

The Only Person in the Room Who Looks Like Me

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SEVERAL MONTHS AGO, I was invited to participate in a panel discussion sponsored jointly by the Race in Medicine and Women in Medicine Academic Pediatric Association Special Interests Groups (SIGs) at the 2011 Pediatric Academic Societies meeting. The session was originally proposed as a debate about the idea that “men of color faced more challenges to advancement in academic medicine than women of color.” The suggestion for the topic arose from a comment made by a senior black, male, academic pediatrician to his colleague, a senior white, female, academic pediatrician, as they prepared to present at a leadership conference. Looking around the room, he had commented that there was no one in the room who “looked like” him—that is, who shared his race/gender combination.

Being neither a person of color nor a woman, I, at first, demurred from the invitation, feeling I would have little to contribute. However, the invitation came from a woman who has held numerous leadership positions in pediatrics and one whose requests are very difficult to refuse. She suggested I speak about whether there was an “old boy’s network” that either facilitated or, perhaps, impeded advancement in academic pediatrics, and, if there was, whether it was only open to “white boys.” After reflecting that I was, after all, old, white, and a “boy,” and had been an observer of academic pediatrics for 40+ years, I agreed to participate in the panel.

As the date neared, and the event was planned in detail, the debate aspect of the session was foregone. Instead, it was decided that 5 panelists, of whom I was one, would have a chance to discuss our individual ideas about the factors that we thought were important in our own careers. We would also be able to respond to comments and questions from the SIG’s members and guests. I should say that the other panelists, 3 women—2 of whom were black—and a black man, had, by any measure, achieved notable academic successes; they all could offer useful suggestions, insights, and advice to those seeking to advance in the world of academic pediatrics.

But for me, being on the panel was a totally new experience. For the first time in my life, I was the only person in a room of more than 50 who looked like me—that is, I was the only white man. Men were few in general—just two, both black (perhaps others had been scared away by the “Women in Medicine” label given to the interest group) and there was a smattering of white women. But the vast majority of people in the room, in terms of both number and force, were black women, most of them seemingly at early stages of their academic careers.

They had a lot to say. Had they felt intimidated? Yes. Had they felt isolated? Yes. One talked about the pressure to be the “community face” of her institution and spend more time in the clinic at the expense of her research time. Another spoke about the challenges of raising young children during the years that should have been her most productive of scholarship. One described putting together a career-mentoring team to advise her about negotiating strategies to use if her boss happened to be a white man. From the vigorous reactions of the audience, I could see that many of the comments resonated with the group and that many had had, at least in part, similar experiences and feelings and felt strongly about them. Indeed, at one point, the leader of the SIG in the next room knocked on our door to see if we could hold it down a bit!

At the same time, I was also struck by the differences among their experiences and how these differences made it impossible for me to draw general conclusions about how race and gender affected one’s academic career. I found myself thinking that each of us brings different strengths, life experiences, and challenges to careers in academic pediatrics and will face, in turn, many different kinds of obstacles in the future. The impression I was forming reminded me of the trouble I have coming to terms with the concept of “cultural sensitivity” in my clinical work. What is, after all, the difference between cultural sensitivity and “regular” sensitivity? I think all clinical encounters are “cross-cultural” in some way. Perhaps pediatricians would be much better off if they did not make any assumptions about what a parent thinks, knows, or believes based on race, ethnicity, gender, or age. Instead, the wise clinician should be open to the ways each person’s knowledge and experience as a unique individual changes the encounter, clinical or otherwise. Similarly, as academic pediatricians

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and colleagues, I believe we should view each other as individuals rather than assuming that someone possesses certain attitudes, beliefs, or opinions because of their race, ethnicity, gender, or age.

In the end, I acknowledged to the group that there is, in fact, an “old boy’s network” in the sense that most leaders in academic pediatrics do look out for and promote the careers of some, but not all, of their younger colleagues. Yes, at present this network is mostly one of “white boys,” although, at least in pediatrics, there are now some very powerful women among the boys. But do the old boys favor those who “look like” them at the expense of those who don’t? Probably, but I think it depends a little on what is meant by “looks like.”

What I have observed is that those taken under the wings of “old boys” are those who look like them in terms of academic interests, work ethic, passion for the field, a willingness to make sacrifices, and other sometimes hard-to-

define qualities rather than what seems to me to be the more superficial aspects of race or gender. Of course, it’s easy for me to say that race and gender don’t matter. As a white man from an upper middle class background, I don’t think I ever felt like my race or gender was a factor in my academic success or failure. Moreover, the majority of people who influenced my career, whom I wanted to be like, did indeed, look like me. What I learned during this session is that for many of these young women, struggles related to gender and race were and are very real issues that they face as academic pediatricians.

For those few hours, my race, gender, and age set me apart from everyone else in the room. I wondered what it would have been like if it had been like that as my career progressed. I’ll never know. What I hope is that even if our looks make us stand out in a room of our colleagues, the values and aspirations we share as academic pediatricians do, in some way, make us all the same in the important ways.