



Society of University Surgeons

Statement from the Society of University Surgeons

In medicine, diversity at all levels is essential to achieve equity and to provide the best possible care for patients from all backgrounds. Workforce diversity adds value to decision making, scientific inquiry, and care for an increasingly diverse patient population.¹

Sadly, workforce diversity in medicine at all levels has been lagging. According to data from the Association of American Medical Colleges (AAMC), 5.7% physicians are Black, 6.9% Hispanic, and 0.1% are American Indian or Alaska Native.² Although there is a paucity of disaggregated data on Asian Americans in medicine in general, there is clear evidence of disparate representation of Asians Americans in leadership roles in academic medicine.³ In academia, 3.6% of medical school faculty are Black, 3.3% are Hispanic or Latine, and 0.1% are American Indian or Alaskan Native.⁴ Those groups comprise 13.4%, 18.5% and 1.3% of the US population, respectively.

The Society of University Surgeons (SUS) was founded in 1938 and has as one of its core missions “fostering a community of justice, equity, diversity, inclusion and belonging”. Academic physicians actively participate in the recruitment and retention of medical students and junior trainees and can serve as role models who can support diversity, equity, and inclusion principles. On June 29, 2023, the Supreme Court of the United States ruled that colleges and universities can no longer take race into consideration as a specific basis in admissions. The court ruled 6-2 in *Students for Fair Admissions v. President and Fellows of Harvard College* and 6-3 in *Students for Fair Admissions v. University of North Carolina*. The decisions overturned more than four decades of court precedent. The rulings have caused significant pain to many of our members of the SUS. The rulings will have far-reaching consequences for medical education and healthcare in general if no further action is done. While race alone may not be used as a criterion for things like admissions, we can begin to articulate and codify the assets that people of color and other disadvantaged populations (women, LGBTQ, economically disadvantaged, etc.) bring to our organizations and workforce, such as maturity from the lived experience of overcoming racism, and community work and/or volunteerism. As Justice Roberts wrote, “Nothing in this opinion should be construed as prohibiting universities from considering an applicant’s discussion of how race affected his or her life.”

We must re-examine all policies and procedures that have led to the lack of progress and decreasing percentages of matriculating students from minority and disadvantaged populations. We will move forward. The SUS pipeline programs that expand the pool of URiM interested in STEM, such as this summer’s internship with members of the American Association for the Advancement of Science (AAAS), and URiM leaders, such as the SUS-Association of Academic Surgery (AAS) JUMPSTART program and SUS Promising Leaders Program, are initial steps. There is plenty of room to grow and work to do ahead.

Future generations of physicians need to mirror the society they serve. The SUS new vision statement is “*Empowering Leaders. Better Together.*” Let us work *together* and collaborate with partner organizations in driving meaningful change for the better.

Sincerely,

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