

Invisible

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I was new to this part of the country. My Brooklyn-born mom and dad from the Bronx relocated our family for work, wondering what the “Deep South” held for us. We moved just as I turned eight, and as luck would have it, three 8-year-old girls lived so close we could reach over our mismatched fences and join hands.

On an early playdate, we ran down the street to a neighbor’s garage where their cat had recently given birth to a litter of kittens. As we delighted in playing house with the kitties, one of my new friends exclaimed, “Let’s get them ready for church!”

I scrunched my eyebrows. *Church*, I thought, *how strange*.

It was the first time I realized everyone in the world wasn’t Jewish. I moved from a neighborhood in Cincinnati, Ohio, where Rosh Hashanah and Yom Kippur were official public school holidays.

I quickly learned most people were not Jewish, particularly in my Raleigh, North Carolina, world. One of five Jewish students in my high school graduating class of 550, I thankfully never felt othered. When a friend asked me to take Jesus into my heart, she was genuinely concerned for my future; friends announcing at seemingly relevant times, “She’s Jewish,” was similarly nonthreatening. Yet I wonder how my classmates, some more openly visible in expressing their Jewish identities, remember their experience.

I now think about that childhood incident and wonder, Was it the joy of a spontaneous playdate with new friends in a new place that made this childhood memory stick or a shocking revelation about the world? Or was it the tension of a choice, created in that moment, of whether to be visible or invisible? And the privilege to choose.

Through the decades, however, I’ve learned that visibility is many-sided. Some 50 years later, I had the privilege of addressing MD/PhD students at their annual retreat. My directive: Reflect on your career journey. Jam-packing my allotted 30 minutes, I included an experience of invisibility as an adult, sharing a life lesson: When the opportunity you want doesn’t knock, go knock on their door.

I explained that many of us think when we are ready to advance into leadership positions, someone will come knocking on our door. So we wait for it. But this is not always how it goes. And just because nobody is knocking on our door with the opportunity we want does not mean they don’t think we are up for the position. And it certainly does not mean we would not rock the position. Because we would.

I was halfway raising my hand saying, “Pick me,” and nobody saw me. I realized I needed to be outside my head, raising my hand high, knocking on decision-makers’ doors. So I knocked, equipped with my message triangle—three compelling reasons why I was clearly the one for the job.

It went okay. After stewing for a time, I reached out for help. A trusted mentor sprang into action as a generous and passionate sponsor with the full weight of his privilege. When finally offered the position I wanted directing a division I cared deeply about, I didn’t just take it; I negotiated to make things better—for me, my colleagues, and the organization.

So by all means, I tell my student audience, go after what you want.

I stand at the podium, but it’s my students who teach me now. They know well the pain of being unseen, unheard, and devalued. They share harmful experiences triggered by our

medical school curriculum and policies, including of racism, sexism, genderism, classism, heterosexism, ableism, and weightism. They teach me about the oppressive practices that dismiss their perspectives, leaving them feeling angry and alone. Like peers before them, they completed feedback cards, and yet still, another recorded lecture espousing race-based medicine shown again this year. In sensitive examination sessions, instructors use exclusionary gender-binary language, failing to model for students the gender-inclusive language vital to effectively caring for all patients.

While we follow established procedures, our students see the injustices of our entrenched ways. Sometimes the guiding frame is equality, rather than the equity and justice essential to see, acknowledge, and center the lived experiences of people underrepresented and marginalized in medicine and support safety, belonging, access, thriving, and power for all.

We must name and apologize for wrongs. We must apply an equity filter to all decisions, policies, and practices. We must ask our students and colleagues, “What do you need?” and “How can I support you?” offering, when fitting, a menu of constructive options, and spring into action with the full weight of our privilege, shining the light on their brilliance and facilitating access to opportunities for growth and advancement. Through our words and actions, we must clearly convey: You belong, we need you, we *see* you.