



American College of Surgeons Task Force on Racial Issues: Report of Recommendations

NOVEMBER 2020

Following the killing of George Floyd, the Board of Regents of the American College of Surgeons, as a leader in surgery in the United States, recognized its responsibility to address the issue of structural racism within the American College of Surgeons (ACS) and within the profession of surgery. A task force was appointed to evaluate these factors as a result. This is a report of that task force.

The task force was chaired by J. Wayne Meredith, MD, FACS, ACS President 2020–2021, and populated by members who are committed to the issue of eliminating racism, who are senior leaders of the ACS who have a strong understanding of its operations, and who are influential and empowered to make changes (see roster). We conducted weekly virtual meetings to gather observations in three areas:

- 1 **Zone of Control.** These are things that the ACS can do as an individual organization without the involvement of others.
- 2 **Zone of Influence.** The ACS is a highly influential organization, and we have an opportunity and a duty to influence other entities, such as surgeons' practices, state chapters, potentially departments of surgery, and other surgical and professional organizations.
- 3 **Zone of Concern.** This is the zone that impacts how we can conduct the work over which we have less influence and no control, such as federal and state government, regulatory agencies, or other non-governmental regulatory agencies.

The Committee had considerable deliberations around several important issues and distinctions. The first is, would we focus on race or diversity, equity, and inclusion? We concluded that current national attention provides an opportunity to make great progress on the issue of structural racism in the ACS and in the profession of surgery. Therefore, we decided to focus on these issues of race. That focus does not in any way diminish the importance of diversity, equity, and inclusion for other races, ethnicities, or genders or sexual orientation. We believe the practices that will improve our performance on the issues of race will improve those related issues as well, and today's environment provides an opportunity to focus on race. As such, our recommendations are focused on anti-racism.

The second issue is separability of structural racism and disparities of care. We reviewed the ACS role in both areas. Our motto is "To serve all with skill and fidelity," which implies that eliminating racial disparity is an essential part of our commitment to serve all. There is no quality without access. The pursuit of excellence—that being skill and fidelity—requires some skill and fidelity in dealing with matters of race. This pursuit affects every surgeon in their relationships with their colleagues and patients, and is an inescapable fact of our society. We need to do all we can to help our own professional organization and our surgeons approach issues of race with excellence, skill, and fidelity.

RECOMMENDATIONS:

Following are recommendations that we believe the Board of Regents should consider and decide to act upon urgently. All our recommendations are important; some can be completed quickly, some in an intermediate phase, and some will take years to accomplish. We must work on all of them in haste. In the following pages, Figure 1 describes the five focus areas; Figure 2 summarizes 12 critical enabling tasks; and Figure 3 lists all recommendations.

FIG. 1 FIVE FOCUS AREAS FOR PROGRESS

1 Just and Inclusive Environment	2 Cultural Competency	3 Diversity in the Workforce	4 Public Health Research	5 Advocacy and Legislative Reform
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FIG. 2 TWELVE CRITICAL ENABLING HABITS

1 Staff Office of Diversity
2 Establish a Regental Committee
3 Create Library on History of Africa Americans in Surgery
4 Understand URM Baseline Demographics
5 Define New Demographics Goals and Timelines on Progress
6 Reassess and Amend Bylaws and Processes
7 Develop Best Practices and Training Programs
8 Leverage Research and Funding to Improve URM Access to Care
9 Create Business Plan for Action
10 Communicate and Disseminate Plan
11 Form Private/Public Partnerships
12 Catalyze Advocacy and Legislative Reform

TASK FORCE BASIS FOR DIVERSITY/EQUITY/INCLUSION

JUST AND INCLUSIVE ENVIRONMENT

- Staffing/Office of Diversity
- Identify demographics that define our current state
 - Leadership
 - Participants in our public programs
 - ACS staff
 - Presenters at ACS Events (conferences/education)
- Add the Value of Anti-Racism to existing ACS Values
- Implement anti-racism training (implicit bias, ally or active bystander, microaggression) for all ACS leaders and staff
- Secure funding to develop free training for members
- Convene a meeting of like-minded organizations to develop best anti-racism practices
- Clarify history of African-American experience to foster empathy, justice, and inclusion
- Create a library of the African-underrepresented American history and narrative
- Evaluate Bylaws and nominating processes for bias/racism
 - Encourage diversity in leadership
 - Members must practice mutual respect and anti-racism

CULTURALLY COMPETENT AND DIVERSE SURGICAL WORKFORCE

CULTURE

- Educate others about our programs and progress
- Be inviting and inclusive to new members
- Create a leadership culture encouraging speaking up when bias is evident
- Develop guidelines and best practices for Chapters
- Create a diversity leadership position in the Executive Leadership of each Chapter to increase UR minorities
- Develop mentor/mentee and coaching program
- Create safe space/ombudsman program

DIVERSITY

- Define what the workforce should be
- Set goals to create a workforce that looks like our society
- Develop a pipeline for underrepresented minority (URM) recruitment based on current membership statistics and provide support
- Make efforts to increase:
 - Undergraduate URM students going into medicine
 - Opportunities to mentor/sponsor URM surgery residents
- Solicit nominations for ACS leadership positions and Clinical Congress speakers
- Evaluate Chapter statistics
- Prioritize URMs joining the ACS as Fellows and their respective Chapters
- Sponsor URMs in local leadership positions
- Annual evaluation/measurement of chapters' advancement of diversity and alignment of ACS programs
- Align and expand our efforts with the ACS Committee on Diversity and Committee on Disparities, as well as consider potential affinity groups
- Support the growth of professional societies that have been dedicated to career development of African-American surgeons

PUBLIC HEALTH RESEARCH AND INITIATIVES

- Define public health measures agenda and identify gaps
 - Convene national consensus effort to define research needs
 - Partner with ACS Foundation to identify and locate grants
 - Identify federal funding opportunities to fill gaps identified
 - Expand portfolio of federal grants for developing access
 - Use available registries and data to implement policy
 - Explore barriers to hospitals and providers to participate in ACS Quality Programs
 - Use ACS Quality Programs to identify issues with access
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ADVOCACY EFFORTS AND LEGISLATIVE REFORM

- Identify overarching strategy for advocacy related to racism as a culture and disparity of care issue at national and state level
 - Propose a value-based model that is inclusive and affordable
 - Promote bipartisan outreach on health care access
 - Support expansion of Medicare/Medicaid
 - Use quality data to advocate for access issues identified
 - Support capacity building for safety net/public hospitals and provide access to ACS programs to providers that support the underserved communities
 - Create policy for African-American/minority/women-owned vendors/contractors/businesses to have opportunity to bid
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ROSTER

TASK FORCE MEMBERS

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