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**Breaking Barriers: My Path to Advancing Gender Equity in Medicine**

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As a graduating senior, I stood at the crossroads of discovery, driven by a single question: how do crises shape women leaders? My answer unfolded during the transformative year of my Thomas J. Watson Fellowship, a journey that combined curiosity, courage, and a commitment to gender equity.

To me, gender equity means providing women with not just equal opportunities but also the systemic support necessary to overcome barriers unique to their experiences. It involves dismantling biases, creating inclusive environments, and ensuring that women can thrive in leadership roles without facing disproportionate obstacles. My passion for this cause was solidified during my Watson Fellowship, where I witnessed firsthand how crises revealed both the challenges for and strengths of women leaders.

Chosen by my undergraduate institution as a nominee for the Thomas J. Watson Fellowship, I had the opportunity to propose a project that encompassed my life’s passion and, if selected, travel the world to explore it. Meeting my school’s rigorous personal selection criteria—leadership, imagination, independence, emotional maturity, courage, integrity, resourcefulness, and responsibility—I just needed to develop an idea worthy of global inquiry. After reflecting on my experience as an intern for the US Department of State, I found my focus: how do crises impact women leaders?

Months of waiting and a rigorous selection process later, I anxiously refreshed my phone, waiting for the 2023 Fellow list to appear. In between looking into a microscope in a pitch-black lab, I refreshed again, and it appeared. My name was right at the top. Over the course of my 2023-2024 Watson Fellowship, I interviewed 38 women across 11 countries in Europe, Oceania, Asia, and North America. I engaged with women leaders across various fields—scientists, politicians, and physicians—to investigate how crises, including COVID-19, terrorist attacks, and gender inequalities, shaped their work and resilience. I attended five conferences focused on women in leadership, in cities such as Brussels, Sydney, Melbourne, and Tokyo. Factoring in speakers and informal encounters, I connected with over 100 extraordinary women, deepening my understanding of gender equity and its intersection with crisis.

One interview in particular stood out: Dr. Anna Ranta, an American-trained physician in Wellington, New Zealand. As a senior leader at Wellington Hospital and the University of Otago, she had navigated crises ranging from natural disasters to the COVID-19 pandemic. Her resilience, she explained, stemmed from frequently moving during her youth, a key finding that emerged from my ethnographic research. Despite facing gender discrimination throughout her career, Dr. Ranta broke through glass ceilings and encouraged others to embrace traditionally feminine traits as strengths. Her story inspired me to intentionally integrate my passion for women’s leadership into my future medical career.

Initially, I imagined my Watson research would focus on studying women’s leadership strategies. However, my project evolved into something far more personal: acting as a conduit for stories of discrimination and resilience. In Switzerland, I began my journey by interviewing women at a large pharmaceutical company. Weeks later, while speaking with scientists at an academic research institute in Lausanne, one prominent researcher asked, “What did the women in industry say? Is industry really better?” I shared that while the women found that microaggressions were less apparent in industry, significant career advancement obstacles persisted. These conversations reinforced the importance of opening doors for dialogue about gender equity, one step at a time.

Transitioning into medical school immediately after my fellowship left me pondering: how can I make a difference right now? I began by continuing to write my final research report, with hopes of publishing these powerful stories. Locally, I volunteer with the Gifted and Advanced Learning program at a West Baltimore elementary school, encouraging children to envision themselves as doctors and scientists. Additionally, I mentor minority pre-med students through the Student National Medical Association, sharing tools to overcome barriers in medicine.

These advocacy efforts have shown me the importance of empowering others at every stage of their journey. For instance, one pre-med student shared that my guidance gave her the confidence to sign up to take the MCAT, a moment that underscored the ripple effect of mentorship and advocacy.

As a joint MD/Master of Public Policy Student, I aspire to integrate medicine and policy to strengthen gender equity at a systemic level. Women face greater direct and indirect barriers to success. Achieving gender equity requires policies that support women’s opportunities. One day, I aim to make the United States more supportive of women physicians and leaders through meaningful policy reforms. In the meantime, I am grateful for opportunities to engage in advocacy, including the American Medical Women’s Association.

The lessons I learned during my Watson Fellowship continue to guide me. By amplifying the voices of women leaders and advocating for systemic change, I hope to create a world where gender equity is not merely an aspiration but a reality. This journey has shaped not just my passion but my purpose—to empower women to thrive as leaders in the face of any crisis.