The news is filled with stories of celebrities who have engaged in egregious sexual misconduct. A recent poll suggested that more than half of U.S. women have experienced “unwanted and inappropriate sexual advances” at some point in their lives.1 Because I led a study of workplace sexual harassment in medicine,2 I was not surprised when reporters contacted me for comments on the recent disclosures. When a secretary filling in for my usual assistant relayed one reporter’s request, she told me she presumed the story was about my personal experience of sexual harassment. Disturbed, I leapt to correct her misapprehension: I was being sought out as a scholarly expert, not a victim. Then I wondered why it seemed so urgent to make that distinction.

An easy explanation is that I feared she would assume that someone in my department had engaged in misconduct — I would never want anyone to think that of any of my upstanding colleagues. Indeed, when I published my research findings, my department chair expressed shock: “Thirty percent of the women had been harassed? Are you sure that’s right? I just would never . . . .” Like many well-intentioned and normally highly articulate men who are astonished by the #MeToo movement’s revelation that they’re surrounded by women who’ve had such experiences, he was left speechless.

But that’s not the whole story. I rushed to correct the secretary partly because I worried that she might tell others that I’d been victimized and also that victims do not fare well in our society. I aspire to become a leader in academic medicine. Being cast as a victim would tarnish my narrative. Who cares if research suggests that women are more vulnerable to harassment both when they’re perceived as weak and when they’re so strong that they challenge traditional hierarchies? Having come of age in the era of Anita Hill’s testimony against Clarence Thomas during his confirmation hearings for the Supreme Court, I know that women who report sexual harassment experience marginalization, retaliation, stigmatization, and worse. Even in the #MeToo era, reporting such behavior is far from straightforward.

The many heartfelt messages I’ve received from strangers since publishing my research reinforce these intuitions. The brave physicians who’ve contacted me say they remained silent and ques-
tioned their self-worth after their experiences, wondering whether they brought it on themselves. The details of their experiences are appalling. One told of having a senior male leader in her field unzip the front zipper of her dress at a conference social event. Many report unwanted touching of breasts and buttocks. One described having a “tormentor” during training, and others noted remarkably consistent experiences in the operating room that ironically they thought were unique. One even described a rape by a superior during her training that she had never reported.

In fact, none of the women who’ve contacted me have reported their experiences. They speak of challenging institutional cultures, with workplaces dominated by men who openly engage in lewd “locker-room conversation” or exclude them from all-male social events, leaving them without allies in whom to confide after suffering an indignity or a crime. As one told me: “The machismo culture seemed so pervasive. One of the women even talked about how consent for sex was overrated, since some women use alcohol to have sex and later say that it was because they were so drunk and ‘all guys had raped someone.’”

One woman, whose experience indirectly came to the attention of her institution’s human resources group, consulted a lawyer who confirmed her suspicions that “making this an HR issue” could hurt her own career. “HR is about protecting the institution, not you,” the lawyer said. Fearing being labeled a troublemaker, she deflected the inquiry. Yet she felt guilty over not protecting younger women from the man who’d harassed her. Another woman asked my advice on convening a workshop on sexual harassment, wondering whether it would be career suicide.

One young physician described the shame and fear she felt after being harassed during training. She said, “If any women ever tell you that they had any experience like mine, please tell them to get out of there. Please tell them not to worry about the red flag it might be to transfer residencies, not to worry about potential damage to their reputation, not to worry about who would believe [them] anyway, not to worry about appearing weak, not to worry about the old boys’ club that lets men cover for each other and makes the woman ‘sound crazy,’ the opportunities that they may miss in going to a smaller program, unwanted attention that would impinge on their privacy.” Although she had not reported the harassment to her mentors — “They judge me based on my work. I don’t want them to change the way they perceive me” — she said she “would advise any woman who came to me for advice to do something different from what I actually did.”

But standing up to harassment is clearly hard. In one case, a talented physician researcher had engaged in a witnessed act of unwanted sexual contact with a trainee. Yet two department chairs in his field independently told me they were trying to recruit the transgressor, who was considered a hot prospect, even as sexual misconduct proceedings were under way at his home institution. “It was just a mistake; we need to forgive and forget,” said one. “I have both sons and daughters, so I can see both sides,” said the other. Both worried about fallout if the behavior were to recur, but neither wanted to forgo the opportunity to steal away a superstar. These discussions highlighted how easy it can be to turn a blind eye to offenses by luminaries like Harvey Weinstein and Kevin Spacey. And yet it remains unacceptable.

It was a luminary who provided my sole personal experience with workplace-related sexual harassment. Because it was a more minor transgression than some other women have faced, until very recently I hadn’t thought of it as harassment, although it meets the criteria outlined by experts — a disconnect that’s remarkably common. After a group dinner at a professional society meeting where I spent my time politely rebuffing sexual advances from a prominent surgeon, I became concerned when he accosted me at the cloakroom, intent on walking me to my room. He winked at the attendant and said, “She loves surgeons.” Just then, a senior female surgeon happened by. I said, “I do adore surgeons, which is why I planned to walk home with her.” Wordlessly, the female surgeon sized up the situation and took me by the arm, rescuing me from what was rapidly evolving from an uncomfortable situation into something potentially worse. I now keep my distance from that male surgeon; I even gave up a valuable scholarly opportunity just to avoid him. And the experience did make me silently question my self-worth: Why was my scholarship not substantial enough for this man to see me as a colleague who has done important research and has worthy ideas, instead of objectifying me?

Academic astronomers have for-
Hepatitis A Outbreak in California — Addressing the Root Cause

Margot Kushel, M.D.

On October 13, 2017, Governor Jerry Brown of California declared a state of emergency in response to a hepatitis A outbreak that began in the homeless population in San Diego. In the past year, more than 649 people throughout California have been infected, 417 have been hospitalized, and 21 have died from hepatitis A, making this the largest outbreak in the United States in the past 20 years. The vast majority of those affected have been homeless. Like two thirds of people who experience homelessness in California, most were unsheltered.

The environmental conditions associated with homelessness — overcrowding in encampments and emergency shelters, exposure to the elements, and limited access to facilities for hygiene and food preparation and storage — facilitate infectious-disease transmission. Homeless people’s often-poor underlying health, high prevalence of risky health-related behaviors, and poor access to non-emergency health care increase their susceptibility to infectious disease and heighten its severity and complicate disease control.