

Title: *The Fabric of Dignity*
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The Fabric of Dignity

The first time I held a menstrual pad in front of a classroom, I realized that the hardest part of medicine isn't memorizing anatomy—it's unlearning silence.

It wasn't in a remote village or another country. It was at my own medical school. I was leading a menstrual health education session through *Days for Girls at UMKC*, the organization I founded to fight menstrual stigma. The room was filled with students in scrubs, still smelling faintly of antiseptic and coffee. But when I lifted a reusable pad to demonstrate how it worked, the laughter faded. The air went still, as if I'd broken a rule none of us knew we were still following.

Some students looked down. Others exchanged quick, uneasy smiles. And in that stillness, I realized how much shame still lingers in medicine—how we can name every artery in the body yet still flinch at mentioning a period.

After class, a student waited for everyone else to leave. She came up to me slowly, her eyes red.

"I'm sorry," she said, almost whispering. "I didn't mean to cry during your talk."

She told me she had endometriosis, and that her periods were so heavy she used to bleed through her scrubs before lunch. Her mother would scold her, telling her to "be cleaner" and to stop embarrassing the family. When she got older, her aunts told her not to enter the kitchen or touch food when she was bleeding—"You'll spoil it," they said.

She told me that she used to hide her pads in grocery bags so no one would see. "I thought there was something wrong with me," she said. "Even now, I can't stand the smell of blood. I feel dirty every time it happens. I'm in medical school, and I still feel disgusting."

Her voice broke on that last word. I didn't know what to say. I just stood there, realizing that all the data I'd read about gender inequity in medicine meant nothing compared to what stood in front of me—an intelligent, compassionate future physician who still couldn't feel clean in her own skin.

That moment changed everything.

Until then, I'd thought gender equity meant fairness—equal pay, equal opportunity, equal recognition. But standing there, I realized that equity also means freedom from shame. It means having permission to exist in your body without disgust, silence, or apology. Gender equity isn't

just about closing wage gaps or diversifying leadership—it's about dismantling the quiet hierarchies of whose pain is believed, whose bodies are respected, and whose stories are told. It's about transforming empathy into structure, compassion into policy, and awareness into action.

I started Days for Girls at UMKC because I was tired of seeing women's health treated as a footnote in medicine. What began with a few sewing machines and donated fabric grew into something much larger. We've since coordinated the assembly and distribution of reusable menstrual kits and educational materials for women and girls in Honduras, Fiji, and India. Each kit holds soap, liners, and cloth pads—but also something invisible: dignity.

Still, it's the work on our own campus that has taught me the most. I've seen classmates—both men and women—start using the word “period” without hesitation, volunteering to teach others about menstrual health, or joining outreach events at local churches. Every conversation feels like a small crack in something much larger—a quiet, steady undoing of centuries of shame.

Founding *Days for Girls* taught me that advocacy is not born from ease—it's forged through discomfort. At first, I doubted my voice. I worried about being “too outspoken,” about bringing a topic many still found taboo into academic spaces built on quiet professionalism. But I learned to lean on empathy as my compass and persistence as my tool. Each hesitant conversation, each awkward pause, became a chance to practice courage. Over time, I discovered that leadership in advocacy doesn't mean speaking without fear; it means speaking *despite* it. The adversity I faced—the skepticism, the silence, the internal question of “does this really matter?”—became my teacher. It taught me that true change is rarely loud or linear; it grows slowly, through moments of connection and conviction. What I gained was not just confidence, but clarity: that equity is built not by perfection, but by persistence, and that my voice, once trembling in front of a classroom, could be a catalyst for healing far beyond it.

Gender equity, to me, is not a distant ideal. It's an act of reclamation. It's giving women back ownership of their stories, their biology, their worth. It's creating a world where a female no longer has to whisper about her pain, where the language of menstruation is spoken without flinching, where healing begins with honesty.

As a future OB/GYN, I want to continue this work: not just treating disease, but dismantling the shame that often comes with it. Whether through research on silencing student success in the operating room, mentoring young women and men, or expanding menstrual equity initiatives, I want to make dignity a vital sign—something every patient and professional deserves to have measured and protected.

The first time I held a menstrual pad in front of a classroom, my hands trembled. Now, they do not. Because I've learned that equity doesn't begin in policy or paychecks—it begins in moments like that one, when someone dares to tell the truth about their pain.

The same fabric that once felt fragile in my hands now carries the stories of countless women who refused to stay silent.

And when I think of that student—her voice shaking, her eyes wet—I remind myself why I started all this. So that one day, no woman will ever whisper *I feel disgusting* again.

BIO



Sarah George is a third-year medical student at the University of Missouri–Kansas City School of Medicine and founder of the *Days for Girls* chapter at UMKC. Her passion for advancing gender equity and women’s health has guided both her research and advocacy. Through *Days for Girls*, she has led menstrual health education programs and coordinated the distribution of sustainable menstrual kits to women and girls in Honduras, Fiji, and India. In addition to her advocacy work, Sarah conducts research on surgical outcomes in pelvic organ prolapse and inflammatory modeling in preterm birth. She serves as the AMWA President at her medical school and mentor for other students interested in women’s health. Sarah aspires to become an OB/GYN dedicated to improving health equity, promoting menstrual dignity, and uplifting the next generation of women in medicine.