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**The Boots on the Ground- Working Towards Gender Equity**

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My first experience with gender inequity in medicine was working on an ambulance before medical school. Arriving on scene as a pair of female first responders, it was not uncommon to be asked if we were capable of lifting patients from their crumpled and vulnerable positions on the bathroom floor, often by the patients themselves if they weren’t too distracted by their injuries. Sometimes comments weren’t just about our physical abilities, but our proficiency in medical decision making, and our ability to handle the emotionally taxing cases that providers in EMS witness through their work. I would usually just shrug off these experiences, or make a simple joke in return to reassure them that I was capable, searching for the balance between professionalism and personal protection. While comments or remarks like these may seem minor, the fact that women’s ability to perform their job was questioned almost daily is unacceptable, and also takes its toll on mental wellbeing and confidence, and the result of that bias can even lead to a selffulfilling prophecy.

In my third year of medical school, I can remember so clearly the subtle remarks and slow creep of gendered microaggressions that permeate every day work as a woman in medicine. Whether it was a well-intentioned patient in the clinic commenting on my appearance, or an attending physician asking me when I planned to have children, gender followed me and my colleagues as almost a pre-requisite topic of importance to cover with perfect strangers.

But through it all women residents and attendings were strong forces to be reckoned with. They had been through it before us, and used their experiences to give us confidence. The two women surgery residents in my third year clerkship took me under their wing, leading by example and then giving me the tools I needed to succeed. I distinctly remember one resident always standing up for me in the operating room, reminding the room of my presence and asking for me to be given a role when I was too nervous to ask for it myself. I also remember the women attendings. One of them bringing me in to see a specific case when no one else was allowed to join, making sure I knew that I belonged there. The empowerment I received from women in medicine was like no other. But on the other side, it was heartbreaking to see even high achieving and powerful women being degraded or questioned because of their gender. Male residents disrespecting female authority figures, or male nurses disrespecting female residents. It is clear to me that more work needs to be done to improve the day to day experience of women in medicine so that they can be in a position to achieve all of the amazing things they are capable of, and get compensated fairly for them too.

One training I am particularly grateful and proud of at my school is that on microaggressions, where students in their third and fourth year as able to open up about any that they have witnesses or experienced, and use that time as an open space for practicing how to respond. Through these trainings, while I know I have much more practice to be done, I have felt empowered to respond to subtle microaggressions in my day to day life as a medical student, and to take a stand for myself and for those around me.

Now in my fourth year of medical school, I have much more time for reflection, and also time to pick back up things I didn’t have the time for. One of those things has been working on the same ambulance I worked on before medical school, with an incredible group of people who taught me so much about medicine and the world. This past week, I working with a younger female colleague. We were quite the pair, driving a massive ambulance lights and sirens down the centers of streets, and providing the excellent patient care we’ve been trained to provide. But when interacting with other providers on scene, my partner, who was the team leader on this call, was being talked down to by a male colleague. He was not letting her lead the scene, and was questioning her decision making. From my experiences, and my microaggression training, I finally felt I could stand up for her in this instance in a way that was uplifting and empowering. Finally, because of other women in medicine, I had the courage to take a stand against gender inequity head on.

To me, in addition to the equal pay, leadership positions, and opportunities for career enhancement that are necessary to achieve gender equity, we need to fight for gender equity in the day to day lives of women in medicine. The constant doubting or clarifying or questioning that women in medicine receive not only serves to demonstrate gender inequity, but creates a mental toll as a further obstacle for women’s advancement. When our abilities are not questioned in our day to day work, and lives, only then can we approach gender equity.

**Biography**



India Burdon Dasbach is a 4th year medical student at the Geisel School of Medicine at Dartmouth. She is originally from New York, and enjoys hiking, skiing, and traveling in her free time. She believes strongly in gender equity work, and hopes to continue to be involved in this space during residency.