

Amina Nasari, MS3
CUNY School of Medicine
National AMWA Member since 2025

From a Borrowed Dream to a Chosen Resolve

When my mother speaks about the life she once imagined, she does so carefully, as if handling something fragile. Growing up in Afghanistan, she studied with discipline and purpose, believing that medicine could be a way to serve and to belong. The dream was never extravagant. It was practical, grounded, and quietly ambitious. Over time, it became impossible. Education for girls narrowed, then closed. The future she had prepared for simply stopped offering itself. What remained was not bitterness, but a way of enduring, a steadiness that allowed her to continue forward even when the path closed.

I inherited that steadiness without fully recognizing it. I grew up in the United States, where education was accessible, and opportunity felt assumed. I entered medicine believing that access itself marked progress. For a long time, I thought that presence, being allowed in, was enough. It took my clinical training to show me how incomplete that belief was.

During one of my emergency department shifts, I was working alongside a male colleague when we were called to assess a patient who had become increasingly agitated. The patient was loud, confrontational, and refusing care. As we stood just outside the room, the attending paused, glanced between the two of us, and then turned to me. “Why don’t you go in first and obtain the history with the nurses,” he said. “You’re calmer. More polite. He might respond better to you.”

It was said casually, almost kindly. No one questioned the logic. My colleague didn’t object. I didn’t either.

At first, I felt a flicker of relief, gratitude, even. As a medical student, moments of responsibility are rare and often fleeting. Being assigned a task, any task, feels like validation. I told myself this was an opportunity, proof that I was trusted, that I was contributing. I stepped into the room eager to do well.

I adjusted myself almost instinctively. My voice softened. My posture relaxed. I chose my words with care, attentive not just to what I was asking, but to how I was being received. The encounter unfolded smoothly. The patient eventually de-escalated. When I stepped back out, the attending nodded approvingly. “See?” he said. “That’s exactly what we needed.”

Only later did the discomfort settle in. What unsettled me was not the interaction itself, but how seamlessly I had been assigned a role I had never agreed to. I had not been chosen because I was more knowledgeable or more prepared. I had been chosen because I was expected to absorb the volatility, to smooth the edges, to contain the tension, to make myself smaller so the situation would be easier for everyone else.

As I returned to the workroom, I watched my male colleague move on to tasks that carried more visible authority — starting IV lines, drawing blood, and assisting with a chest tube, hands-on skills I was equally eager to learn. The division of labor had been quiet and efficient. It also felt familiar. And in that familiarity, it felt permanent.

In the days that followed, I noticed how often this pattern repeated itself. I was frequently asked to handle difficult conversations, to calm upset patients, to “go talk to them.” I was praised for being patient, composed, agreeable. These were framed as strengths, and they were, but they came with an unspoken cost. The more I embodied these qualities, the more narrowly I was seen. My usefulness expanded, while my opportunities did not.

What troubled me most was how quickly I adapted. As a student, I already felt peripheral, shadowed, acutely aware that I was temporary, replaceable, still proving myself. Any chance to be involved felt like something I should accept without question. Gratitude came easily. So did silence. I told myself this was part of training, part of teamwork. Yet I could not ignore how differently my male colleague moved through the same space, how readily he was offered tasks I wanted to learn, chances to demonstrate what I knew, opportunities I felt I had to wait for.

Each adjustment I made felt small on its own. Together, they formed a posture that was difficult to undo. It was in recognizing this pattern that something shifted. I began to understand that gender equity in medicine is not only about access or advancement. It is about expectation. About who is asked to absorb discomfort, and who is allowed to bypass it. About how quickly certain traits — calm, politeness, patience — are assumed rather than chosen.

The word that best captures what I am learning to carry forward is resolve. Resolve is not defiance, and it is not refusal. It is the decision to remain present without disappearing into expectation. It is noticing when I am being shaped into a role and choosing, deliberately, when to accept it and when not to.

Resolve has changed how I move through my training. I still value composure and empathy, but I no longer allow them to define the limits of my participation. I ask to be involved. I voice my interest in learning procedural skills. I speak up when I want to be just as hands-on as my male colleagues. I am learning that advocating for myself does not undermine collaboration, and that being steady does not require being silent.

My mother’s dream of becoming a physician was never realized, but her steadiness shaped the way I approach this work. From her, I learned how to endure. From my training, I am learning when endurance must give way to insistence. Together, they form something more deliberate — a commitment to remain whole within medicine, not just useful.

I know this resolve will be tested in different ways as I move forward. The expectations placed on me will shift, but they will not disappear. What will remain is my willingness to notice them, to name them internally, and to decide, again and again, what I am willing to carry, and what I will no longer absorb.

That is the resolve I have chosen.

Headshot



Short Bio

Amina Nasari is a medical student at the CUNY School of Medicine in the Sophie Davis Biomedical Education Program. As the daughter of Afghan immigrants, her lived experiences have deeply shaped her commitment to advancing health equity and expanding access to education and healthcare both locally and globally.

She is currently completing a dedicated research year at Yale School of Medicine as a research fellow in the Vascular Medicine Outcomes (VAMOS) Lab, where she contributes to outcomes-based research in peripheral artery disease and cardiovascular care. Her research interests include sex-specific outcomes and the use of real-world data to inform patient-centered care.

Beyond research, Amina is deeply engaged in mentorship, advocacy, and medical education. She has led and participated in multiple outreach initiatives supporting students from underrepresented backgrounds, with a particular focus on mentoring young refugee girls navigating educational and professional barriers. She is also passionate about global health and educational equity, with ongoing involvement in initiatives supporting communities affected by conflict and limited access to educational resources.