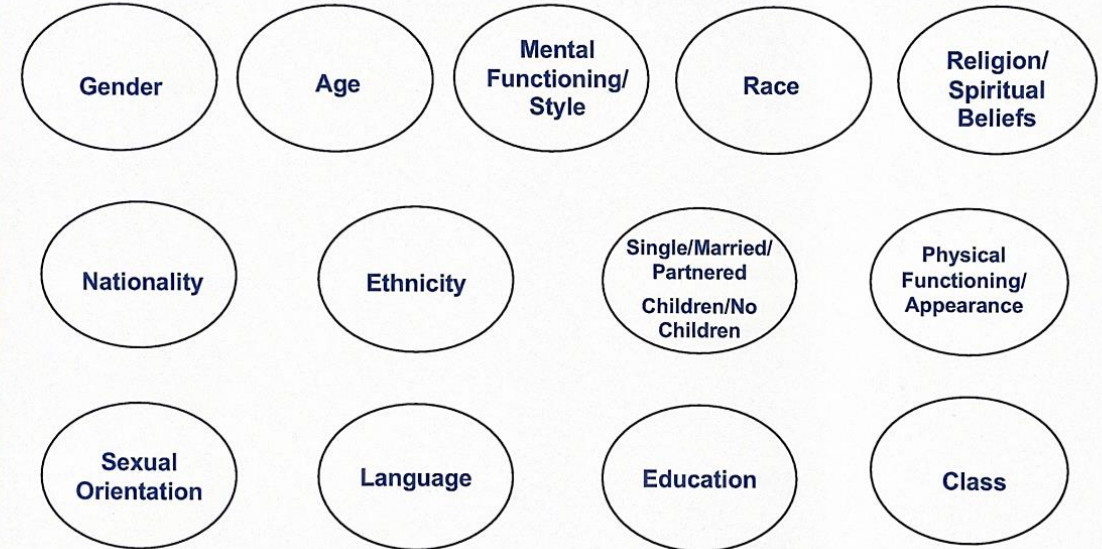
Social Identity Group	One-Up	One-Down
1. Gender	Men	
2. Age	Baby Boomers	X
3. Class	Upper Class	
4. Religion	Christian	
5. Education	Degree	
6. Race	White	X
7. Ethnicity	European American	X
8. Sexual Orientation	Heterosexual	
9. Mental Functioning	Fully Mentally Able	
10. Marital Status	Married	
11. Language	English	
12. Nationality	US Citizen	
13. Physical Functioning/ Appearance	Temporarily Able Bodied/ Attractive	

Al Vivian- Basic Diversity

10/13- “Mainstream” or Dominant social identity groups



Social Identity Groups



Adapted from The Kaleel Jamison Consulting Group, Inc., 1992, 2002, 2003

BASIC DIVERSITY

@basicdiversity

Copyright 2012-20, 830 Glenwood Av., Ste 510-230, Atlanta, GA 30316 www.basicdiversity.com

Why I am here?

2 out of 3

Black

African Descent



Why I AM Here



When those that are supposed to protect and serve

We also took an oath to...

"I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous."

a translation of the Hippocratic oath

The screenshot shows a PubMed search interface. The search term is "structural racism medicine". The results page displays 175 results. A filter is applied: "Abstract, in the last 1 year". The results are sorted by "Best match". The first three results are:

- 1. **Dismantling Structural Racism in Academic Medicine: A Skeptical Optimism.** Shim RS. Acad Med. 2020 Dec;95(12):1793-1795. doi: 10.1097/ACM.0000000000003726. PMID: 32909993
- 2. **Measuring Structural Racism and Its Association With BMI.** Dougherty GB, Golden SH, Gross AL, Colantuoni E, Dean LT. Am J Prev Med. 2020 Oct;59(4):530-537. doi: 10.1016/j.amepre.2020.05.019. Epub 2020 Aug 27. PMID: 32863079
- 3. **The Work Is Just Beginning-Racism in Medicine.** Flagg CA, Liu MF.

Do No Harm...Not Quite

Technology & Ideas

Structural Racism Extends to the Doctor's Office

Black patients are still treated differently in America than White patients.

AJC 

Trend of fewer black male doctors has broader public health impact



THE ORTHOPAEDIC FORUM

Achieving a Diverse, Equitable, and Inclusive Environment for the Black Orthopaedic Surgeon

Part 2: Obstacles Faced in Inclusion and Retention of Black Orthopaedic Residents

Gabriella E. Ode, MD, Riley J. Williams, MD, Melvyn A. Harrington Jr., MD, Craig H. Bennett, MD,
MaCalus V. Hogan, MD, MBA, and Scott Porter, MD, MBA

Silence is Not an Option



DIVERSITY

SOUND OFF

Perfection Is Not Required to Talk About Race

GARY W. STEWART, MD, FAAOS, FAOA

Conversations on Race

- ▶ Acknowledge your Bias
- ▶ Effective Listening
- ▶ Educate Yourself
- ▶ Read for the case.
- ▶ Understanding Power Dynamic
- ▶ Cultural Informants
- ▶ Speak up
- ▶ Keep Learning



Conversations on Race

- ▶ **Acknowledge your Bias**
- ▶ Effective Listening
- ▶ Educate Yourself
- ▶ Read for the case.
- ▶ Understanding Power Dynamic
- ▶ Cultural Informants
- ▶ Speak up
- ▶ Keep Learning



PREPARATION-Acknowledge Bias

- ▶ Identify and challenge your preexisting bias
- ▶ No one is “colorblind”



Preparation-Acknowledge Bias



Breaking the Bonds of Bias (B3) Principles

- ① Accept that we are all biased.
- ② Acknowledge that these biases influence your attitudes and actions.
- ③ Actively seek to identify your biases -- both implicit & explicit.
- ④ Acknowledge that you must create strategies to overcome your biases.
 - Individually **and** Organizationally
- ⑤ Positively acknowledge & affirm human differences and similarities.
- ⑥ Operate out of mercy **not** vengeance.
- ⑦ Seek first to understand, then to be understood.

Created by Al Vivian

BASIC DIVERSITY

@basicdiversity

Copyright 2012-19, 830 Glenwood Av., Ste 510-230, Atlanta, GA 30316 www.basicdiversity.com

Acknowledge - Implicit BIAS

Implicit Bias

the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Explicit Bias

the attitudes and beliefs we have about a person or group on a conscious level.

Implicit Association Test

(IAT)



Project Implicit®

[LOG IN](#) [TAKE A TEST](#) [ABOUT US](#) [EDUCATION](#) [BLOG](#) [HELP](#) [CONTACT US](#) [DONATE](#)

Preliminary Information

Whichever IAT you do, we will ask you (optionally) to report your attitudes toward or beliefs about these topics, and provide some general information about yourself. These demonstrations should be more valuable if you have also tried to describe your self-understanding of the characteristic that the IAT is designed to measure. Also, we would like to compare possible differences among groups in their IAT performance and opinions, at least among those who decide to participate.





Data exchanged with this site are protected by SSL encryption, and no personally identifying information is collected. IP addresses are routinely recorded, but are completely confidential.

Important disclaimer: In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine [general information about the IAT](#) before deciding whether or not to proceed.

You can contact our research team (implicit@fas.harvard.edu) or Harvard's Committee on the Use of Human Subjects (cuhs@harvard.edu) for answers to pertinent questions about the research and your rights, as well as in the event of a research-related injury to yourself.

I am aware of the possibility of encountering interpretations of my IAT test performance with which I may not agree. Knowing this, I wish to proceed

Implicit Association Test (IAT)

Category	Items
Foreign	
American	
Asian American	
European American	

Asian American

Part 1 of 7

European American

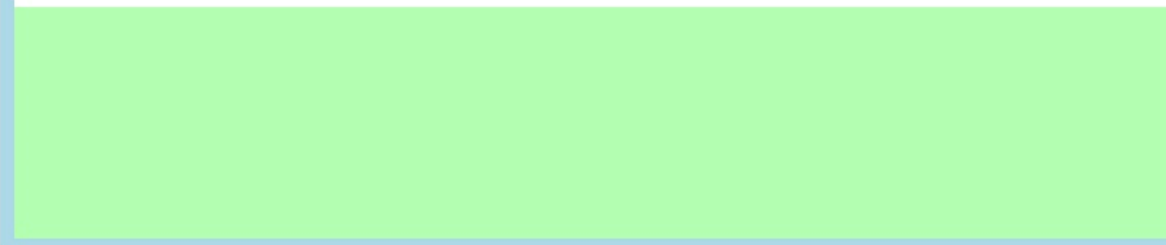
Put a left finger over the **left** green area for items that belong to the category **Asian American**.

Put a right finger over the **right** green area for items that belong to the category **European American**.

Items will appear one at a time.

If you make a mistake, a red **X** will appear. Touch the other side. Go as fast as you can while being accurate.


Touch the **lower** green area to start.



Implicit Association Test (IAT)

Asian American

European American



If you make a mistake, a red X will appear. Touch the other side to continue.

Foreign

American




If you make a mistake, a red X will appear. Touch the other side to continue.

Implicit Association Test (IAT)

Foreign
or
Asian American


American
or
European American



If you make a mistake, a red X will appear. Touch the other side to continue.

Foreign
or
Asian American

American
or
European American



If you make a mistake, a red X will appear. Touch the other side to continue.

Debriefing

The sorting test you just took is called the Implicit Association Test (IAT). You categorized good and bad words with images of Black people and White people.

Here is your result:

Your data suggest no automatic preference between Black people and White people.

Preparation-Acknowledge Bias



BASIC DIVERSITY

5-Steps to Mitigating Implicit Bias

- ① **Understand We ALL Have Biases**
 - Oh, you mean I'm normal?
- ② **Study Yourself**
 - Identify YOUR biases
 - IAT Implicit Bias Test (implicit.harvard.edu)
- ③ **Current Situation -vs- Personal Baggage**
 - Why did that make me uncomfortable?
- ④ **Analyze Factual Data**
 - What does the research say about that group?
 - Beware of conformation bias
 - Use legitimate sources
- ⑤ **Cultural Informants**
 - Establish relationships with people from the “other” group(s)

Created by Al Vivian

BASIC DIVERSITY

[@basicdiversity](https://twitter.com/basicdiversity)

Copyright 2012-19, 830 Glenwood Av., Ste 510-230, Atlanta, GA 30316 www.basicdiversity.com

Conversations on Race

- ▶ Acknowledge your Bias
- ▶ **Effective Listening**
- ▶ Educate Yourself
- ▶ Read for the case.
- ▶ Understanding Power Dynamic
- ▶ Cultural Informants
- ▶ Speak up
- ▶ Keep Learning

Listen

- ▶ Be ready to listen & not Respond-. Do not center the narrative around you.
- ▶ This is different from being silent and not engaging

Listen

- ▶ Empathize and don't sympathize with Black and Brown people.
- ▶ Not the time to insert your narrative
- ▶ Check in on your Black or Brown friends, family, partners, loved ones, and colleagues.

Your Black Colleagues May Look Like They're Okay, But They're Not

DANIELLE CADET

LAST UPDATED 29 MAY 2020, 2:09



Let's cut to the chase. It's been a tough few days...weeks...months.

For many people, working in the midst of a global pandemic has been difficult. For those of us fortunate enough to continue doing our jobs safely at home, we've had to somehow make ourselves look presentable for nonstop digital meetings, and had to learn how to be productive as the lines between our personal and professional lives continue to blur. We've run out of shows to stream, Instagram lives to watch, things to bake. We're confused and scared, and we don't know when any of this will be over.

PHOTO: DANIA MAXWELL/LOS ANGELES TIMES/GETTY IMAGES.

Interaction #1

Dear Dr. Stewart,

I have read and reread your article in AAOS Now. Thank you for writing this piece. I hesitated to contact you about this because of the fear that you would view me as racist, contrary or difficult. I have found myself in that position several times in the past few months when trying to talk about racial tension. Your article encouraged me. "Let's talk", you wrote. So, here I a.m. have looked at the George Floyd case. There is new video available since your article was published.

The immediate concern that I have for George Floyd is that he is a fellow citizen like you and me. There does not appear to be any evidence that he was treated as he was because of his skin color. It seemed that the up to the time when the officer put his knee on Floyd's neck that they were doing everything that they could to get him into the police car. Had he gone into the car, none of the following event would have happened. His subsequent treatment was inexcusable regardless of his color.

For us to be honest about racial discrimination, it probably isn't helpful to brand every interaction as racially based. I have not seen evidence that his arrest and subsequent treatment were based on his race. His case may not be a good example of racial discrimination in police behavior.

I am interested in your thoughts.

Your white colleague,

Interaction #2

I tried to discuss George Floyd with some of the black hospital employees. I was trying to discuss why George Floyd was glorified on posters and T shirts for his death. In my opinion the death of the pregnant black female EMT killed in a no knock warrant when the wrong location was given would have been a better choice. I asked for their opinions in a Socratic method. I had just listened to Candace Owens discussing this very thing. I asked the nurses if they had ever heard her. First time I had listened to her but she made sense to me at the time on this issue.

I asked in what I have learned was absolutely the wrong way.

I asked how they felt the pregnant lady who George Floyd robbed at gun point felt when she saw his pictures and billboards. She was very much a victim as well. It ended with me asking what we should do about it? They said changing the police.

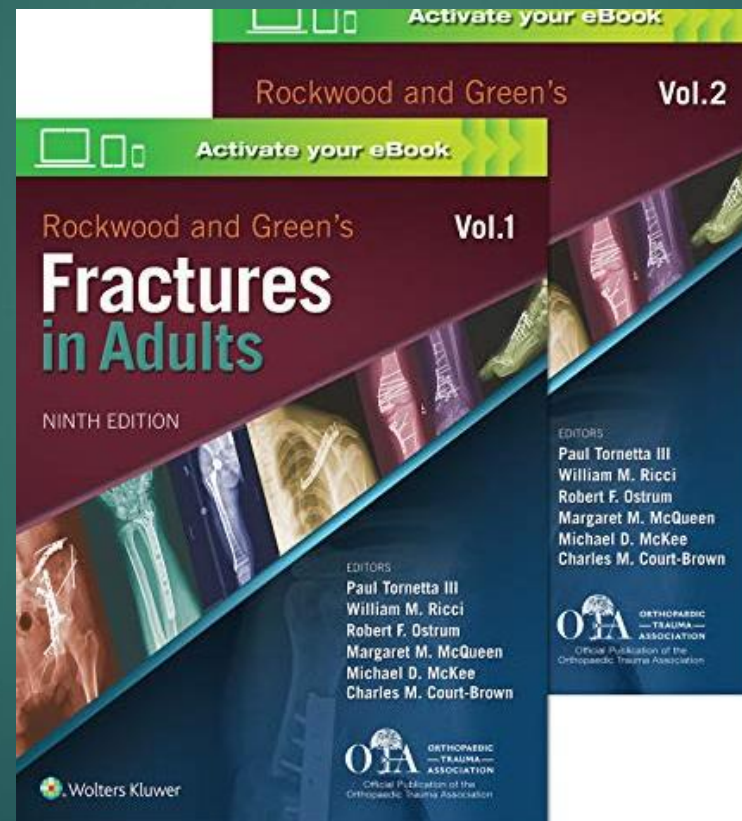
I asked how they said more training and i stopped talking about said ok and left it at that. In their eyes the conversation was slightly different, but not substantially.

Conversations on Race

- ▶ Acknowledge your Bias
- ▶ Effective Listening
- ▶ **Educate Yourself**
- ▶ **Read for the case**
- ▶ Understanding Power Dynamic
- ▶ Cultural Informants
- ▶ Speak up
- ▶ Keep Learning

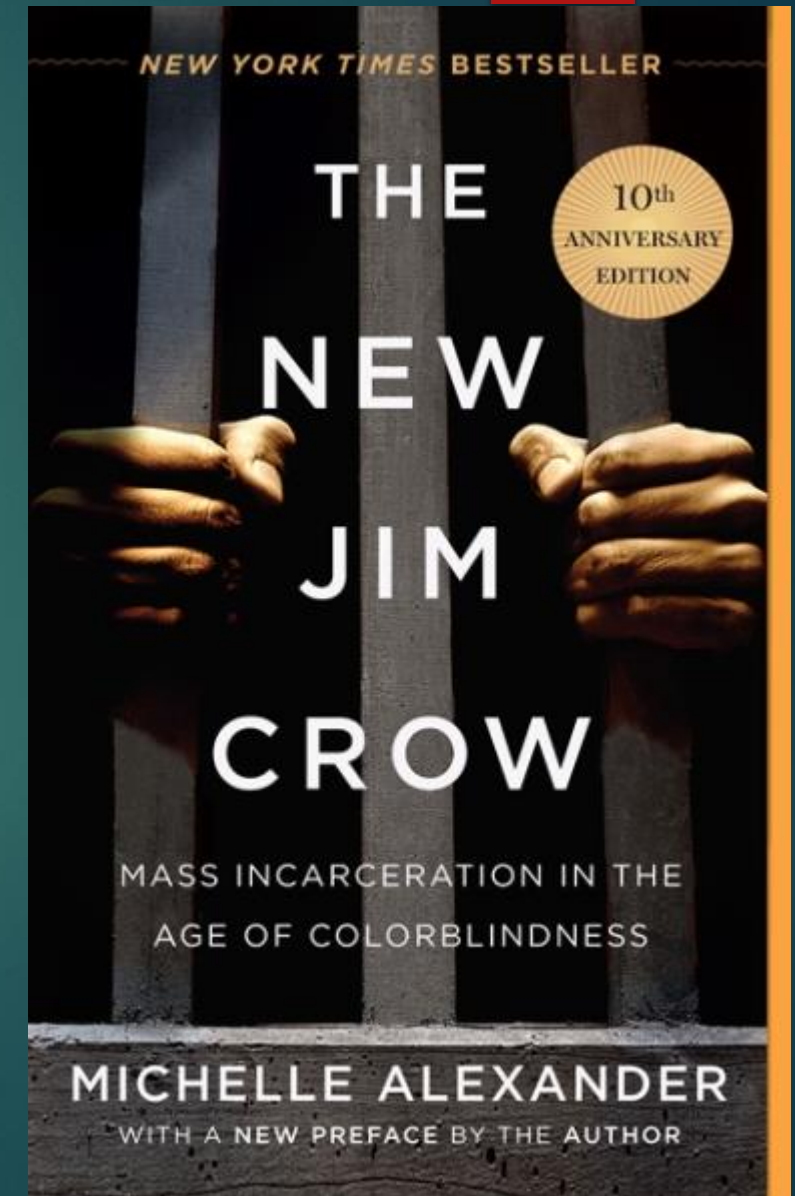
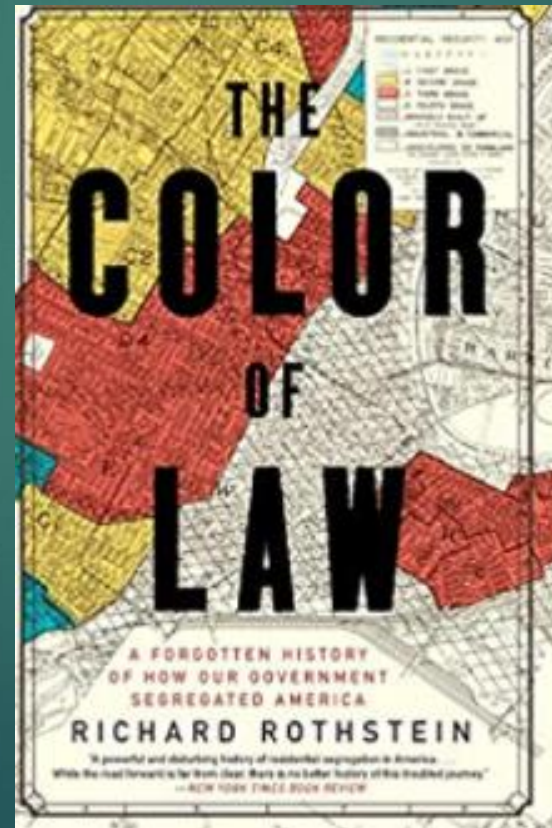
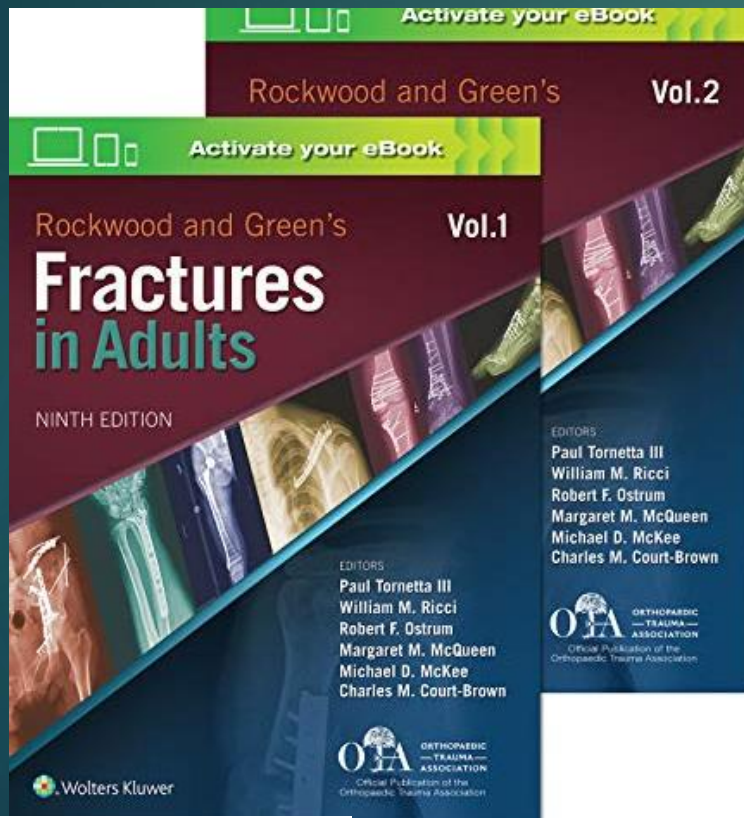
Preparation- **READ** for the Surgical **CASE**

- ▶ Be sure to educate yourself before a discussion.

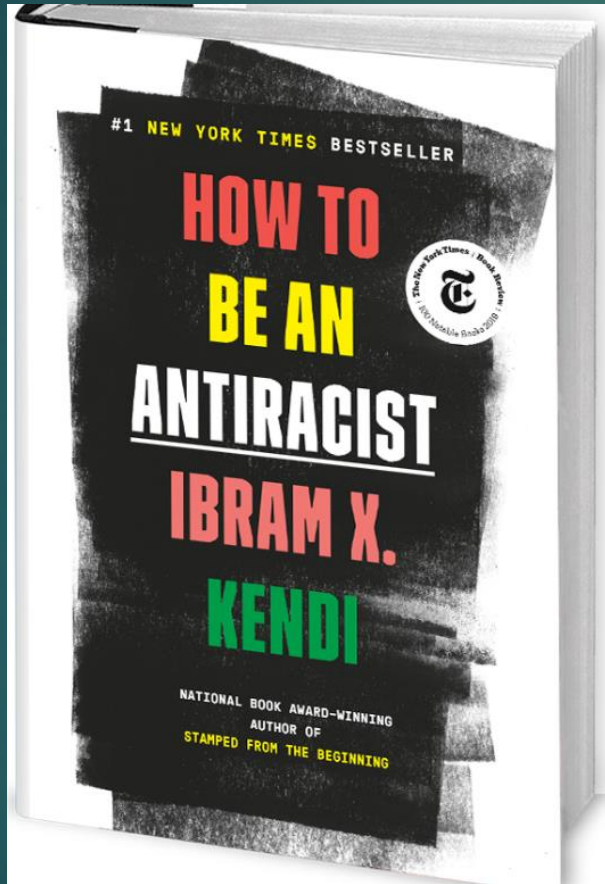


Preparation- **READ** for the Surgical **CASE**

- ▶ Be sure to educate yourself before a discussion.



Preparation



How to Be an Anti racist

White Fragility

Caste

The Color of Law

The New Jim Crow

Podcast



Uncomfortable Conversations with a Black Man

Clinical Problem solvers Antiracism in Medicine Series

Code Switch

Interaction #2

They both wrote me up to administration. Here is the ending of one of the letters.

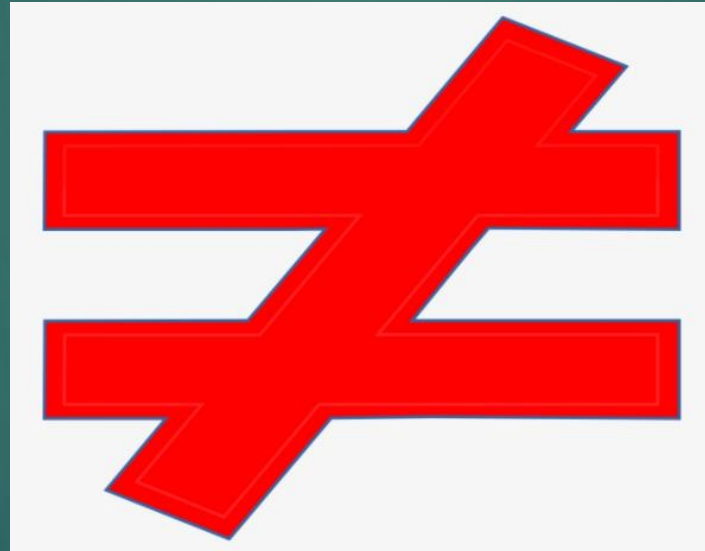
“As an black woman with two black sons, age 22 and 18, I was extremely uncomfortable. All types of thoughts ran through my head. If this is how he feels about George Floyd, how would he feel about taking care of one of my sons or another black male if they had a criminal background? Has he ever withheld care for a black male due to him having a criminal background? How many black patients has he had and were they treated fairly? It's 2020, you would think that we wouldn't have to ask these type of questions or worry about the color of our skin when receiving care from a doctor/professional, but we do. “

I have been in my little town 31 years. I have tried to be as color blind as possible. I brought a black orthopedic surgeon to town as a partner. I didn't know these people personally but I felt i was trying to understand a situation that gave me questions about race. I have never been written up for anything before. This will likely defuse itself but I feel really hurt. My father was a state policeman and my father in law is a retired city policeman. What happened to George Floyd was wrong. I think everyone can agree. You suggested discussion. My discussion must have been to inflammatory for these women. The hospital administrators said all white people have to be on pins and needles right now and not discuss events like this. To me this encourages racism. I don't have an answer but I just wanted to share what happened to me when I tried to have a civilized discussion.

Conversations on Race

- ▶ Acknowledge your Bias
- ▶ Effective Listening
- ▶ Educate Yourself
- ▶ Read for the case.
- ▶ **Understanding Power Dynamic**
- ▶ Cultural Informants
- ▶ Speak up
- ▶ Keep Learning

Power Dynamic



Conversations on Race

- ▶ Acknowledge your Bias
- ▶ Effective Listening
- ▶ Educate Yourself
- ▶ Read for the case.
- ▶ Understanding Power Dynamic
- ▶ **Cultural Informants**
- ▶ Speak up
- ▶ Keep Learning

Use Cultural Informants

If you don't have some find some.

UNCOMFORTABLE CONVERSATIONS
WITH A BLACK MAN



Conversations on Race

- ▶ Acknowledge your Bias
- ▶ Effective Listening
- ▶ Educate Yourself
- ▶ Read for the case.
- ▶ Understanding Power Dynamic
- ▶ Cultural Informants
- ▶ **Speak up**
- ▶ Keep Learning

Preoperative Time Out

- ▶ If you see something wrong say something

Speak out against ANY racially insensitive interactions, comments, literature, etc.

Microaggression

Black Colleague mistaken for transport or cleaning staff

Patient deferring to the White person as the default person in power

Black People not needing pain medicine (falsehood)

Conversations on Race

- ▶ Acknowledge your Bias
- ▶ Effective Listening
- ▶ Educate Yourself
- ▶ Read for the case.
- ▶ Understanding Power Dynamic
- ▶ Cultural Informants
- ▶ Speak up
- ▶ **Keep Learning**

CME-Continuing Mental Education

- ▶ Use what you learn

Make use of your privilege to uplift and to amplify the efforts of your Black and Brown colleagues and friends

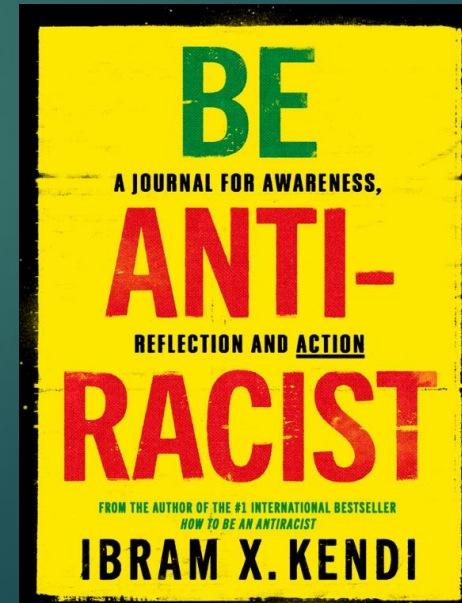
Make real changes in your life based on your knowledge

- ▶ Continue to learn

BE A TRUE ALLY

keep educating yourself

keep supporting Black and Brown people



The Enemy of Good is...

Perfection

Eric Carson, MD

'Now more than ever before, we are called upon to use the privilege before us as Orthopaedic surgeons as a vehicle for change.'



[A Message from Eric Ward Carson, MD, President of JRGOS](#)

Eric Ward Carson, MD, president of the J. Robert Gladden Orthopaedic Society (JRGOS), wrote a letter to JRGOS and the orthopaedic surgery community discussing the racial injustices taking place across the country as the battle against COVID-19 continues. Dr. Carson recalls his own experience with racism and the concerns he still harbors today for his son, a young black male in his 20s. "As the leader of the JRGOS, I propose we raise our voices, mobilize, and be part of the solution to these racial and healthcare inequities and work hand and hand with the AAOS leadership to bring about the necessary change," Dr. Carson wrote.

Get Started



Our Lives Depend On YOU.

Health

Racism in care leads to health disparities, doctors and other experts say as they push for change

White coats and black lives: Health care workers say 'racism is a pandemic too'

HUMAN RIGHTS

"Racism is, to me, to my family, the biggest..."

Implicit Bias and Racial Disparities in Health Care

The influence of race and ethnicity on complications and mortality after orthopedic surgery: a systematic review of the literature

Andrew J Schoenfeld¹, Renuka Tipirneni, James H Nelson, James E Carpenter, Theodore J Iwashyna



URBAN MATTERS

Hospital Care in Black and White:
How Systemic Racism Persists

By Barbara Caress

September 16, 2020

Thank You!!!

