To Be or Not to Be Gay: The Odyssey of Applying to Residency as a Gay International Medical Graduate

Sebastian Suarez, MD, MPH

On April 10, 2018, I was home with my husband when I read the *NBC News* headline "Gay couple brutally attacked after Miami Beach pride event." This was right around the time of the residency application cycle. It was scary to embark on a process when discrimination could become a roadblock to my career. Applying to residency as a gay international medical graduate (IMG) seemed like an odyssey. Keeping this headline in mind as I started to look into programs, I searched "USA map politics," "LGBTQ rights USA," "LGBTQ discrimination law," "LGBTQ job firing," among many others. I wondered whether other applicants also searched for programs by first ensuring their rights were preserved. Fear dissuaded me from applying to many regions in the country.

For 3 months, I reviewed the websites of more than 200 residency programs after work. I kept an eye out for keywords such as "diversity and inclusion," "LGBTQ," "women's health," "health disparities," and "social determinants of health." Not surprisingly, programs that included such language were among the most competitive in the country. I thought, "What if I match at a community program where I am not respected for being gay?" I was not sure whether my fear was real, or if it was my internalized homophobia. I felt like I was going crazy: "Should I be upfront about my sexual orientation? Or would I be shooting myself in the foot? Would I want to train where I'm not celebrated? But I'm an IMG, so beggars can't be choosers." There were many sleepless nights. In the end, I *indirectly* disclosed my sexual orientation in my personal statement and felt reassured that if I was invited for an interview, it was because of shared values.

I will never forget my best interview experiences. I distinctly remember opening up my welcoming packet from a program and the first thing I saw was the "Diversity and Inclusion" flyer with the rainbow flag. It also included the names and contact information of faculty and residents identifying as LGBTQ, among other minority groups. I was suddenly carrying less weight on my shoulders. I smiled—I was in a safe space.

At another interview, we were welcomed by a diverse group of faculty members in terms of gender, race, ethnicity, and sexual orientation. During the tour, we walked down their "Hall of Fame," which included women and people of color. They proudly shared how their hospital was directly addressing inequities by supporting housing for the poor. The program director emphasized how they were one of the first to train female physicians in the country. "We want residents who believe in our social mission." Again, I smiled.

However, I was anxious that my sexual orientation would affect my chances of matching. Many times, interviewers would see my wedding band and ask, "So, what does your wife do?" Every time, I froze for what felt like an eternity. My biggest fear had become a reality. A side of me was angry that the conversation had become personal. Another side of me wanted to discuss the effect of assuming gender or sexual orientation. The more primitive side of me wanted to stop the conversation altogether. I forced a smile and replied "My husband…" Not only was their question a Match violation, but it made me angry that I was forced to out myself. Some interviewers replied very respectfully with "Oh, I didn't want to make any assumptions!" Others replied, "Oh yes, what does your husband do for a living?" My favorite was when an interviewer avoided the topic altogether, and said "Oh…so why do you want to come to this program?"

When the interview season approaches, I would like to ask a favor of interviewers: LGBTQ applicants should come out on their own terms, so I humbly ask that you stop inquiring about applicants' families. It is up to us to share this part of our lives. We have been traumatized during our lives and you are taking away the one thing that makes us feel safe. Allow applicants to open up only if it is their desire to do so. Even if there is no malice in your question, *this* is not about you. The power imbalance forces us to share a part of our lives that some may not be comfortable sharing. If this was uncomfortable to me as a cisgender man, I can only imagine how it

DOI: http://dx.doi.org/10.4300/JGME-D-19-00538.1

must feel like for less privileged people within the LGBTQ community, such as those who identify as transgender, queer, or gender non-conforming.

On the Monday before Match Day, all applicants receive an e-mail saying whether they matched or not. That night, I could only sleep for 3 hours. I felt nauseous. All I could do was stare at my computer screen, refreshing the e-mail that would determine my future. At 10:59 AM, I received the much-awaited e-mail: "Congratulations! You have matched!" In that instance, I felt like an elephant had been lifted off my shoulders. As tears of joy and relief came to my eyes—and as I immediately regained my appetite—I realized that it was almost certain that I would have a job in a city where I would feel safe, valued, and respected. For most IMGs, this is our priority regardless of sexual orientation or gender identity. But to me, it would make *all* the difference. I would train in a city where I wouldn't fear of being fired from my job or assaulted for walking down the street while holding hands with my husband. I had finally made it through what initially seemed like an impossible journey.

After what felt like the longest week of my life, Match Day arrived. Instead of participating in the traditional Match Day ceremony at noon, IMGs like myself have to wait until 1:00 PM to open an e-mail and read the results. I decided to take a walk with a friend to distract myself from feeling the gut-wrenching anxiety I had experienced earlier in the week. This time, I worried about the potential of discrimination in the workplace. When I got the e-mail at 12:58 PM, I could not stop jumping and crying with excitement. I had matched at my top choice! It was a "perfect match."

Sebastian Suarez, MD, MPH, is a PGY-1 Resident, Department of Internal Medicine, Boston University Medical Center.

The author would like to thank Dr. Lori Garg for being a mentor and a friend, and for sharing her intellectual curiosity, Dr. Jenny Siegel and Dr. Catherine Rich for their guidance and perspective on this piece, and his husband, Francisco, for his constant support and for making this odyssey worthwhile.

Corresponding author: Sebastian Suarez, MD, MPH, Boston University Medical Center, 72 East Concord Street, Evans 124, Boston, MA 02118, 857.294.3848, sebastian.suarezzarate@bmc.org