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Why Not Me?

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The leasing agent extended his hand and asked my boyfriend, Alex, “Where will you be attending medical school?” There we stood, looking at a succulent-staged apartment in Arizona and admiring what seemed to be acres of land compared to our tiny closets in San Francisco. As a non-traditional student, I had just been accepted to several medical schools and was ready to pursue my professional dreams. During my time working for six years after college, I became more sensitive to instances of differential treatment based on the combination of two chromosomes and the color of my skin.

Indeed, the leasing agent’s question appeared benign, yet inside, I fumed. It was the same question that dozens of agents had asked at other apartments. What does your boyfriend do for work? Does he know which medical school? This simple act— an assumption that Alex’s accomplishments prompted our relocation— had the transient power to erase the efforts I made throughout my pre-medical journey: the carpal tunnel I developed while making MCAT flashcards, hours on the phone obtaining prescriptions for uninsured patients, and a conscious decision to forfeit the six-figure salary I negotiated.

As we piled into the car with a handful of brochures, I asked Alex if he noticed anything unusual about the encounter with the leasing agent. He scratched his head and tried to figure out how I could be upset about the new fitness center, enormous closets, and USB outlets. I explained that the leasing agent assumed that our move was due to his job. Alex nodded, stating he did notice, hence his clarification with the leasing agent that I was actually the MD-to-be. I took a deep breath and thanked him for standing up for me. Since then, he has made efforts to view interactions from my perspective.

Perhaps I was being dramatic. After all, the leasing agent could have made the assumption based on the fact that my boyfriend made the appointment. Yet in my observations of the #MeToo movement and Kavanaugh/Ford trials of 2018, I find justification for this anger against the disbelief in a woman’s competency. Surely there were mystical, powerful forces at play.

It was during my first semester in medical school that I realized the strength and permeability of such forces – unconscious biases to be exact. For one assignment, students were asked to complete an online quiz to better understand personal biases. As an AMWA member, advocate of gender equity, and woman weightlifter, I chose to take a quiz on gender biases, as if I already had them mastered. Among a series of questions, I was asked to press “1” or “2” to select words that were closely associated with one another, as fast as possible. Examples included: woman + career, man + career, woman + home, man + home, and so forth.

I leaned in to see my results, anticipating that I would fall under the curve for gender bias. However, the next few clicks proved otherwise. To my dismay, I learned that I had a “moderate bias” of women in home-oriented roles, as opposed to career-oriented roles, based on the time it took for me to press the keys. Slumping back in my chair, I struggled with the outcome. How could someone so passionate about gender equity have an unconscious bias against her own kind? Someone who is aware that a simple name change on a resume could land herself a job or a higher salary? In that moment, I remembered the cultural and societal underpinnings that prevented me from pursuing medicine in the first place – lack of women physicians who had my frizzy black hair, along with the recurring advice to choose a career conducive to raising a

family...as if having a career and raising a family were mutually exclusive. I felt empathy for those, similar to the leasing agents I had met, with biases (unbeknownst to themselves) rooted in the context in which they were raised. It was not my fault for having such unconscious biases; neither was it that of the leasing agents'.

The online quiz ignited discourse within myself and those around me about the need for awareness of unconscious biases. Increased education and action against bias would hopefully reduce sexist behaviors in daily interactions, including assumptions that might ultimately preclude women from the medical profession. Furthermore, I understood the need to garner support from others, especially men. My boyfriend could have refrained from editing my medical school applications and accompanying me to visit schools. He could have advised me to maintain my current job since it was stable. He did not have to speak up about our moving situation with the leasing agent; yet he chose to stand in my corner.

Upon further reflection, I realized one action that seemed to alleviate bias in my previous experiences: sometime along my pre-medical journey, I learned to generate a strong handshake at every introduction, since I knew that the odds were already against me the moment I walked into a room. Not everyone expects a strong grip from a five-foot, baby-faced woman. Yet I've succumbed to the idea that this handshake might be my only hope in showing prospective employers, colleagues, and other professionals that I mean business.

For now, at least.

Stephen Curry of the Golden State Warriors basketball team often speaks about women's equity, recognizing the political climate in which his young girls are being raised. In his essay, "This is Personal", he states,

"...eventually we can get to a place where the women's game...isn't 'women's basketball.' It's just basketball. Played by women, and celebrated by everyone."

Like Stephen Curry, my aim for medicine is for women to walk into the clinic, operating room, or board meeting without anyone batting an eye or forgetting to address them as "Dr." among their male counterparts.

First, we must acknowledge our biases and adjust the deceptively "harmless" language we use in our everyday lives.

Second, may we remind ourselves and our future daughters to ask, "Why not me?"