"We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness...."

Thomas Jefferson

Jefferson was an awe-inspiring man, but he was not perfect; he did own slaves, he fought like a baby with Adams, and he supposedly had a high-pitched goofy sounding voice. Nonetheless, he forwarded the idea was that all people should be treated the same, regardless of color, gender, height or even if they have a hillbilly southern accent. But 2019 brings inequality in academic emergency medicine. This month's special edition of AEM is dedicated to understanding gender disparity in emergency academia. The Editorial Board of AEM undertook this issue to delve into root causes of gender inequity and to better understand how the gaps can be closed. Although we received more evidence documenting the problem than evidence about solutions, solutions start with understanding the problem. Wiler, et al. found that the human XX chromosomal gender continues to cause a 7–17 percent reduction in a person's paycheck. Regarding causation, the authors found more about what it's not than what it is when it comes to explaining pay disparity among the teachers and creators of knowledge in emergency care. Wiler, et al. show that the pay gap is not a result of difference
in rank or academic productivity. The gender pay gap starts with instructors and persists with professors. The gap has always existed and has persisted across the past four years of data evaluated in this work, as well as across geographic locations in the United States. Some explanatory covariates probably remain hidden, but the available data imply unequal negotiation, starting at the time of hire. The faster 6.5 percent rate of pay increase for women compared with 3.8 percent for men offers a glimmer of hope. But the data show the rate of catch-up is too slow. Let us be inspired to create all salaries equal.

Best wishes,
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