Diversity, Equity, and Inclusiveness in Medicine and Cardiology: Next Steps for JAHA

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This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1161/jaha.120.019307 This article is protected by copyright. All rights reserved We, the Editors of the *Journal of the American Heart Association*, sincerely regret the publication of the article "Diversity, Inclusion, and Equity: Evolution of Race and Ethnicity Considerations for the Cardiology Workforce in the United States of America From 1969 to 2019".¹ We are aware that the publication of this flawed and biased article has caused a great deal of unnecessary pain and anguish to a number of parties, and reflects extremely poorly on us. We fully support the retraction of this article.² The editorial group, including those who directly handled the Wang article and those who did not, now examine the deficiencies in our peer review process that led to its publication and provide remedies to assure that these will not be repeated.

The peer review process for the Wang manuscript was flawed. The designation of the manuscript by the Author as a white paper was inappropriate, a sufficient number of external reviewers was not obtained, and the Associate Editor handling the manuscript did not provide adequate oversight. The Editor-in-Chief is responsible for the oversight of the Associate Editors and for all of the manuscripts that we publish; the oversight of the review process in this case was not acceptable. To correct these inadequacies, we are modifying our protocols to guarantee that every manuscript receives external peer review of sufficient number and quality. In addition, the Associate Editors and Editor-in-Chief will spend the required time and effort to assure that each manuscript that we publish is classified correctly and is of appropriate rigor and quality. Finally, we believe that additional transparency in the review process is essential. Thus, beginning in the spring of 2021, we will pilot the publication of the anonymous reviewer comments and the responses of the authors to those comments for accepted manuscripts unless the authors or reviewers decline, with the goal of publishing reviewer comments and responses for all manuscripts directly submitted to *JAHA* at some point thereafter.

It is clear that our Editorial group did not appreciate the potential ramifications of a manuscript on this topic. Along with learning from our error and mandating additional oversight on manuscripts of this type, we will expand our editorial staff to include additional expertise on social, educational and policy matters. We will also expand the representation of historically underrepresented groups to assure the presence of adequate voices promoting diversity, inclusion and equity.

We are deeply sorry that we have failed the American Heart Association, our readership and our community. We commit to doing whatever is necessary to regain your confidence and trust.

Disclosures: Disclosures provided by the JAHA Editors in compliance with American Heart Association's annual Journal Editor Disclosure Questionnaire are available at https://www.ahajournals.org/editor-coi-disclosures.

References:

- Wang NC. Diversity, Inclusion, and Equity: Evolution of Race and Ethnicity Considerations for the Cardiology Workforce in the United States of America From 1969 to 2019. J Am Heart Assoc. 2020;9:e015959. <u>https://doi.org/10.1161/JAHA.120.015959</u>.
- Retraction to: Diversity, Inclusion, and Equity: Evolution of Race and Ethnicity Considerations for the Cardiology Workforce in the United States of America From 1969 to 2019. J Am Heart Assoc. 2020; https://www.ahajournals.org/doi/10.1161/JAHA.119.014602.

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