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If I had to choose one word that captures my vision for gender equity in medicine, it would be voice. A voice that is heard, respected, and valued, not simply tolerated at the margins of the conversation. The word resonates with me because it reflects not only what women physicians deserve, but also what I have had to slowly cultivate in myself: the courage to speak with conviction, the belief that my ideas matter, and the determination to ensure that others' voices are not silenced along the way.

I did not always possess that confidence. Growing up, I often learned to make myself small, to defer, to remain quiet, to accept that others would fill the silence for me. I remember standing at the front of a lab meeting, explaining my slides, when a male peer interrupted mid-sentence to declare, "You're wrong." He proceeded to misrepresent my work, explaining my own experiment to the rest of the room. The seniors looked to me to respond, to reclaim authority over a project I had poured months into, yet the words caught in my throat. I burned with embarrassment. I walked home that afternoon convinced I had disappointed everyone, mostly myself.

That experience stayed with me. It was not just personal discomfort. It was a microcosm of inequity in medicine and research. When women hesitate to speak because they fear being dismissed, we lose ideas. We lose innovation. We lose the benefit of a profession shaped by a full spectrum of perspectives. The cost is not abstract. It is borne by patients, systems, and communities.

It was only later, through mentors who modeled strength, that I began to build my voice back. Working with organizations dedicated to empowering underrepresented students in STEM, I saw the transformative effect of affirmation. Designing lessons for young girls, I watched students who initially whispered answers begin raising their hands confidently, their curiosity unbound. As I encouraged them to believe in their boundless potential, I unknowingly began convincing myself of the same truth. I learned to stand straighter, to speak louder, and to trust that preparation and passion qualified me to participate.

When Dr. Linda Brodsky learned that she was being paid less than her male counterparts, despite equal or greater responsibility, she pursued justice not only for herself, but for those who would come after her. Through advocacy, litigation, and mentorship, she insisted on a world where women physicians could "get the jobs they want, the pay they deserve, and not become prisoners of their careers." Her voice was not loud for the sake of disruption. It was steady, principled, and rooted in fairness.

Gender equity in medicine, to me, means cultivating systems where using one's voice does not require extraordinary bravery. It means mentorship structures where established physicians intentionally uplift trainees, where compensation conversations are transparent, and where women's contributions are acknowledged without qualification. It means policies that recognize that equity is not charity. It is justice.

The word voice also connects to cultural competence and self-awareness. Listening, the other half of voice, is as vital as speaking. A physician's power does not come solely from knowledge

but from the ability to understand the patient sitting across from them. Voice, in this sense, means creating space for patients from diverse backgrounds to share their fears without judgment, to articulate what health means in their cultural context, and to see themselves as partners in decision-making. My mentors have modeled this: the gift of quiet patience in the exam room, the willingness to learn from patients rather than only instruct them. Their example taught me that amplifying voices is just as important as finding one's own.

Dr. Brodsky drew strength from words during struggle, quotes, literature, and ideas that anchored her in mission. I hold onto words too. After that discouraging lab meeting, I wrote one sentence on a sticky note above my desk: "You deserve to be here." It reminded me that advocacy begins internally, with the belief that one's presence is not accidental. The more I embraced that idea, the more willing I became to step into leadership, to advocate for others, and to challenge moments of inequity when I saw them arise.

My vision for gender equity is not only about correcting unfair pay or representation, though those are essential, but about nurturing a generation of women physicians who wield their voices without apology. Imagine hospital committees where women's perspectives help redesign parental leave policies, or academic departments where mentorship of female trainees is formally recognized as valuable labor. Imagine medical classrooms where young women no longer preface comments with "I may be wrong, but..." simply to soften their authority. Voice is the catalyst for all of these changes.

In honoring Dr. Brodsky, I also want to honor my own mentors, women who modeled resilience in subtle and powerful ways. One physician taught me that saying no can be as important as saying yes, especially when system pressures threaten to eclipse personal wellbeing. Another gently corrected me when I apologized unnecessarily during rounds, reminding me that humility and self-erasure are not the same thing. Their investment showed me that mentorship is not only guidance. It is the conscious transfer of courage.

As I continue my training in medicine, I intend to carry voice with me like an instrument I am still learning to play, imperfect but purposeful. I want to advocate for transparent compensation structures, for equitable mentorship pathways, and for inclusive leadership that reflects the patients we serve. I aim to mentor younger students, especially girls and first-generation learners, reminding them that curiosity and compassion are not diminished by assertiveness. And in the clinical setting, I plan to elevate patient voices, especially those that have been historically unheard.

Dr. Brodsky's life reminds us that change is rarely comfortable. My word, voice, embodies courage. It honors the women who spoke before us, the women who will speak after us, and the shared responsibility we bear to ensure no one's contributions are muted.