COVID-19. This is concerning since EC Black, Indigenous, and People of Color (BIPOC) female physician–scientists were already navigating systemic racism in academia, and are now challenged with the disproportionate impact of COVID-19 on their communities amid police violence and racial uprisings.

Before the pandemic, scientific workgroups identified solutions to improve female physician–scientist recruitment and retention for professional organizations, academic institutions, and funding agencies that are particularly relevant during this crisis. As organizations convert conferences to virtual formats, enhancing mentorship opportunities and scientific collaboration through innovative programming is critical given the dearth of female physician–scientists, and the instrumental role of mentorship for this group. Academic institutions should prioritize childcare for those with young dependents who are at risk for research disruptions and should increase access to financial support for research and administrative assistance. Since female BIPOC physicians are more likely to care for vulnerable populations, funding agencies must consider mechanisms to support projects partnered with under-resourced communities disproportionally impacted by COVID-19. At a minimum, funding agencies should automatically stop all “clocks,” such as early investigator status, until the pandemic resolves.

Professional organizations, institutions, and funding bodies must expand policies responsive to factors threatening productivity during COVID-19 so that the already endangered EC female physician–scientist does not become extinct.

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“Sheroes”: Celebrating Women in Medicine Month During the Time of COVID-19

**To the Editor:** The American Medical Association’s September Women in Medicine Month is a national effort showcasing the accomplishments of women physicians, scientists, educators, and leaders in medicine, working to advance gender equity in health care. The COVID-19 pandemic has exposed the added burdens for women in academic medicine leading on the frontlines. Although the pandemic has prohibited physical gatherings, it has offered an opportunity to redefine how we build community. Our approach was to thoughtfully engage our institution’s department of medicine in recognizing female colleagues’ contributions.

Our Program for Women in Internal Medicine (PWIM) at Duke University led a celebration of “Sheroes.” We defined Sheroes as women faculty and trainees who exemplified excellence in clinical work, leadership, research, community dedication, personal balance, and more. We solicited nominations through a weekly departmental newsletter, direct emails to program directors and division chiefs, and social media posts. We collected nominations via electronic survey—anyone could nominate any female faculty member or trainee in our department.

The response was inspirational: We received 177 Sheroes submissions, nominating 136 unique individuals out of 481 total women faculty and trainees across the department. We featured every nominee on the departmental website with their commendations. Twenty-five of these women, including 10 from underrepresented racial and ethnic groups, were highlighted on the department’s Twitter account, and they also reflected diversity of academic rank and specialty.

The Sheroes campaign was a bright moment for many during a difficult year. Nominations included such compliments as "She goes above and beyond for everyone she interacts with including patients, their families, her colleagues, and her mentees,” and "She is a role model for all of us to look up to.” Example reactions from nominated women included, “I am as strong as the females that surround me,” and “I know what all our team has done since March. But it..."
really meant so much to see that other people recognize it too.”

We see all women in our department as Sheroes, and their contributions deserve to be celebrated. But how do we acknowledge the value of these individuals on a regular, deliberate basis? We believe that doing so represents critical support for women physicians on their career paths, and academic medical centers should commit to such outward recognition along with changing structural factors. As networking organizations like PWIM create virtual and in-person programming, we aim to be deliberate about building community, encouraging sponsorship to promote women’s academic advancement, and driving substantial change to encourage women’s success.

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At Oakland University William Beaumont School of Medicine, we, alongside other medical students, composed a call to action document in an effort to highlight opportunities to improve our curriculum and condemn the manifestations of structural and systemic racism in the United States. We recognize we cannot adequately live up to the oath we took upon entering the medical community and the standard we have held ourselves to without acknowledging racism as a public health crisis. In our call to action, we outline 8 core action items for our institution to work on implementing, including curriculum reform, more robust support for minority medical students enrolled at our institution, and the implementation of antiracism workshops. As medical students who will one day serve an ever-diversifying patient population, we emphasize that our course material must reflect contemporary race issues and increased efforts need to be made to ensure that minority populations are represented in our medical school curriculum.

Medical Students Confront Racism and Systemic Oppression Amidst a Global Pandemic

To the Editor: The year 2020 will be marked in our history textbooks with an asterisk. It will represent the year the United States witnessed an unprecedented global pandemic alongside a racial revolution. Although the murder of George Floyd in Minneapolis on May 25, 2020 ignited the brewing discontent much of the public felt toward the justice system in the United States, the national quarantine imposed by the COVID-19 pandemic made it possible for so many Americans to take part in this racial awakening. Everyone was indoors, collectively witnessing the public killing of a Black man who cried out helplessly for his mother for 8 minutes and 46 seconds. The events that took place on May 25th shifted the paradigm of the COVID-19 pandemic, and the medical community shifted along with it. In particular, medical students across the country began drafting “call to action” documents urging their institutions to reassess their medical curriculum and the ways in which the medical community has failed marginalized patient populations.

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Since publishing our call to action document, our institution’s administration has been receptive to implementing the proposed action items, and we have witnessed an overall increase in discussions at our institution surrounding inequality. We hope this initiative demonstrates the importance of activism in medicine and the role of doctors and medical students to affect change. We encourage other students to take this initiative at their own institutions and be hopeful for the future of medicine.

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Social Justice and COVID-19: A Rallying Cry for Medical Schools to Prioritize Criminal Justice Health

To the Editor: Although the COVID-19 pandemic has highlighted and further reinforced preexisting health disparities in the U.S. general population, the severity and acuity of this health crisis has been particularly alarming in the criminal justice system. COVID-19 has disproportionately impacted people housed in U.S. jails and prisons. With our national focus on correcting social injustice, now more than ever should criminal justice health be reflected in medical education curricula. There are 2.3 million people behind bars in the United States, with 1.6 million housed in local jails alone. Public health advocates have repeatedly called for the release of those who pose no danger to themselves or others. Behind the data lie individual lives, with their means of support severed and their family members left to grieve or advocate on their behalf. This is particularly evident in the case of George Floyd, who was killed by a police officer who pressed his knee into Floyd’s neck for 8 minutes and 46 seconds.

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