Diversity, Equity, Inclusion, and Justice

Misogynoir

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I was a fifth-year neurosurgery resident, and my attending pulled me aside: "It's not a big deal but there's a picture of you in the emergency room with your bra strap showing. Just be conscious to wear professional clothing at all times. Maybe avoid wearing sleeveless tops."

What? This was strange because when taking home call, I rarely went to the emergency department (ED). What photo was she talking about?

"The Chair of Emergency Medicine emailed a picture of you to the Chair of Neurosurgery." In the email about the "unprofessional" photo, the ED Chair had also given detailed thoughts on how this behavior should be penalized. That is, how *I* should be penalized.

More confusion: On the rare occasions I came in from home to help a junior resident in the ED, I wore scrubs. I asked, "Are you sure it is me in the photo?" She assured me, "Yes it was you. I saw it myself."

Ok, I need to see this photo! It showed a Black female resident physician standing by a computer. The photo is from behind, but you can see the facial profile and hair. The resident had placed her white coat on the chair beside her. She had on a sleeveless top and one bra strap had slightly slipped off her shoulder. *This resident is not me; moreover, she does not even look like me*.

Over the next several days, I couldn't stop thinking about the incident. I couldn't believe that I live in the 21st century and an accidentally visible bra strap is considered unprofessional and merits penalties. I was also shocked that I had worked at this hospital for 5 years, frequently visiting the ED, and people still didn't know who I am. *My colleagues did not know who I am*.

I had been mistaken for another Black female physician before. Once, a nursing note in a patient's medical record said, "I called the neurosurgery on call pager and Dr. Rodriguez came to evaluate the patient." However, it was not me, but another Black woman rotating on neurosurgery. I asked nursing management to change the documentation, but it seemed that no one besides me saw the potential devastating consequences of incorrect identification of a physician in the permanent record. Ultimately, the note was not amended, and I grew tired of asking. However, in "Bra Strap Gate" as I nicknamed the incident, I felt fully the unique experience of misogynoir. I mulled over the times I had seen men's boxer shorts when they bent over. I thought to myself how no one in a professional setting would take a picture of that, call it unprofessional, and then send it to that person's boss for punishment. I became paranoid that, as a female physician, I would have to endure being secretly photographed without my knowledge or consent. I became overly cautious of what I wore and how it could be potentially weaponized against me. Then, I reflected about being a Black female physician. The intent of the email was to incite my Chair to discipline me in some way. I couldn't tease out if I had been targeted in this way because I was a woman or because I was a Black woman.

I trained at a center with more than 500 resident physicians, but only about 10 were Black women. We would joke about how often we were mistaken for each other despite looking nothing alike. But after 5 years of seeing over 100 ED consults, I had assumed that I was a recognizable colleague to the people in the ED. I had assumed faculty would strive to evaluate my ability to care for patients rather than reduce me to a simple "wardrobe malfunction."

I ruminated on these thoughts for weeks. Finally, I talked to an attending physician who also was a woman of color. She patiently listened to me recount the story and advised me to report it to human resources (HR). I had never thought of this. The HR visit gave me more details to the story. The photo had been taken by a female nurse, which added to my sense of betrayal. If I were a white woman, like her, would she have taken the photo? I had assumed there was an unspoken allyship between women health care workers. Perhaps my race superseded my gender?

I thought about how this situation seemed like something that would occur in middle school, yet here I was a 30-year-old MD/PhD neurosurgery resident more than halfway through my graduate medical training. I wondered: If I hadn't asked to see the

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photo and correct the misidentification, would the repercussions have gone on my residency record? I struggled to understand why women in training were held to stringent, ridiculous standards based on outdated sexist ideals. I struggled even more to accept that, as a Black woman, few people would take the time to actually recognize me and differentiate me from other Black women.

HR wanted to know what I desired to reach a resolution. It was simple: I just wanted a sincere apology. In due time, I received a letter signed by the faculty member and nurse. I wrote them an email to help them understand why the situation was so unsettling for me. In the email I couldn't relay all of my life experiences. I couldn't explain how triggering this incident was in raising issues of racism and sexism that I have battled since childhood. Yet I hope they understood this a little.

I hope that Black women will stop being essentially invisible in our society.

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