

*Closeted/Out in the Quadrangles:
A History of LGBTQ Life at the University of Chicago*

ORAL HISTORY PROJECT

**INTERVIEW #13
ANONYMOUS WOMAN (1977-) MD 2004**

At U of C: 2000-2004

Interviewed: February 6, 2013

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Interview February 6, 2013 with narrator [A] by phone.

[00:00:00]

MM: I know that you contacted us about a specific incident, but I thought that we could first talk about what first led you to the U of C and Pritzker in the first place, and talk a little bit just about your educational background, and then move on to specifics. So, you came here in 2000, and what prompted that decision? Or what did you come to study?

A: I remember looking around at different medical schools, and I just absolutely fell in love with Pritzker. It was just a combination of intellectual rigor, but it also felt very human and very real and the students seemed very happy. I thought it was the perfect fit, and I was thrilled to get in.

MM: And had you had a pre-med background as an undergrad?

A: Yes. I went to Duke University for undergrad, and I did all the regular pre-med courses. I actually majored in Women's Studies, and I came out during my time at Duke for the first time. Which is a little old? Very old?

MM: I am curious about Duke, since you have the Pritzker comparison. But what made Duke different, or coming out there...?

A: That was in 1996 that I came out. So, pre-"Ellen," it was down in the South. I was a minority. It was...some people were accepting and a lot of people weren't. The whole culture down there, it was a difficult time to be out. I'm sure that things have changed a little bit since then, but it was very conservative. I ended up dropping out of a sorority. There were some gay students on campus, but not that many. Out of 6000, there were about fifteen or so who were out. It was just a very small community. We just really stuck together a lot. It wasn't the most friendly environment in the end. At Pritzker, my classmates in general were amazing. At that point, people were a little more open. They

didn't have—I don't want to say “Southern influence,” but they didn't have as much of a Southern influence. I think people in general were much more accepting.

MM: Do you think that was a regional difference, or the change from 1996 to the early 2000s, or maybe a combination?

A: It was probably a combination. I don't think anything dramatic changed by the time I graduated from Duke. It was still sort of the same as when I had come out, so I definitely noticed a big change in acceptance level from my peers when I moved. That was a surprise. I remember in the first week or two, one of my classmates who I'm still in very good contact with now—she lives here in Boston with her husband with two kids, and we hang out with them still. But I remember walking around Hyde Park with me trying to find resources for gay people or other gay people or anything. That kind of thing was a rarity at Duke.

MM: Just to think about Duke for a few more minutes, did you come out to your family and your peers at the same time?

A: Pretty much. I spent a summer out in LA, interning with the Feminist Majority—it didn't have anything to do with that—but when I got out there, I had a little bit more exposure to various people, you know. It was way different from high school. I was excited, this is what it is, it became very clear. I came out to my family that summer. When I came back to Duke in the fall, my sophomore year, I came out everywhere.

MM: Were you a decided Women's Studies major at that point? ...I'm curious, it's not that one choice made the next, but what made you interested in majoring in Women's Studies before you moved onto medicine?

[00:03:09]

A: I'm trying to remember how I came into it. I was doing a lot of feminist activity, unrelated to coming out, although once I came out it all fit together. But I'd done a lot of stuff with sexual assault, and Take Back the Night march, before I even came out. I think I was headed that way anyway, and it was just another layer on top of that. For me, undergrad was the last time I thought that I had time to focus on something other than medicine. I knew going into it that I wanted to go into medicine. I wanted to keep my educational background broad and to have exposure to things other than science.

MM: No wonder the University of Chicago liked your application! I get the sense nowadays that med schools appreciate a broader background, as much as the pre-med kid who was pre-med all the way through. I'm doing the math—so I assume that you applied while you were an undergrad and you went to Pritzker straight after?

A: I took a year off and worked in a neuroscience lab down at Duke. I did that because...well, I had a lot of personal stuff going on during the first year, and coming out was hard to do, so I was a little bit distracted for the first couple years of college. I

needed one more year to show my true academic potential.

MM: So you applied and you moved to Chicago in 2000? So obviously that's what I want to spend most our timing talking about: your various experiences at Pritzker and in Chicago. You mentioned when you first got here, exploring Chicago, and I was wondering if you could elaborate, personally but also academically, what that transition was like.

A: It was a pretty painless one. I loved my time at Chicago. I still look back and I think that Chicago is the best city that I've ever lived in. I really love Boston and I went right after, I've been here a long time and I'll probably never leave, but I still look back and think that if I could transport the physical city of Chicago here, that would be my ideal place. It was so great. So many restaurants and bars and things to do, festivals and art, it was just fabulous. That part was a very positive shift. Academically, I knew that I wanted to go into medicine from when I was in high school, so that was very exciting, finally getting to the place where I was learning what I was going to do for life. I had a great time there. Overall it was excellent. My classmates were a lot of fun. We worked really hard and a lot, and it was just a great experience.

MM: You're the first medical alum we've been able to talk to, so it's kind of exciting for us. One of my interns and I were sitting in the quad or in our office, and we were like, "We have no idea what goes on in the medical campus!" My intern is a biological sciences major, so this is our push for this year, to get more medical campus alumni involved in this project. Certainly we can talk at the end if there are other people you think who would be interested in this project. But I wonder if you saw your background in Women's Studies as just being something you did and put away in med school, or if it's influenced the way that you approach medicine—does that make sense?

A: No, it totally does. The connection is a little bad on this phone, can I call you back on my cell?

MM: Yeah, it's not a problem.

[00:11:18 – 00:11:25]

MM: So, I wanted to ask you about your interest in Women's Studies generally, and what you thought it brought to your medical studies...

A: I think the first two years it didn't add too much, except for the story I'll tell you in a little bit. But except for that, it was not an issue. Just learning a lot of stuff is not really gendered, in a way. Sometimes things were talked about in a certain way. But I think it was pretty open. I'm trying to remember even if there was a lot of—I'm not sure. I think it more informed my clinical rotations.

A couple of reasons: I think that the way that—there's a fair amount of subjectivity in how you're graded in your clinical rotations, and that favors a very aggressive style. You're put on the spot a lot, and you're expected to present cases and talk a lot, and that's

where it comes out—the very aggressive way of making yourself stand out. That part doesn't really favor women. Certain medical people I know are not like that, and a lot of women I know are not like that. It becomes a way of reinforcing that construct of women as not doctors. I think there's some gender inequality, that gender comes across in how you're perceived in those types of situations. On the positive side, I think that my position has let me accept a wider array of patients and have more empathy...

Now at times patients come out to me and don't know that I'm gay. But patients will come out to me, and so that says that they've decided that they can be comfortable with me. It's interesting. On the other side, it's interesting on the doctor's side to decide whether to come out to them. Especially after having gone through pregnancy, and everyone's aware of me having kids and being pregnant, and I come back from maternity leave and everyone's asking about my husband. That's a struggle, but now we're jumping ahead five, fifteen years.

MM: But it is related to an issue that I'm curious about. You talk about how positive a shift it was to come to Chicago. I'm wondering—was it even an issue? Did you feel free to be open about your sexuality at Pritzker?

A: I was certainly open. I acted like I was out. I think I'm actually the most closeted now because it's not like it's covered up, but it's not like it's new here, nobody cares. It's just so open and accepted that you don't even have to worry about it. In Chicago, I had a very different look in Chicago too. I'm not obvious now, I think people take me for straight all the time. Back then in Chicago, I was definitely out and open. The city itself at that point, going around with friends at the time, I definitely had—there were a few times when people would make remarks, like a couple of negative name-calling, or calling out of a car, which might not happen here. It did then. But in general, it was quite positive. But the people I was around and my classmates, they were all very supportive and great.

MM: That's my other question too. Was there a LGBTQ community at that point at the medical school? Did you get a sense that there was, or was that not relevant to your social group?

A: There were four of us in my class who were gay. Three boys and me. We all co-mingled. I had a ton of straight friends there and I had some gay friends, and my gay friends and my straight friends were kind of separate. Here, everything was very co-mingled, hanging out with whomever, all different people. The four of us had a ton of straight friends. We were basically all really hanging out more with the medical school people. It was a common experience. It felt like we were all going through a war together. We definitely felt—I felt with my classmates that I had more in common than different. At the same time, I was mixing with the gay community here, since you know, you want to eventually meet someone, all that kind of stuff. So I had to keep that out, and that was a little tougher to do. But once I knew a few people, there were more and more. I would either be hanging out with my med school friends, or hanging out with my gay friends.

MM: Do you think it was tougher to do, just geographically, or because med school is such a grind that it was more of a time issue than a meeting-new-people issue when you say

that?

A: It's hard to meet people anywhere you go unless you have an in. When you go out into a community, you have to do it through an activity or through people that you know, and I really didn't have that much free time. I was involved in some activities that were more med school related stuff, like volunteering, and that's not where you'd meet people. My friends were pretty [much] all medical school, or affiliated with the medical school.

[00:20:23]

MM: I was just going to say, in trying to go back and forth between your med school friends and the wider world of Chicago, did you end up meeting anyone or being in a relationship while you were in med school?

A: Yeah. I had a bunch of different relationships. I had one for a while there, actually, for a couple of years. But you know, it's also the age range where you're meeting people, not really into settling down. I continued that whole trend there.

MM: Were you living in Hyde Park? Did you spend most of your time near the university?

A: Yeah. I lived in Hyde Park all four years actually. While I was there, I was dating someone, and she didn't have a car. She was at University of Chicago also, in the history department, so we just stayed in Hyde Park.

MM: Another question about your peers at the med school: You mentioned volunteering in organizations, but that was also with med school peers? In addition to coursework?

A: Yeah. Being in med school, you have an eye on the next step, which is residency. It's the same as in college when getting ready to apply to medical school, you want participate in things to be able to tell a story. It was the same, because you had to apply to residency, to do stuff that way.

MM: I ask you that just to say, looking back, if this was fairly typical—I think we can safely say, putting sexuality aside, do you think this was fairly typical of your friends and classmates at Pritzker, your progression through med school?

A: What was typical for them?

MM: Do you feel like your experience at Pritzker was typical?

A: Yeah. Yeah, I think so. I think it was...I had only been out for two years when I came there, and so I was still working through stuff. If I had come out here, now, I wouldn't have had that kind of process to work through. By here I mean Massachusetts, and by now, I mean now. It was a lot of—I think I had to work for a while to feel normal, like really, really normal. I feel really, really normal here.

In the time from when I came out to myself at Duke up until I got here, it was a process to get here, where other people would say that I was really, really normal, but I wouldn't internalize that. Now, it's like, I'm normal, you know what I mean? But while I was at Pritzker, I was still working through that. When I look back on it, pretty much everyone was supportive, but I felt quite different. That was something that I was struggling with, just feeling different all the time.

MM: Do you think that that was something that you could put aside academically? Did you feel like that affected you as a student? Or could you just chug through the grind?

A: I think a little of both. The first two years, it was probably a little easier to put aside, since my performance wasn't so much based on interpersonal stuff. Third and fourth year, especially third year, I think it just started to—it added a layer. I wouldn't say that it changed my grade, but it added a layer. You keep on shuffling from one team to another, you don't know any of these people, and they get absolutely no value from you. You're their medical student, and you can't write orders, you can't take care of people—you can't offload work in any way, you're not adding anything to the team, truly. You can help in certain ways, but overall—and it's set up that way. You're there to get an education, and everyone has to go through that. You're being exposed to all these disciplines. You're trying to be a part of a team but not really having a defined role. That just added to that kind of feeling of being different, and wanting to get along with good hard work, but at the same time just feeling different.

MM: I want to make the best use of my time with you, so I do want to know a bit more about the incident that you...emailed me about, that got the ball rolling on this, and where it came into your medical education. Wherever you want to start with that is fine, and I can always ask some follow-ups.

[00:26:47]

A: Sure. So there was going to be a “Diversity Day.” And someone was in charge—I'm not going to mention his name, because I looked at the website, and he's still very active in the university there. So he's in the medical world and administration, and he was going to be involved in programming Diversity Day.

There was a call for interested students to come and help, and I was interested. I went there and we had a meeting, talking about how he envisioned the day. I brought up issues of sexuality and sexual orientation, basically—I don't think there was anything about gender, and certainly nothing about gender identity, forget that. The sexual orientation piece that he was planning was a 10-minute video on domestic violence in same-sex relationships. And I had an issue with that because that's not the main issue to deal with. Part of the issue with the straight community is that if you're going to set a day to talk about diversity and then talk only about that one issue, it's not where the focus should be. It pathologizes same-sex relationships more, and it's not really what our patients go through, and that's the purpose of what the day is supposed to be.

I can't remember exactly what the reaction was, but it was basically, "This is what we're going to do, and we're not going to change it." That was quite a setback. It just really made me quite angry. I tried to go to someone else in the administration, and the answer was basically, "No, this guy's in charge of it, this is what it is."...I was dating someone from a different medical school, and she mentioned to me, "You know, I saw this speaker who was amazing, you should think about inviting her to come to Pritzker." So that's name is exactly I did. Her name is Lora Branch, and she's in the [Chicago] Department of Public Health. She came and gave a presentation, a lunch time talk. All of my classmates knew that I was all up in arms about this, were really upset. So she came on a different day and gave a talk during lunch time. A bunch of us went around spreading the word. We probably talked to nearly every student in our class, person-to-person, like, "We're doing this thing, please come." We sent out emails, we made a really big deal, and it was just a beautiful moment. I walked in there, and the room was just filled up. It was packed. It was amazing.

She gave a great presentation, really just put things in perspective and got people involved, she was really dynamic. At one point she asked for a volunteer, she had one of our classmates be a patient, and the idea was if the tables were turned and you had to be a straight woman asking for birth control in a gay world, how that would be. That kind of thing. It was really good, a wake-up call, getting us to think about gay patients and what that might be like, and how we're normative. That was the main thing. How the world is so straight-normative, and just being sensitive to these issues and not specific things like assault. Thinking about that isn't sufficient. It was great. Everybody came, it was a great presentation, there was a lot of great feedback from it, and that was that.

MM: I think that's so interesting, because one question I have for you is—skipping ahead—now you're a physician, and I wonder if you've seen any kind of change in your profession in terms of how we treat patients...if you've seen developments over time since you've been at Pritzker, through your education and through your career, thinking critically about gay patients, transgender patients. I know that this may not reflect specifically to your specialty, but I wonder if you've kept an eye out and noticed any kind of sea change or lack thereof.

A: Definitely. I think it really depends on where you practice. Where I did my residency was very, very gay-friendly. Very gay-friendly. There were just little things like the bathroom there were all single bathrooms for patients, so no male/female thing that you have to decide between. On the forms, things like that, gender is a line, people can say whatever. It was just very, very friendly.

MM: Where did you do your residency? I know we keep on going back and forth, time-wise.

A: Beth Israel. Very gay-friendly. Like, so gay-friendly.

MM: I'm guessing that's not the case during the early 2000s, when you were at Pritzker?

A: Yeah, no. It was also Boston, which is way ahead of the curve. That hospital in

particular—I don't know what reason, for whatever reason, but it was very gay-friendly. They show movies on Pride weekend, they showed *Brokeback Mountain*. We had pride floats on Pride weekend, stuff like that. Where I am now, I'm actually working out in Worcester, Massachusetts, which is a little outside of Boston and a little bit of different community. I have a transgender patient. I notice a lot of people who view her biologically rather than her chosen way, and they call her “him” because she's genetically male, but there are other providers who do what I do and call her “she” and respect that. I think it's variable, and I think it depends on the doctors, really, also, because a lot of people are more open to things like the gay thing, like disability, and they're able to talk about it. People probably have a harder time with the transgender thing because there's not as much of it and they're not as out in the media. They're different in a different way, I don't know.

MM: I think that it was interesting that when you were thinking about Diversity Day, your counter-event, that gender identity wasn't even a phrase, maybe, that bounced around at that point. Which seems likely to me as a historian, I would make that guess, but I'm assuming that's what you were hinting at when you said that.

A: Yeah, definitely. It was a couple of years after *Ellen*.

MM: See, 2000 was a long time ago, maybe? And the Diversity Day incident that you mentioned, do you think it was the 2001 or 2002 school year? It wasn't your first year, right?

A: I don't think so. I think it was 2001-2002.

MM: I'm just sort of curious. That's interesting. I would have thought that, given the grind of med school, a lot of students don't even have the time to try to organize on issues that are of interest to them because you're just trying to get through the week.

A: I think at the time, it felt to me much more about this one individual than the overall culture. I felt like diversity—in the administration, if they had come together and decided what to do, I think that they would have said, “Oh, I think that's not worthwhile, let's not do that.” I think it was that one person had a very particular vision on how he wanted the day to turn out. At the time, quite not flagrantly, it was like a thing that he was uncomfortable with on a personal level, and I would hope that in the last ten years that it's changed, especially if he's still working with diversity issues. It must have. Back then, I think he had a very narrow vision of what diversity meant, and I think he was quite uncomfortable with the gay thing.

MM: Did you get the sense during your time at the University of Chicago that diversity was more [about] racial diversity or concerns? That is certainly still the case today, I think, in terms of the medical center and the South Side, and I don't know if that's influenced the way...

A: I think that was the focus, which I think is absolutely and totally a valid focus. But in

what you call it Diversity Day, you have to be broader. We didn't talk about class, we didn't talk about gender. Race, you know—I think that's an extremely, extremely important thing to talk about and focus on, don't get me wrong. I don't know, I think he was uncomfortable because when the thing came up and I suggested something else and he didn't want to do it, there was no other reason for him to be uncomfortable.

MM: I'm interested in following this at the various professional schools, because I think we know a lot more about this in the humanities and the social sciences, places where people get involved with gender as a discipline, right, and not so much the professional schools. This story is particularly interesting to me, and I'm glad you're sharing it. I do want to go back to the end of your student life here, because we talked a little bit about what you're doing now. I'm curious about your eventual choice of rotation, and how you got to Boston, how you got to Beth Israel, just more generally.

A: Yeah. I think third year in medical schools is cut out for you. You're doing rotations, and that's it. Fourth year, you can kind of pick where your interest is. I was totally going to go into OB-GYN, just because I thought that with my women's background, it would be perfect, I could make a difference, and be all activist but still medical. I did a nephrology rotation probably in July or August of my fourth year of medical school, when I already had a mentor for OB-GYN and thought that I'd apply that way. But during my nephrology rotation, I was like, “This is totally what I want to do.” So I changed everything, and the rest of my year became a different thing in terms of internal medicine because—I'd always known that I love the kidneys, but I really love the kidneys. They're the coolest thing. That was how I picked that. Fourth year was just pretty much doing a bunch of rotations, just getting more information on all these specialties.

Then...how did I pick Beth Israel? Again, I went around, interviewed with a bunch of places. I knew that I wanted to be in a big city, knew I wanted to go back to the East Coast. I'm originally from Jersey. I just felt like I needed to go back there, to a big city. Not close to meeting anyone I thought I would stay with. Massachusetts at that time had just legalized gay marriage, and I had been hearing that there were a lot of lesbians there. I pretty much just applied to Boston and New York for residency. I just fell in love with Beth Israel, was immediately just like, “This is where I want to go.” The doctors there were just very well-rounded, very happy. You get these vibes—with certain places, you can tell that they're doing okay, but it's not much fun. With Beth Israel, it just felt like they were really smart and engaged, but they also had fun together. That was where I wanted to go. So I picked that and stayed there for internship, residency, I did a chief residency there, nephrology fellowship, was there for like six years. And now I'm working out of Worcester. And the place where I'm working is called the Reliant Medical Group, in nephrology. I love it. There's a residency program attached to the hospital where we do our consults, so there's an educational component. I spend my day taking care of patients, and hanging out with the residents, teaching them, and it's great.

MM: Do you stay in touch with anyone from your Pritzker days?

[00:44:32]

A: Mostly on Facebook. There are a couple of people I've kept in touch with. There were a couple of people who went to Beth Israel after medical school also, and so I've been hanging out with—actually the guy who called me to tell me that I'd gotten into Pritzker, he was MD/PhD, a couple of years ahead of me, but we ended up graduating in the same year. We literally ended up driving a U-Haul together, and we still keep in touch. That other one I mentioned earlier, her whole family is here, her kids are a little older than mine. Yeah, mostly through Facebook, a couple of people will call me and we'll meet up again. That happens. It's good. People I met at Pritzker were great. I really liked them a lot.

MM: We've talked for about 45 minutes and I don't want to keep you much longer than an hour, but I'd love to talk a little bit about your family and your work-life balance and how that's intersected with your LGBT identity. You did mention Massachusetts...it does sounds like that was part of your choosing process, Boston and the state being liberal and marriage politics obviously being on the forefront. Was the marriage issue something you were thinking about even just as you were looking at places to live?

A: Yeah, definitely. Not so much the why, in a certain way, but just being given a place. It was like—by the time I was applying, I think Massachusetts got marriage in 2004, and that's when I was looking. If there was going to be a place where I was going to become normal, it would be here. More and more people just getting married. It's exactly what I had hoped it would be, where a bunch of friends from residency, another place where I chose well, looking for happy and well-rounded people, just amazing, amazing people, even better than Pritzker if I can say so, I really just clicked with a lot of them. So we have all of those people, and all the people from around the community. I have actually some college friends, someone I knew from Duke, who I ran into at a Pride Parade here. We were like, "Hey! We haven't seen each other in years!"

And she and her wife—all of my friends here, we all had a baby within a year of each other. People were just all starting families. And that's been, again, a very equalizing experience. We have all these straight friends and all these gay friends, and everybody had a child at around the same time. So we're all going through the same process. I've never been in a place where I've had a group of friends that was so normal. I feel so normal. We're just living a normal life. Even in the community here—we moved into the suburbs of Boston just a while ago, about halfway between Boston and Worcester, where I work. All of our neighbors, everybody, is totally fine. And if they're not fine, they don't say it, and they don't show. So me, I don't care. [laughs] It's like, the culture is overall—you should be fine with it, and there's nothing wrong, and there's nothing weird. We just have a different family structure.

MM: I was just thinking about the way you talked about feeling different right after coming out and when you were at Pritzker, and I was wondering if you could have even imagined a community like this when you were coming out of Duke or finding your way in Chicago, if this community was a surprise to you.

A: Right. I don't think I could have imagined it because I just never—the straight people I know here and their friends who are here, it's like—it's like they're on the inside, where you can just go, and--when I was first coming, I felt like I was the educator of people. I was always the first gay person that XYZ knew, where XYZ was my friend or whoever. So I was just constantly explaining the experience of it, things about it, whatever, and it just added to feeling so different. Here, I'm not the first gay person anyone knows, really. It's still a process, you have to come out over and over and over again whenever you meet a new person and giving them information. But I've found that in general, coming out here is not a thing. It's just a piece of information about you. I'm a doctor, I have three children, I'm married to another woman. It's just another piece of information about me. No one blinks an eye at it, which is great. Our straight friends have more gay friends than just us. It's just more integrated, I think is the best way to put it. I just felt like before, there was this part of me that was a separate thing—either a gay friend, or a medical school friend.

MM: And never the twain shall meet. [laughs]

A: Yeah, exactly. Except for three gay boys. Right? [laughs] But it's great. In terms of work-life balance: we have two seven-month twins, and a two-and-a-half-year-old, so home is crazy. Crazy! It's a balance because my job—I picked it on purpose, it's reasonable, and the people I work with also have their home lives. It's not one of these crazy work 'til 11pm. I have fairly reasonable hours which allows me to be home.

My wife is a lawyer, and she works in Boston, which is its own full-time job. But we coordinate, she has an extra day off. It's nice. I feel like things are crazy, we're exhausted, we're go-go-go, there's no down time, there's no down time at all. But we have everything I could have ever wanted, so it really—I just feel so lucky to have it all.

[00:53:26]

MM: And you mentioned that you're in Massachusetts. Did you have a wedding? I forgot to ask you—did you meet your wife when you were in residency or afterwards?

A: Yeah, I met her during residency. We got married in 2008. That was a more relaxed year, so it was the perfect time. She had our first son Jona in 2010, and I just had the twins in June.

MM: Congratulations! I just want to ask you one more question—you mentioned at the beginning of the interview that it was harder to out yourself while pregnant, like you were passing. Those weren't the exact words you said, but I'm curious if parenthood has changed how you think about identity. I suppose that the way that world thinks about you isn't something that you control, but if you notice...

A: Yeah, that's more like it. My identity feels very solid. We're in this integrated, very lovely place. It's just that everyone's always assuming lots of things. Coming out over and over and over again—in my mind, when I first went into it, I thought, “I am not going to out

myself to patients ever, because it's my personal life, and I just don't want—I'm not here to make a political statement.” But at times—I think that worked well in Boston, where no one ever really asked, but out in Worcester, it's like...I have a lot of patients who are a little bit more traditionally minded, and they're always asking about the kids.

The personal factor—it's more important here than it was in Boston, where it was like, you're a doctor, I'm a patient, we don't talk about personal stuff. Out in Worcester, things are a little bit different, and it would be unrealistic to not talk about my family. If they really want to know, you can't say that you won't talk about it.

What I did for a really long time was to, no matter what language they would use, to just not say anything, not correct people. People can say what they want. But I had days where I just couldn't take it anymore. I'm not a closeted person, and it's very difficult to just let it go. But in times like—I don't want it to interfere with our relationship, our patient-doctor interaction, and how do I—why should I refuse because of their ignorance? It was mostly self-protection. But it also felt disingenuous. Some patients I've gotten to know over several years where they have worsening kidney function, so I see them often, as much as every week for months. And then to let it go and not say anything, and over and over again “husband” and “husband” is just—ugh.

I've done it a couple of times. Definitely if a patient is gay and they out themselves to me, I out myself back, because I want them to know that they're safe with me. And there's always a way to do that. But other times, a lot of these patients are older, so I think they grew up thinking a certain way about this issue. Some of them have changed with the times and some of them haven't, and you just don't know who's what. Sometimes where I've gotten to the point, I'll just blow it. I had one guy be like, “What? You married a girl?” I was like, “Yeah!” He said, “Nothing wrong with that!” And we just moved on. Some other guy, he said “blah blah blah your husband,” whatever, and I said, “blah blah my wife,” and he just didn't get it and did it again. After a while, I said, “She!” And he said, “What?” And I said, “My husband...is a woman!” He was like, “Oh, I'm so proud of you!” And we started talking about his family members who are gay, and how he loves their partners. He was one of the surprises. You just never know. It's definitely something that I take case by case. I'm sure it'll die down after getting back on leave and seeing everyone again. I'm sure it'll die down after that. And sometimes people will ask about the kids, which is fine, it's something that you can talk about without talking about your partner. But anyway, that's been that story.

MM: Before we go, I just have two final wrap-up questions. This has been so interesting for me to talk to you. You said you have a little bit of an educational role, that you have some students coming through. I'm wondering if you see any difference between your personal experience and the new generation of medical students, or if that doesn't come up in your field, thinking about gender and sexuality in your profession.

A: It's more residents that I see, and a lot of that doesn't come up, since we're just teaching them during their rotation. The residents that I'm with are mainly international, so they come with all different thoughts about things.

I don't know. I generally at some point because I have to leave work a little earlier because of the kids, they saw me pregnant or whatever, somehow it'll come out with the people that I work with. But the cultural thing is a differential, like they'll call me Dr. [redacted] all the time. During residency we had this thing where you call people by their first name. I think again nobody would say anything, I don't know what they're thinking. Maybe they get to know me and they know that I'm normal, and I enjoy teaching them, we have a good time together. I always love working with residents and I'm not that much older than them, so it's a little bit of a peer experience in a way, a little bit but not that much. I wonder if that's helping them broaden their perspective on the issue. How much exposure people have in Saudi Arabia and Pakistan, there are not that many people who are openly out. I don't know. But they're here and they have a different perspective, just coming here and being in a different society.

MM: The only other question I was going to wrap up with was...why you contacted us, and if you have any ideas of how we might go forward, thinking about Pritzker. I guess that's two questions. The first is, why did you decide to give up an hour of your night to me?

A: [A friend] actually sent it to me over Facebook, like, "hey, I saw this thing." She was actually a very straight-ally friend of mine during med school, and during that whole thing she was very supportive, during that whole thing with Diversity Day. I agree with her, it's still painful. Things have probably come a long way. It's interesting to look back just ten years or so, and I can't imagine that happening now. I can't imagine that. Can you imagine that? I just think that that wouldn't happen right now. I think that if people were putting on a day and someone said that, they'd be hard-pressed to squash it. Anyway, I think that's good, and thinking about how things have changed and what was there and what was missing. I think that people are not that far along on diversity, and it really needs to become a lot more mainstream.

MM: I do think that we have some volunteers who are much more recent graduates... and it will be very interesting to see what's changed. But it's good to have you as an initial baseline on some of these issues. But I was wondering if there was anything that you wanted to add about any of these issues.

A: Yeah, I think that's it. I look back on Pritzker with a lot of warm memories. A lot of struggle, but a lot of that was me struggling, not a lot of outside—it was such a warm environment, it was great, everything else around was good. It was just a tough time on a lot of levels, but very rich. Thank you for doing this! This is a great project.

MM: Yeah, this is a great project. You are one of the rare people who talks to me [as the graduate student coordinator]. There's a pedagogical component to this, where we have our [undergraduate] students do it. They're all busy with midterms and interviews this week, so I took this to lighten their load. They represent a range of majors, from sociology to history, of course, to biology, and I think it's very interesting to them. Just learning about gender history, university history is very interesting to them. Talking to alumni is very interesting to them. And this is very helpful to us, going forward...So thank you for doing this, with your seven and a half month-old twins!

A: Oh, they're sleeping right now.

MM: I really appreciate it.

A: It's been really nice, and I wish you the best of luck with this project.

[01:06:48]

End of Interview