



OUTSIDE THEIR LANE: MISSION CREEP IN MEDICAL SPECIALTY SOCIETIES

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EXECUTIVE SUMMARY

SPECIALTY SOCIETIES

Medical specialty societies (e.g. the American Psychiatric Association, American College of Surgeons, and American Academy of Pediatrics) are key players in American healthcare. Among other things, these organizations develop clinical guidelines, provide continuing medical education, advance the professional interests of members through outreach and lobbying, and publish medical journals.

Because of the authority dispensed to these organizations in shaping clinical practice, they are key players in upholding medicine's social contract, an implicit understanding that medical experts receive trust and autonomy in exchange for high standards of professional conduct (e.g. technical expertise, integrity, and accountability).

The promise of autonomy requires that it is not abused to inform or influence matters unrelated to the practice of medicine. Similarly, trust is – or ought to be – safeguarded by norms that medicine operates dispassionately and neutrally from broader political and cultural conflicts. Patients should envision doctors as healers, not stooges for larger political agendas.

Regrettably, medical specialty societies are in breach of that contract. A review of policy statements reveals that these organizations routinely participate in political advocacy on topics unrelated to medicine. This report observes this phenomenon systematically by searching for policy statements from 28 medical specialty societies.

The report specifically notes whether specialty societies adopted official positions relating to affirmative action/racism, climate change, the Russian invasion of Ukraine, immigration policy, or conflict between Israel and Hamas.

These five hot-button issues tend to generate a lot of public interest, but clearly fall outside the scope of clinical practice. Nevertheless, it is observed that medical associations comment on them with alarming regularity. Since 2010, 93% of specialty societies published statements on affirmative action or racism, 57% on climate change, 50% on immigration, 39% on Ukraine, and 18% on the ongoing war in the Middle East.

Medical specialty society mission creep represents a breach of social contract and a betrayal of both the public and dues-paying members who reasonably expect these organizations to safeguard their interests. Declarations of institutional neutrality are long past due.

THE SOCIAL CONTRACT

It is generally accepted that medicine has a social contract with the rest of society whereby autonomy and self-regulation are exchanged for technical expertise and commitment to foundational principles of modern medicine (e.g. the Hippocratic Oath). Sometimes the social contract breaks down when one side fails to uphold its promises. For example, the observation that prescription drug addiction often has iatrogenic roots necessitated the establishment of prescription drug monitoring programs.ⁱ On the other hand, the price and wage controls that President Nixon imposed upon health care in 1971 are widely recognized as an unwarranted imposition on physician autonomy.ⁱⁱ

Other times the social contract fails by abuse of its privileges. Autonomy and self-regulation are granted based on the understanding that physicians have unique, asymmetrical knowledge about medicine that invites deference from the rest of society on medical matters. However, that expertise and that deference are supposed to be relegated to medicine. When medical organizations invoke “expertise” to take official positions on issues unrelated to medicine, they violate the social contract. Consider the case of a 2023 editorial published in *JAMA Surgery*. The authors assert that clinicians have a “crucial role” to play in averting nuclear war, and they implore health associations to advocate for three policy positions: “First, adopt a no first use policy; second, take their nuclear weapons off hair-trigger alert; and third, urge all states involved in current conflicts to pledge publicly and unequivocally that they will not use nuclear weapons in these conflicts.”ⁱⁱⁱ Doctors have varying levels of understanding in treating victims of a nuclear blast, but no special understanding of strategies to avert nuclear war or the tradeoffs associated with those strategies. When medical organizations take positions on nuclear posture and other issues unrelated to treating and healing patients, they operate outside their expertise and breach the social contract.

SPECIALTY MEDICAL SOCIETIES

American doctors are overwhelmingly specialized. That is, they have completed a residency that focuses on particular diseases, technical competencies, or understanding of specific populations (e.g. children or pregnant women). These organizations charge membership fees (generally several hundred dollars per year for practicing physicians) and in turn, members receive subscriptions, discounts, access to continuing medical education courses, and resume-building opportunities through participation in organizational committees and “fellow” designations. Members mostly include medical students, clinicians, and researchers.

In theory, medical specialty societies are tasked with developing clinical guidelines, providing continuing medical education, advancing the professional interests of members through outreach and lobbying, and publishing medical journals. It’s no secret by now that these processes are susceptible to ideological pressures, at least within certain specialties. The Endocrine Society, for example, is a vital gatekeeper for pediatric gender medicine which has deliberately attempted to stave off a reckoning

around the lack of evidence for so-called “gender-affirming care.”^{iv}

It’s lamentable that the Endocrine Society has been so consistently and dangerously incorrect about pediatric gender medicine. It is, however, reasonable and indeed expected that the society would have something to say about the matter. The same cannot be said for political issues unrelated to clinical practice or health policy, where the public holds no expectation of comment and where societies lack expertise that makes that opinion worthy of public deference.

METHODOLOGY

Tracking political activism among medical specialty societies requires first identifying those societies. The Association of American Medical Colleges (AAMC) identifies 48 specialty categories featured in the 2022 Physician Specialty Data Report^{iv}. To condense and simplify the process, subspecialties (e.g. child psychiatry, pediatric internal medicine, thoracic surgery) are condensed into 28 core specialties. An internet search was then performed to identify the related medical associations. In the event that a specialty has more than one association, the report defaults to whichever of the organizations has the largest membership roll.

Political activity is traced through the websites of the various societies, all of which feature search options where the keywords were entered. Official statements take the form of press releases, open letters, or position statements published in academic journals. This approach emulates the methodology that Do No Harm Senior Fellow Jay Greene and American Enterprise Institute Senior Fellow Frederick Hess recently used to track political activism among 99 academic associations, as imitation of their strategy facilitates comparison between medical associations and the associations that represent that represent other academic disciplines.

Overall, activism is common across specialty medical societies. Only two societies (the American Academy of Dermatology and the American Academy of Orthopaedic Surgeons) have not adopted an official position on the five political issues identified in this report. Among the 26 societies that take stances, 23 (88%) do so on multiple issues.

The five societies (American Academy of Ophthalmology, American Academy of Otolaryngology, American Society for Clinical Pathology, American Podiatric Medical Association, American College of Rheumatology) that have taken stances on a single issue do so on racism. Four of those statements were published within weeks of George Floyd’s death.

RESULTS BY CATEGORY

SPECIALTY	MEDICAL ASSOCIATIONS	SYSTEMIC RACISM/ AFFIRMATIVE ACTION	UKRAINE	ISRAEL	IMMIGRATION	CLIMATE CHANGE	#
Allergy and Immunology	American Academy of Allergy, Asthma & Immunology	Y	Y	N	N	N	2
Anesthesiology	American Society of Anesthesiologists	Y	Y	N	N	Y	3
Cardiology	American College of Cardiology	Y	Y	Y	Y	Y	5
Dermatology	American Academy of Dermatology	N	N	N	N	N	0
Emergency Medicine	American College of Emergency Physicians	Y	Y	N	Y	Y	4
Endocrinology	Endocrine Society	Y	N	N	Y	Y	3
Family Medicine	American Academy of Family Physicians	Y	N	N	Y	N	2
Gastroenterology	American Gastroenterological Association	Y	Y	N	N	Y	3
Geriatrics	American Geriatrics Society	Y	N	N	Y	N	2
Infectious Disease	Infectious Diseases Society of America	Y	N	N	Y	Y	3
Hematology	American Society of Hematology	Y	N	N	Y	N	2
Internal Medicine	American College of Physicians	Y	N	N	Y	Y	3
Nephrology	American Society of Nephrology	Y	Y	N	Y	Y	4
Neurology	American Academy of Neurology	Y	Y	Y	N	N	3
Obstetrics	American College of Obstetricians	Y	N	N	Y	Y	3
Oncology	American Society of Clinical Oncology	Y	Y	Y	Y	Y	5
Ophthalmology	American Academy of Ophthalmology	Y	N	N	N	N	1
Orthopedics	American Academy of Orthopaedic Surgeons	N	N	N	N	N	0
Otolaryngology	American Academy of Otolaryngology	Y	N	N	N	N	1
Pathology	American Society for Clinical Pathology	Y	N	N	N	N	1
Pediatrics	American Academy of Pediatrics	Y	Y	Y	Y	Y	5
Podiatry	American Podiatric Medical Association	Y	N	N	N	N	1
Physical/Rehab	American Academy of Physical Medicine	Y	N	N	Y	Y	3
Psychiatry	American Psychiatric Association	Y	Y	Y	N	Y	4
Pulmonology	American Lung Association	Y	N	N	N	Y	2
Rheumatology	American College of Rheumatology	Y	N	N	N	N	1
Surgery	American College of Surgeons	Y	N	N	Y	Y	3
Urology	American Urological Association	Y	Y	N	N	Y	3
TOTAL:		26	11	5	14	16	72

It's plausible that those organizations don't regularly engage in political activism but simply lacked the restraint or courage to say nothing amidst the zeitgeist of "the Great Awakening."

Racism is the most popular political topic among medical associations, with 26 of 28 (93%) organizations making an official comment on it. While Americans can overwhelmingly agree that racism is contemptible, the content of those statements generally signals a clear, politically-coded viewpoint about the nature of racism in the United States. For example, The American Academy of Otolaryngology begins with the assertion that "our country is currently in the midst of a crisis and potentially at a crossroads."^{vi} The Infectious Diseases Society of America meanwhile contends that "the impacts of structural racism infiltrate every aspect of life in the United States at every level, from law enforcement, education, housing, and employment opportunities to accessing adequate health care coverage."^{vii}

Statements on racism also occasionally feature calls to political action that clearly fall outside the scope of healthcare. The American College of Physicians, for example, "supports greater transparency, accountability, and adoption of best practices in law enforcement to address the sources of institutional racism and harm and ensure equal treatment under the law of all persons, without regard to race and other personal characteristics."^{viii} The American College of Surgeons similarly avows that ending "police brutality against people of color" is "among the most important missions of the ACS."^{ix}

Climate change registers as the second-most popular issue among the five issues surveyed for this report, with 16 of 28 (57%) societies issuing an official statement. While climate change and medicine broadly fall under the larger umbrella of science, common sense suggests that physicians generally don't possess a uniquely strong understanding of the science of climate change given its irrelevance to clinical decision-making. A more sensible approach accepts that the appropriate role of clinicians is to deal with whatever downstream effects might manifest from climate change rather than remedy upstream factors. Consider: foreign policy, fiscal policy, and education policy also carry clear implications for health. Simply put, if doctors are tasked with fixing upstream determinants of health, everything is healthcare.^x A slight majority of medical societies are nonetheless undeterred from weighing in on climate change. The American College of Obstetricians and Gynecologists, for example, "calls on our national and international leaders to act to curb greenhouse gas emissions and limit further climate destabilization."^{xi} The American Psychiatric Association's position statement similarly pleads that "efforts should be aimed at reducing the progression of climate change."^{xii}

Fourteen of 28 organizations (50%) made a statement about immigration, with all of them issued as critiques of policies prioritized by President Donald Trump. Several of these critiques concern a rule which allowed for the denial of permanent resident

status to immigrants who received public benefits. The American Academy of Family Physicians bemoaned that “the proposed rule would open the door to fundamentally alter our immigration process based on potential future economic factors versus the merits of the individuals’ request for legal status.”^{xiii} Other statements addressed executive orders that banned entry for nationals from terrorism hot spots like Syria, Iran, and Yemen. The Endocrine Society, for example, avowed to be “working with the broader research and medical communities on supporting legal efforts to overturn the (travel) order.”^{xiv} Notably, not a single immigration statement endorses stronger border security despite the critical role that drug-smuggling on the southern border plays in the opioid epidemic.^{xv} It’s clear that the political activism of medical associations is determined by commitment to leftist orthodoxy rather than improving health outcomes.

When it comes to the Russian invasion of Ukraine, 11 of 28 (39%) of medical specialty societies issued an official statement. The American Academy of Allergy, Asthma & Immunology (AAAAI) proclaimed that the organization “joins healthcare providers around the globe in calling for an end to the fighting in Ukraine that has devastated the lives of hundreds of thousands of people.”^{xvii} The American Gastroenterological Association (AGA) also “stands firmly against war and any form of violence anywhere in the world,” a statement apparently necessitated by their positioning as “global guardians of digestive health, dedicated to the care and treatment of all people.” It’s hard to imagine that the statements from AAAAI or AGA were cause for celebration in Kiev, but easy to imagine that some allergists and gastroenterologists are flustered by their professional organization’s detours into foreign affairs.

Compared to other topics, statements on the ongoing conflict between Israel and Hamas (including the October 7th massacre) are unusual, with only five of 28 (18%) organizations making an official statement. Several medical organizations that were quick to denounce the Russian invasion of Ukraine elected to stay silent regarding the Hamas-perpetrated massacre on October 7th, a curious phenomenon that Do No Harm documented in a previous report.^{xviii} Moreover, among the five that issued statements, two followed up with clarifications. The American College of Cardiology, which condemned the October 7th attack on October 15th, updated its statement two weeks later to note “that no statement at any one point in time can truly reflect the diversity of perspective and the impact of the dynamic and fluid nature of the events and their consequences to the lives of all those in the region. As such, the College will make no further statements on this crisis.”^{xix} The American Psychiatric Association, meanwhile, offered an initial unequivocal condemnation of the October 7th massacre on October 11th, but an update on November 9th notes that, “In response to the violence, loss of life, and trauma caused by the ongoing conflict in Gaza and Israel, the APA expresses its deep concern for all the Israeli, Palestinian and other people impacted.”^{xx}

One way to interpret the reluctance to speak on Israel is that the healthcare establishment has unusually chilly feelings regarding groups characterized as “oppressor” within the DEI

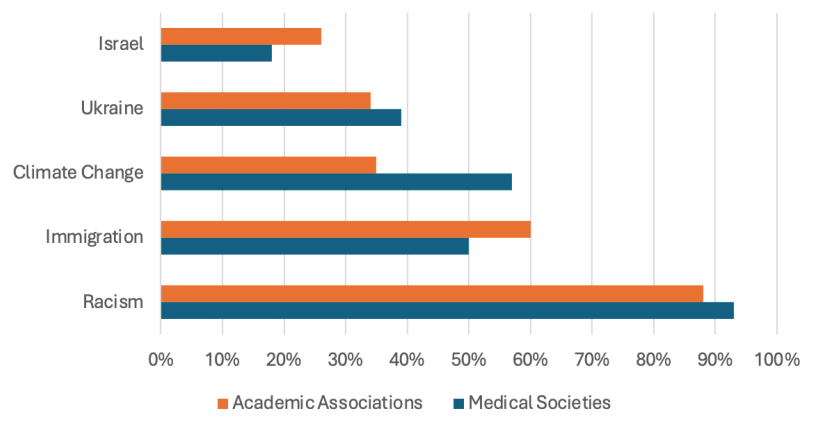
hierarchy. A second, non-mutually exclusive explanation is that medical societies opt to stay silent on issues that engender the strongest of passions and which could produce turmoil within their ranks. Either way, it's clear that the decision to speak out on non-medical issues involves a political calculation and is not simply a matter of adherence to "science."

RESULTS COMPARED TO OTHER ASSOCIATIONS

In a recent report published by the American Enterprise Institute (AEI), Senior Fellow Rick Hess and Do No Harm Senior Fellow Jay Greene documented the political activism of 99 academic associations (e.g. the American Mathematical Society and the Middle East Studies Association) using the same methodology in this report.^{xxi} These organizations provide an interesting reference point since, like medical specialty associations, they are membership organizations tasked with convening and representing a small number of highly trained experts.

Overall, specialty medical organizations engage in political activism in ways that resemble other academic associations, both in terms of how often they take a position and on what matters they choose to take a position. Specifically, that report observes that 81% of academic associations took a stance on at least one of the five issues compared to 93% of specialty medical organizations. Like medical specialty societies, academic associations are especially eager to take stances on issues related to racism, as 88% of those that adopted any political stance did so on racism (compared to 100% of medical societies that took a stance on at least one issue). Medical societies are somewhat less likely to take a stance on immigration (50% versus 60% in academic associations) but appreciably more likely to take a stance on climate change (57% versus 35%). Medical societies and other professional organizations have less interest in commenting on foreign affairs compared to domestic issues but prefer to stake out positions on the invasion of Ukraine (39% in medical societies, 34% in academic associations) rather than the Israel-Hamas War (18% in medical societies, 26% in academic associations).

PROPORTION OF MEDICAL SOCIETIES AND ACADEMIC ASSOCIATIONS THAT TAKE STANCES ON POLITICAL ISSUES



RESULTS BY MEMBER VOTING PREFERENCES

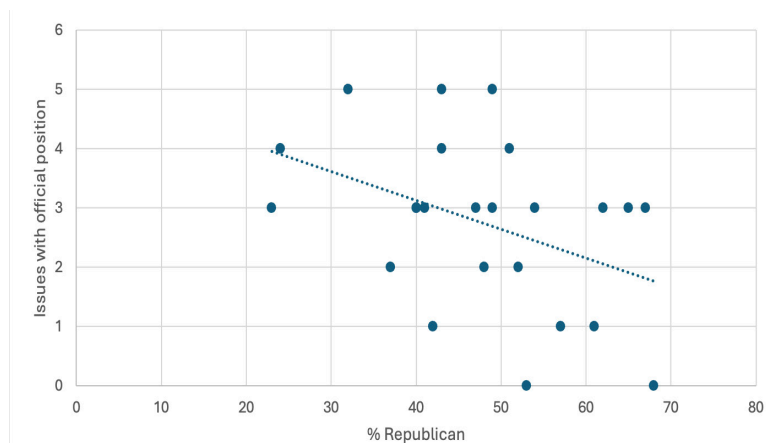
Prior work has documented that doctors are not evenly sorted to specialties in terms of their political ideology, but that certain specialties are disproportionately staffed by physicians of a liberal or conservative political persuasion. It's plausible that this sorting correlates with political activity. For example, the president of an association dominated by political liberals might calculate that members are receptive or ambivalent to criticism of the Supreme Court's ruling against affirmative action. A leader of an organization with more conservative members is likely to feel differently or determine that the internal political costs of such activism are significant.

In 2016, researchers Eitan Hersh and Matthew Goldenberg examined doctor voter registration data in 29 states to observe the proportion of physicians in each specialty who are registered Republicans. They disaggregated the results by 24 specialties (unlike this analysis, their specialties did not include allergy, hematology, podiatry, or rheumatology), revealing stark partisan differences (e.g. orthopedics is 68% Republican, infectious disease is 23% Republican).

Cross-referencing the Hersh and Goldenberg data on the proportion of registered Republicans with the number of political statements reveals that the numbers correlate moderately at $r = -.42$ (i.e. more Republicans means less activism). While it's clear that activism is at least in part a function of political preferences within the organization, it also emerges that even those organizations with more conservative members regularly engage in progressive political activism.

For example, the American Society of Anesthesiologists, the American Urological Association, and the American College of Surgeons each took positions on three of the five issues despite nearly two-thirds of their members being Republicans. Dissent from rank-and-file members is not necessarily tolerated. Do No Harm Visiting Fellow Richard Bosshardt was banned from the American College of Surgeons for questioning the wisdom of its embrace of DEI and critical race theory in the wake of George Floyd's death.^{xxi}

SPECIALTY PARTISANSHIP & ACTIVISM



In their analysis of scholarly associations, Greene and Hess speculate that scholarly associations are captured by ideologues with political sensibilities far more radical than the members they nominally represent:

Now, most members of a given association have little to do with proposing or endorsing any given diktat. Rather, associations' executive directors and a small number of activist board members who are more ideologically invested than their peers tend to push for ideological statements. Indeed, the most "scholarly" scholars tend to be more immersed in teaching and research than in politics, which is what allows academic activists to co-opt associations. Most members have no interest in picking fights and just want an excuse to spend four days on the university's tab at the annual conference in New Orleans or San Diego, where they can reconnect with friends and catch up on professional gossip. But the result is that political stances get enshrined in formal association policies, held up as professional norms, and parroted in public forums, distorting these associations' academic mandate in the process.

Based on the data observed in this report, it appears likely that the same phenomenon occurs within medical specialty societies.

LOBBYING

Do medical specialty societies put their money where their mouth is? In short, no. A review of 2024 lobbying activities on Open Secrets (a website that tracks political donations and lobbying) reveals that medical specialty societies expend significant resources toward lobbying (\$13.5 million in 2024), but that for the time being those efforts are focused on compensation, working conditions, pipelines into the profession, and other aspects of advocacy. The choice not to put skin in the game reveals that policy statements are mostly vacuous and hollow virtue signals.

The American Academy of Dermatology lobbies for taxes on tanning beds and the American College of Cardiology lobbies for tobacco use prevention because they see these agendas as important to their causes. The decision not to lobby for increased funding for Ukraine or nuclear energy reveals that they don't imagine those efforts to be similarly productive for their causes.

Vacuous and hollow statements are not harmless. Because social justice-minded health experts insist that everything is healthcare, their position-taking on issues like immigration and foreign policy is asserted as expert opinion worthy of public deference. Indeed, it is a flagrant violation of medicine's social contract.

SPECIALTY	SOCIETY	LOBBYING 2024
Allergy and Immunology	American Academy of Allergy, Asthma & Immunology	\$ 30,000
Anesthesiology	American Society of Anesthesiologists	\$ 580,000
Cardiology	American College of Cardiology	\$ 970,000
Dermatology	American Academy of Dermatology	\$ 1,240,000
Emergency Medicine	American College of Emergency Physicians	\$ 927,501
Endocrinology	Endocrine Society	\$ 60,000
Family Medicine	American Academy of Family Physicians	\$ 1,870,442
Gastroenterology	American Gastroenterological Association	\$ 130,000
Geriatrics	American Geriatrics Society	\$ 20,000
Infectious Disease	Infectious Diseases Society of America	\$ 330,000
Hematology	American Society of Hematology	\$ 60,000
Internal Medicine	American College of Physicians	\$ 99,078
Nephrology	American Society of Nephrology	\$ 150,000
Neurology	American Academy of Neurology	\$ 990,000
Obstetrics	American College of Obstetricians	\$ 520,000
Oncology	American Society of Clinical Oncology	\$ 740,000
Ophthalmology	American Academy of Ophthalmology	\$ 685,866
Orthopedics	American Academy of Orthopaedic Surgeons	\$ 899,895
Otolaryngology	American Academy of Otolaryngology	\$ 540,000
Pathology	American Society for Clinical Pathology	\$ 42,000
Pediatrics	American Academy of Pediatrics	\$ 264,000
Podiatry	American Podiatric Medical Association	\$ 100,000
Physical/Rehab	American Academy of Physical Medicine & Rehabilitation	\$ 60,000
Psychiatry	American Psychiatric Association	\$ 373,713
Pulmonology	American Lung Association	\$ 280,000
Rheumatology	American College of Rheumatology	\$ 210,000
Surgery	American College of Surgeons	\$ 460,000
Urology	American Urological Association	\$ 194,000

TOTAL: \$13,526,495

CONCLUSION

Medical specialty societies sometimes make bad decisions about clinical practice within their own specialty. For example, a 2018 policy statement from the American Academy of Pediatrics describes “watchful waiting” as an outdated approach to adolescent gender dysphoria, an extreme position that encourages pediatricians to place gender distressed kids on an immediate medical pathway. If these societies can be wrong about the things they specialize in then they can certainly be wrong on issues outside their expertise. The folly of political activism within medicine is underscored by a recent experiment revealing that universal basic income payments have no effect on health, an observation that flies in the face of everything that medical activists claim to know about the “social determinants of health.”^{xxiv - xxv}

Engaging in activism and breaching medicine’s social contract comes at a cost to clinicians. When one side violates their end of the bargain, they invite the other side to do the same. Medical organizations risk forfeiting autonomy when they operate outside their expertise. Moreover, when organizations take official stances on issues, they tend to chill the speech of individual members who feel differently.

Violating the social contract also threatens to jeopardize patient trust. Recent data show that trust in physicians has dropped substantially in recent years and that it’s particularly low among conservatives.^{xxvi} This trust is best recaptured through demonstration that medicine operates independently from our highly polarized political climate rather than as a front in a larger culture war. Official stances of neutrality among medical organizations – which should include retractions of past political statements – represent a necessary if insufficient step in that journey.

In recent months, several universities have adopted positions of institutional neutrality. Medical societies can and should emulate that approach and rededicate themselves to advancing the interests of the specialty and the physicians in it.

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