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AWAITS
with Dr. Yashika Dooley

Episode 10 – Gender Inequity in Medicine and How We Can Change It with Dr. Jane van Dis

Welcome to the Fierce Freedom Awaits podcast! I'm your host, Dr. Yashika Dooley. And today, we are talking about the first principle in the medical profession – first, do no harm. And often, we as medical professionals think this only applies to our patients, but it applies to everyone in medicine. We are going to be talking all about what happens when sexual harassment and microaggressions are affecting you. We're talking about the risks of anxiety and depression and PTSD, not to mention the negative personal and financial consequences that come of that. There's so much great information. I invite you to join us.

Yashika: Hello again, and welcome back to the show. Today we are going be talking to Jane VanDis, who is an OB hospitalist and has been practicing for five years. She also has done academics and really has a passion for talking about gender inequity. Hello, and welcome to the show.

Dr. VanDis: Good morning. It's so nice to be here. Thank you for inviting me.

Yashika: Thanks for coming. Why don't you tell us a little bit about yourself? Tell me how you got into medicine, and what it is that you do.

Dr. VanDis: I actually became a doctor after my own experience in the emergency department with an ectopic pregnancy. I had a third-year OB GYN resident who performed my surgery, and I basically decided in that emergency room that I wanted to be her. I actually wrote about her twice, once for AMWA. They had a writing contest, and I wrote about her.

Then again, the first year that ACOG had a writing contest for the junior fellows, I wrote about what being an OB GYN means to me. It's very well-documented on the internet why I decided to become a doctor. I have worked in a variety of settings, academic, private practice, and now for five years as an OB hospitalist. I'm also a medical director for business development for my employer, OB Hospitalists Group.

Yashika: How did you transition from academics? Now it sounds it like you're really primarily doing a lot with OBHG, but also with your own business, Equity Quotient.

Dr. VanDis: Yeah, I realized that I wanted to have a little bit more flexibility, spend more time with my children, and did not want to be tied to some of the economic imperatives that

come with private practice. I ventured into OB Hospitalists when it was fairly new. It's really been a great fit for me because it definitely allows me to spend time on my side gigs, as it were. About March of 2017, I came across an article in the *New York Times* stating that over 50 percent of hotel workers were sexually harassed on the job because they are a vulnerable workforce. Sometimes there are language barriers; sometimes there are definitely power imbalances.

Some of these hotel chains had created a panic button that geolocates the worker and allows security to come when she's in a situation, either having been assaulted or in an uncomfortable situation. I thought to myself, now that's a real solution to a problem that women across all industries face, including medicine. I realized at that point in time that it wasn't enough to talk about what I wanted to see change in medicine, **[04:26]** gender inequity, and sexual harassment. I actually needed to do something. My mother was sexually harassed in the workplace. I knew that unless I actually did something, I had no reason to expect that it would be any different for my daughter.

That's what propelled me into an action phase, and so I started to think about how and what kind of app I wanted to create that would help to solve this problem. Simultaneous to that, I met Dr. Esther Choo. She's an emergency room physician at Oregon Health Sciences. I think she's one of the nation's most famous doctors because she has almost 50,000 Twitter followers. I met her on one of the women Facebook groups that we have. When I met her, I didn't know that she was a superstar.

Yashika: That's how great she is.

Dr. VanDis: I know, right? We both had a lot of passion. I think I come at this problem with a business background, and she comes at this problem with a very amazing academic background. She also has an MPH, and she writes frequently and well on the topic. We actually formed Equity Quotient and came up with the idea for the business in the summer of 2017. Then lo and behold, Me Too happened in October of that same year. Obviously, the evolution has been natural in the sense that I think that people are finding their voice.

They're finding their vocabulary to talk about the culture of medicine, what's happening in our workplaces, and what we need to do – that is to say, defining the problem and attempting to determine where we want to see ourselves, what the workplace could look like if we were able to eliminate gender and sexual harassment.

Yashika: Talking a little bit about that, let's go back a bit. You said you originally got into all of this because of your – to have more time with family but also side gigs. What are all the things that you're involved in? What are these side gigs?

Dr. VanDis: All my side gigs? I started to get interested in telemedicine in 2011. I was one of the original members at HealthTap, which is a Palo Alto-based telemedicine platform. I was with them when they wanted to monetize the site, and they brought up – I think it was 12 of us from around the country and asked us how we could imagine or what we

wanted to see on the site in terms of interaction with patients, video consults, and telemedicine generally. It was an exciting time to be in San Jose with all the other tech startups. Then in 2014, I believe, or 2015, I heard wind that there was going to be a telemedicine platform for women, that is to say for women's health only.

I immediately applied to be a practitioner on that site, and that was Maven Clinic. I've been with Maven Clinic as a physician since then. I was brought on as their medical advisor last summer and then recently joined the team in a more active role as we roll out. I don't know if you saw, but Maven just got 27 million from venture capital, so they're going to definitely be ramping up their practitioner network.

Yashika: That's awesome.

Dr. VanDis: Yeah, it's great. They actually have an amazing platform and program that specifically looks at the needs of women, not only in terms of direct to consumer, but specifically, looking at the types of life change, life challenges, especially around infertility, maternity, postpartum, return to work. They're really trying to help women around the issues of health in the major changes during their lifetime.

Yashika: That's great. I think it's so interesting that very early on, you were attuned to the fact that you wanted something a little bit different for yourself and your family, and made that a very early shift, I think, at a time where – and even now, a lot of physicians have a very traditional viewpoint of how to practice and the best ways of going about it. It sounds like you were well ahead of the curve in making that shift, as well as OB hospitalist for our field. That definitely, at the time, was a totally different concept for OB GYN – did it all.

Dr. VanDis: Yeah, I feel like when I look at my trajectory, it feels disruptive, not in a bad sense, but in a sense that it does look different. I think that that's one, a little bit it speaks to a desire for work-family balance, but it also speaks to a creative side of myself that I am able to exercise. It's weird. Before I started Equity Quotient, I wouldn't have said that I thought that business or the creation of a business was necessarily a creative enterprise, but it definitely is. I appreciate how hard CEOs and COOs work to imagine how they are going to solve problems in the world. That's actually incredibly creative.

I think I had maybe a more stained image of what companies are and what they do. When you're trying to solve problems, it's pretty frustrating, and you can obviously go down the wrong path, but if you have a mind that enjoys the process of trying to figure out the best path to solve some of these problems, then it can be really fulfilling.

Yashika: Absolutely, and it sounds like it really gives you time to work on another side of your brain. I feel like sometimes in medicine, you are in this one little lane, and that's all you do, and you forget about all the other ways that you can use your brain. You forget that you have hobbies and other interests that you had so long ago. To be able to really tap into that – that's awesome.

Dr. VanDis: Yeah, I also advise a company called Flex. Have you heard of Flex?

Yashika: I've never heard of Flex. What's that?

Dr. VanDis: Okay, Flex initially was the menstrual disc; it still is a menstrual disc. It looks like a diaphragm, it sits at the top of the vagina, and it collects your menstrual fluid. Flex is disposable, so after 12 hours, you throw it away. I find that a lot of our clients, especially those that have either heavy menses, or sometimes those clients who have endometriosis, those who have frequent yeast infections, they seem to be more tolerant of Flex than traditional tampons. They have less cramping, sometimes no cramping, and they find their periods to be much more livable. I think I started with Flex in 2015 as well as our medical advisor, before actually we were even shipping product.

They had just gone through the Y Combinator accelerator. Just recently, they acquired a great design team in Jane Hartman and Andy Miller, who have created a cup. What I love about this cup is that it has a pull tab on it. One of the things – I don't know if you saw the recent video of – it was Busy Phillips and Kristin Bell, and they were talking about having their cup get stuck. They were struggling to remove the cup. Exactly, and so this new design – basically, what happens is that when you pull on the tab, it causes a slight indentation at the very top of the cup, which of course releases the feel, and partially covers the lid as well so that you're less likely to get spillage as you remove it.

It makes more for a cleaner, easier removal, and not the fears that some women have who are just trying out the cup for the first time, where they're like, oh my God, am I going to have to go to the emergency room to get this thing out of me?

Yashika: Yeah, that's awesome. Cool.

Dr. VanDis: Yeah, it's exciting. I answer questions and do some social media for them as well.

Yashika: I think it's just so interesting that you have so many side gigs, as you call them. It sounds like you still have a lot of flexibility and freedom in your life to do what mentally stimulates you. You have your hands in a lot of different pots, and they all kind of overlap, but they really still give you that extra bit of energy there. That's really cool.

Dr. VanDis: Yeah, it's funny, I guess. I have thought about what I want my life to look like from here through the next 10 years; I just turned 50. I love clinical medicine, absolutely love it. However, I love working with female startups so much. Again, I feel like women are here to save the world. I know that sounds crazy, but I actually think that women – I just love the way that women work in business. I feel like in the same way that we know that women in politics are more collaborative, they're more practical, they're less ideological, I would say the same about women CEOs, too. I actually think we need to run things; I'll be honest. I'm just putting it out there. I'm just putting it out there.

Yashika: I love it. Own it.

Dr. VanDis: I just love the energy that comes around these female founders.

Yashika: Yeah, that's great. No, no, that's awesome. Let's go back. You started this company, Equity Quotient. I know you said it was before Me Too, but did you have your own Me Too moment or your own experience that really drew you or propelled you in this direction?

Dr. VanDis: Yeah, I definitely, did. I had a Me Too moment in medicine. I think once you start realizing that your experience is likely multiplied by millions, and it's across industries – so the fact that you're a woman doctor in terms of how we are treated in the work place, and how we feel about ourselves at the end of the day when we leave the workplace – whether it's a series of microaggressions, simple things like being interrupted, mansplaining, having countless people think that you're a nurse despite the fact that your tag, ID badge says MD and has big doctor written underneath it, comments about, how are your children? Are they doing okay given that you're a working mother?

There's a whole collection, obviously, of things that are said to women in the workplace. Obviously, there are other transgressions that can occur. I think that it really doesn't matter if you're a doctor or a lawyer, or you work at McDonalds, or you work in the film industry, or you're a teacher. It has to do with how our society is structured, and obviously, it has mostly to do with power. Sexual harassment and gender discrimination in the workplace are really not about sex; they are about power.

Women in medicine, for instance, comprise only 15 percent of medical school deans. In OB GYN, despite the fact that we graduate 85 percent women, our leadership is still largely male-dominated. The majority of chairs of OB GYN across the country are still male. The editors at journals are, I think, almost 80 percent male. Again, as Shonda Rhimes and some of the other amazing women in Hollywood have told us, the people that have the power write the stories.

We absolutely need to see more women in leadership, and we need to make some of these changes to our workplace that make them so that they are number one, safe, but number two, places where we are respected, have value, are evaluated on our work, our metrics related to our work, and not our dress, not whether or not we wear makeup and how much, all these other things. Anyway, if I can contribute to making our workplaces safer for women, that, to me, would be the ultimate fulfillment.

Yashika: Definitely, I think that there are so many layers to this. One of the things that we talked about was a lot of the problems in the current system that it sounds like you came up against and was very evident when your own Me Too moment occurred. Let's talk about that because I feel like I always thought – especially with this whole rise in the Me Too moment. Of course, all of these holes have been told, and of course, the system is better. Of course, if it happened to me, there would be this great plan and process that I could report and go through that would be looking out for my own best interests. In

actuality, this doesn't really seem to be the case. Let's just talk a little about that, and what you have seen are the problems in the system.

Dr. VanDis: Yeah, the problems in the system, like you said, are layered and multifactorial. I will say that what I've seen in medicine seems to be mirrored in other industries, finance, law, education. I have only to look as close as USC, which is just a stone's throw from where I live, even though I've not practiced there. What you saw there was – you saw a dean of the medical school there who was making some misjudgments. Obviously, it sounds like possibly a drug addiction. It's hard not to believe the *LA Times* reporting that the administration knew. They knew of the mistakes that he was making, and they did not report him to the California Medical Board.

They only basically – he was only let go of his position when it was going to come out in the *LA Times*. Then they replaced him with a dean who the university had settled a sexual harassment lawsuit for, on behalf of. You have to look at that culture and say, how is it that men in power seem to be corrupting decision making to a degree that is actually mindboggling? Not only does it not represent the values of the institution and all the people who contribute their hard energy, intellectual capital, and care for patients, but it seems to embody the worst of a patriarchy, which is to allow male discretion and then to protect it when it happens, cover it up, and to continue to do so.

We are seeing that there are over, I believe, 460 women who've come forward with sexual assault claims against the gynecologist in the student health center. You have to ask yourself, one was not enough? 2 was not enough, 5, 10, 25, 420, really? Then you look at the cost to the organization. USC obviously just announced that they are going to offer $250 million to the women who were assaulted by the gynecologist. To me, the monetary figure is not even so damaging as the reputational harm. Having said that, I've written to USC, I think, 12 times since we've founded Equity Quotient, asking them if they wanted our assistance.

Granted, maybe Equity Quotient isn't the right answer for USC. Having said that, are all of the traditional ways that medicine approaches gender and sexual harassment in the workplace – are they working? I would argue that they're not. I would argue that whether or not you want to give Equity Quotient a try or you have another idea up your sleeve, that's great. We know, for instance, that Tim Johnson, one of the two physicians that was on the National Academy Science, Engineering, and Medicine panel that produced the report on sexual harassment in the academies this summer is a former chair of OB at the University of Michigan. He got together with the leadership at the University of Michigan.

As I reported in the *Harvard Business Review* article, this summer, they surveyed every single faculty member, fellow resident, medical student in the medical school in the university as to the culture of gender harassment and sexual harassment there. That's such a good place to start. You need a baseline to understand where the problems are in your culture, and leadership absolutely has to set that tone. If leadership is not invested in seeing the metrics, which is one of the seven main recommendations of the

NASEM report – if you're not interested in knowing what your culture represents and having a baseline, I really don't see how you can tell your community that you're invested and transparent about fixing any problems that might be there.

It is not enough to hire a diversity and inclusion chief operating officer, and have that person have an open door and say, anyone that has a problem can go report to that person. That belies a lot of systemic and structural impediments to getting to that door. Then even once that door is open, does the victim trust the system? The system, honestly, has to prove that it's fair, I think, before people will trust it.

Yashika: Mm-hmm, absolutely. I was talking, and you mentioned your *Harvard Business Review*, which was published November 1st of this year, "Sexual harassment is rampant in health care. Here's how to stop it. I loved in here – it says, sexual harassment in medicine undermines an abiding principle of our profession – first, do no harm." That is so powerful, really. I think we hear that statement, and then for some reason, we only apply it to our patients. We're not thinking about us, all of us in medicine

Dr. VanDis: You don't know what's happening to your sisters in medicine if you don't survey them, if you don't ask them. That was the amazing thing – not amazing, but that was the sad thing that we learned with the NASEM report. 50 percent of medical students coming out of medical school were experiencing sexual harassment. We know that if you ask older women physicians, it's around 75 percent. If you ask midcareer women physicians, it's around 45 percent. These numbers are atrocious.

Yashika: They are atrocious. Piggybacking off of what you just said – again, in your article, I guess you were requoting something that you had written in the New England journal of medicine. Imagine a medical school dean addressing the incoming class with this demoralizing prediction. Look at the woman to your left and then at the woman to your right. On average, one of them will be sexually harassed during the next four years, before she has even begun her career as a physician. That just took my breath away. I'm like, oh my gosh. I would not even want my daughter at this school. I'm like, oh, hell no. Odds are too high. We're not doing that. I think everybody needs to have that same idea.

Dr. VanDis: I think that really points to an important part of the story that we tell ourselves and that we are telling our daughters. I have been my daughter's Girl Scout troop leader for six years. She's in fifth grade. We live in a community right next to JPL, so we have a lot of parents in the school who are scientists, men and women. We have a lot of physicians. I feel like we, as a community, tend to promote STEM careers for our daughters. We like to level the playing field regarding science, engineering, and math so that there aren't any of those traditional gender versions about what you can and can't be when you grow up.

Having said that, I just don't know how we reconcile the fact that we are currently setting them up in a system based on meritocracy. If we tell them that if they get all the good grades, they do all the extracurriculars, they get into the good college, the good medical school, and then the good residency, that there will be this meritocracy and that they can rise as high as they want. The fact of the matter is, they oftentimes are in positions in training, in residency, and then even in their careers, where they're forced to choose. If the environment is hostile, they might stay quiet. They might persevere, despite gender and sexual harassment in the workplace.

What happens a lot of times – they leave and pursue another type of practice. There are all of these women. I think it's interesting. I wonder what your opinion of this is because I think there are a lot of women in OB GYN who love surgery. They might have been general surgeons, but the culture in general surgery training was so off-putting, in terms of gender roles and how women are treated in the training process, that I think a lot of women go into OB GYN because they love operating, but they didn't want to go into the environment of general surgery.

Yashika: I think that's definitely true for a lot, especially during my time period. I graduated residency in 2004, so 2000 to 2004, even before all of the work hour rules. All of that, too, I think also played into it, definitely, but it was brutal. There were clear differences. There were a lot of things that were said, both implicitly and explicitly, about where women belonged. I think that really did guide a lot of women that I knew that were trying to make a choice as to what was going to work best for them long-term. One really was that male-dominated idea, how women were treated quite badly.

I don't know if it was just where I trained, but it was not an easy place to train and be, especially when you were surrounded by lots of male figures. You had to just suck it up for general surgery. A lot of people felt like it was much more inclusive, much more community. You felt like you had more support, but you could still really enjoy all the benefits of being a surgeon, but not have that same – I don't know, just the general overall feeling in general surgery, at least where I was. That was, again, looking at everything that was going on at the time.

A lot of women also chose – they were looking at quality of life, long-term. Who even thought that there would be work hour limits at that time? That was like, what? There's a limit? Really, that exists? Somebody can actually tell us that we have to go home? I think it's a different time, but even then, yeah – absolutely, huge.

Dr. VanDis: Did you have any women that were pregnant during your training, either in your program or that you knew of in other programs?

Yashika: In my program, I think in the four years, there might have been two. I cannot even imagine. It was probably very rough for them –nothing like now, where we have so many residents who have multiple pregnancies and are very well-supported. That was

just unheard of at that time. Also, we were Q2. I probably thought, how did they even have time? It was a foreign concept. I was single, lived alone, had no pets, no responsibilities outside of myself, and I was struggling. The idea that you would even have any other responsibilities when you're Q2 – it was crazy, beyond crazy.

Dr. VanDis: I look at these women who do have pregnancies during residency, and they're my she-roes. They develop a skillset, I think, that are just beyond. Having said that, like you say, I think that we have made some progress there. It helps to obviously have federal protections. I thought it was interesting. I can't remember if you – I don't know if you saw this article that was in the **[35:03]** journal over the summer. It was a survey of program directors in obstetrics and gynecology. It was asking them about their pregnancy leave practices.

I was surprised by a question that asked program directors what their opinion was as to whether or not pregnancy during OB GYN residency was beneficial or detrimental to the resident. The overwhelming majority of program directors thought that pregnancy was detrimental. Having said that, the overwhelming majority of pregnant women in residency in OB GYN thought that it was beneficial, so it was interesting.

Yashika: I guess it depends on how you look at it, but I definitely think – my opinion of residents that have had babies or been pregnant during residency is that it gives them perspective. Sometimes it's nice because sometimes you need perspective, one, as a patient. When you've been a patient, your ability to practice medicine is totally different, and you have so much more compassion and empathy for that patient because you've been in that bed. You don't just write off that person that comes in complaining of back pain because you know that that back pain is real. I think it really does help.

Sometimes, even me as a resident – the things that I encountered because I had never been pregnant, I was not in a relationship – all of those things didn't affect my world. It was hard for me to understand why this woman was calling at 3 in the morning to complain that her baby was moving or to complain that whatever it was.

Dr. VanDis: Right, right, right. My baby's moving too much.

Yashika: Yeah, and I would be like, why are you on my phone again? I'm clearly in resident mode. All I'm thinking is, it's 3 AM, I've got stuff to do, and you are not it. Now I get it because it is a real thing when you are tired, you haven't slept for months, and now your baby's kicking your ribs. That is a real complaint when you're pregnant. Kicking your ribs is a bad thing. I can't breathe. I feel like, though, it does help you to understand the process. It gives you compassion. It gives you a better way to talk to a patient that, unless you've been a patient, you just don't know. You can't know.

Dr. VanDis: Yeah. No, that's true. That's true.

Yashika: I would love to see them ask those same questions of the person who was not pregnant – for most people, and not every person is going to be the male – but if their wife or spouse had been pregnant, was that detrimental? Now that also plays, if you are taking paternity leave or spousal leave, however that would play in. Did they feel like that was also detrimental?

Dr. VanDis: Yeah, that's a good question. That's a good question.

Yashika: I know we were talking a little bit about this false promise that if we are not engaging, if we're not talking about the problem, leaving a false promise to our young girls that they can be anything they want. Was there anything else? We touched on it a little bit. I don't know if there was something else that you wanted to talk about, this false promise that we lead them to believe.

Dr. VanDis: I don't know. I feel like so much of what motivates me is my daughter, my son, and the life that I want to be able to help create for them. On my watch, I have some time because she doesn't go to college for eight years. If she was 16, I think I would be really worried because I don't think we're going to fix the problem in 2 years. I do think that institutions are where the change needs to happen. I think that it's great that we have social media to talk about and to recognize what the problem is. I think that in this last year since Me Too, we've done an outstanding job of speaking up, speaking out, and saying, this is the problem.

The harder step, as you know, is to actually come up with solutions and to change the culture. I think as much as women – we are always looking at, what is our responsibility? What can we do? How can we change? How can we bend, flex, and mold ourselves to be a better doctor, to fit into the system better, to communicate more effectively, to use all the right words, and to – I don't know, to just be better? Having said that, what we have to do is, we have to demand change from our institutions because we cannot create this change on our own. Even having a small number of women in leadership, they cannot create that accountability and that transparency on their own.

We need the entire leadership system. We need the institutions to start caring about these values. That's why, for instance, in my HBR article, I said, tie metrics about sexual harassment and gender harassment to executive and leadership compensation. There's a lot of things that we tie compensation to. If you are the CEO of a healthcare system, it's probable that your board of trustees or your board of directors has metrics by which you will be measured. I really think that using our leverage to ask and demand that our institutions hold themselves accountable, and hold themselves accountable in a transparent way that we can all see, is really the only way forward.

Yashika: Yeah, and it seems like it would be such an easy thing to do because many of us – I know one of the metrics that I am measured by is patient satisfaction. If you are going to – if you can measure physicians by the satisfaction of their patients, regardless of if it's all based on what actually should be done or not, that seems like it's going to be so much easier. It's clearly the next step. I think the other thing that I like that you talk about

here is organizational responses to be consistent. I feel like there is a lot of inconsistency as to how things are – what actually happens when somebody, a victim comes forward.

There doesn't always seem to be a clear path of what's going to happen. If you know that the report is going to be taken appropriately – sometimes, it seems like there's not always going to be a fair investigation. Sometimes it seems like they're not even really interested in investigating. It's almost like they try to put the onus or the blame back on the victim. It leads to a lot of potential issues. A lot of times, I think they're also just trying to protect the harasser, lots of protection.

Dr. VanDis: Right, the things that we saw or see in the Catholic church and how they've handled the scandal – the same happens in medicine. There's no difference. It's about power and protecting those in power. I honestly do think that the patriarchy does not value the lives of women and children to the same degree that they value their own power. I would say I used to feel naïve about that, in the sense that I thought that humanity all cared about women equally, the lives of women equally to those of men.

I think that in the same way that, as you know, we are acknowledging the impact of racism on maternal mortality and on healthcare in general, we see that no. That's to have blinders on, to say that healthcare sees every patient and every practitioner the same.

Yashika: Yeah, I definitely think that's the case. I think also, it's the fact that there is not always a good policy. I don't know. There's so many things that happen, especially for perpetrators. I see a lot where there's this – and I think you talk about it – kind of an extended leave, where they get to go away quietly, or they get to be reassigned. That is their punishment; that is what's done to them. Oftentimes, when you do that, they just go on to perpetrate again, unfortunately. You put them in a similar situation.

Dr. VanDis: Yeah, I think that we've seen that, just in the last few weeks with the Yale Medical School. Have you been following that story?

Yashika: Yes, oh my goodness.

Dr. VanDis: If you go away for five years, maybe everyone at your university will forget the sexual harassment that you were found to have perpetrated, and you will get an endowed chair.

Yashika: Lots of under-the-table, and as you call it, cover-your-ass practices. The problem is, though, what victim wants to come forward when you know that? What is the upside for you? You now are – I think there's a lot of potential professional issues that come up for the victim. They are looked at as a problem, as an issue. It hinders their ability to promote. There's always the opportunity that there might be some retaliation. They've already been traumatized, so now there's further trauma because they are having all of these additional issues, all of these additional impacts beyond the psychological one that they've already suffered.

Dr. VanDis: Yeah, you have to – and that's where the transparency comes in because if you want real honesty about your culture, if it matters to you that there is no discrimination and no harassment in your culture because obviously, studies show that your business, whether it's healthcare or GE, is going to perform better when you have a culture that doesn't tolerate harassment or discrimination. You have to be honest about what's actually happening. Like you say, victims have to feel safe coming forward; there has to be transparency. It's such a difficult conversation for anyone to have. However, we have to do the difficult things here.

Yashika: Yeah, absolutely. I think the other thing that you talk about here is – aside from, I guess, you talk about the impacts of litigation and the restitution of harm – there's the economic, health, and psychological consequences. I think the thing that people don't often talk about is that sexual harassment and discrimination, like you talk about in your article, undermine women's physical and mental health. You talk about how it results in increased risk of anxiety, depression, burnout, PTSD, and all the other negative personal and financial consequences. That's huge. I don't think anybody ever really talks about all the ripple effects that occur from this incident and when it's not handled appropriately.

Dr. VanDis: Yeah, I think that that needs obviously, more data. We saw the great JAMA article coming out in October regarding the long-term effects of harassment on health. Anytime we know that cortisol is elevated, though, we know that cardiovascular disease and other immune-modulated, inflammatory processes downstream are going to be affected. Then when you add on the possibility of sleep deprivation, anxiety, and depression – those, honestly, can stay with a woman for years following an event. Then, as what happens in a lot of situations, as I mentioned earlier, is that women, rather than confronting the aggressor, they will swerve.

They'll change their career path, and that change in career path has significant financial implications. We talk about the gender pay gap in medicine, on average across all specialties, being $105,000 per year. Then when you look at women having to change their career path, going part-time, or starting a new position that is at a lower salary, then what you end up with is a long-term wealth gap as well. These women are not retiring with the same amount of money, anywhere near. We're talking hundreds of thousands, if not millions of dollars difference between their male colleagues.

Then you look at simple things, like the ability to obtain disability insurance or life insurance. If you've been sexually harassed on the job and you have sought mental healthcare because of what that did to you, you can later be denied insurance and be uninsurable because you were the victim.

Yashika: That is crazy. Really? Talk about adding insult to injury.

Dr. VanDis: I know, yeah.

Yashika: Oh my gosh. I think we've gone through a lot. If somebody's listening, if they remember nothing else, what are some of the big takeaways or keys that you would really want

them to remember? What is something that they can maybe start to do at their own institution? We're all searching for ways that we can get involved and help. I feel like oftentimes, we don't really know what we can do next.

Dr. VanDis: We are going to be putting together some toolkits, and we're going to be launching a nonprofit soon, so more info to come on that. Here's what I will say. I'll go back to this, and I know I mentioned this multiple times. Number one, know you're not alone. Number one, know that there are many women, physicians, nurses, techs, radiology techs, MA. If you're a woman, the chances that you've seen this or experienced it firsthand are pretty high. Know, obviously, that medicine is not unique. I was surprised to learn that all the tropes, all the things that are said – you're not a team player, you need to smile more – all of these things are said to women around the globe.

These are not unique to us. I think that sisterhood is important because it can help you feel not so alone. The second most important thing is to hold your institution accountable. There's this sense that, oh, if you eliminate the perpetrator or somehow remove him, that the institution will be fine. No, the institution needs to put practices, safety, and guardrails in place to make sure it doesn't happen again because it's not about removing the one Harvey Weinstein. It's not about the one bad man. It's about having a workplace culture that works for all of us, regardless of gender, sexual identity, race, disability.

There's all sorts of ways in which our workplaces need to be safe for all of us. The institutions really are the only guardrail that we have to make sure that everyone is safe. Those would be my two takeaways. Number one, know you're not alone. Toolkits will be coming. Number two, hold your institutions accountable.

Yashika: Thank you; that's awesome. If anybody is trying to find out more about your work and/or Equity Quotient, what's the best way for them to find you, or to find out about Equity Quotient?

Dr. VanDis: Yeah, just go to our website. It's www.eqmedicine.com. We obviously have a contact form there. Obviously, you can find Esther and myself on Twitter as well. I know a lot of people contact Esther through Twitter. Anyway, I just want to say thank you so much for the opportunity, for this discussion today. It's been really, really wonderful.

Yashika: Thank you for coming on. I really appreciate it. You absolutely have to send me the links for those toolkits whenever you get them. I'd love to add them. I'm sure people are going to be looking out for them. I think those would be really helpful because nothing like that exists right now, so it would be nice to have something. Thank you so much again for coming on. I really do appreciate it, and hopefully we'll have you back on soon. You're doing big things, so I'm sure well have much more to talk about in the future.

Dr. VanDis: Cool, I welcome the opportunity.

Yashika: Thank you.

The consequences of being a victim of sexual harassment are so widespread. The ripple effect of a victim coming forward does not get the attention it deserves And we want you to know – you are not alone. If you are a victim of sexual harassment, you are not alone. It is widespread across all professions. It is not unique to medicine. And, institutions need to be held accountable for helping create safe working environments. It is not simply enough to excuse the perpetrator. The culture needs to be safe for everyone – regardless of their gender, their race, their disability.

But, we always need to remember that we get to decide how to move forward.

Our thoughts about what has happened are either going to hold us in place, or allow us to propel forward with momentum. And this really does become everything. When we are looking again at our thoughts, and looking for forward momentum, and we're trying to find healing, how to deal with that pain – oftentimes, these are the exact circumstances where working one-on-one with a coach to be such a great strategy to help you develop additional tools and concepts to bring about that resilience that is inside. To help you let go of that pain. To help you have unconditional love for yourself – which can be so hard when you've gone through a situation where you feel you are broken. And I tell you – you are not. You are not broken, and we can get down and really work on those thoughts.

I invite you to book a free consultation call with me. Head on over to fiercefreedomawaits.com – and sign up for a free consultation call and let's start talking about it.