Black Women in Urology

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Intersectionality, a term coined in 1989, encapsulates the compounding impact of multiple social identities.1 Black women in American society find themselves occupying a uniquely challenging position. In addition to being subject to many of the socioeconomic and political barriers faced by the African American community, they also experience the hurdles that women face when attempting to build a career in a male-dominated surgical specialty like urology. This commentary explores the experiences of 9 Black women in urology at a single institution, highlighting the uniqueness of each individual’s career path.

Up until now, discussions of representation in urology were predominantly centered on gender. From 1978 through 1982, the mean proportion of women in urology residency was 1.9%, lagging behind all other specialties including Orthopedic Surgery (3.1%), Neurosurgery (3.8%), Plastic Surgery (6.8%), Head and Neck Surgery (6.9%), General Surgery (8.4%), Ophthalmology (12.2%), and Obstetrics and Gynecology (25.8%).2 With a concerted effort from the urology community, including notable organizations such as the Society of Women in Urology (SWU), women represent 27.9% of urology residents in 2020.3 This marked improvement in the gender gap of our trainee population has translated into the practicing urologist population, with the proportion of women increasing to 9.9% in 2019 from 1.2% in 1995.4

While the increased representation of women in urology can be touted as an ongoing success, substantial progress is needed to achieve racial and ethnic diversity in the field. A review of the Association of American Medical Colleges (AAMC) Resident factbooks, academic years 2011–2012 through 2019–2020, shows that the percentage of urology residents who identify as Black/African American has remained stagnant at 3% to 4%.4 This proportion is not reflective of our nation’s diverse population, in which, according to the 2019 United States Census, Black people represented 13.4%.5 Given the persistently low number of Black urology trainees, it comes as no surprise that in the 2019 American Urological Association (AUA) Census, only 2.0% of practicing urologists identify as Black.6

There is a paucity of publicly available information about the proportion of Black women urology applicants and trainees. With respect to practicing urologists, the AAMC reported only 58 Black women, comprising 0.6% of the urology physician workforce in 2018, a clear disparity considering that they represent 7.1% of the United States population (fig. 1).3,7–10 This low representation may be due, in part, to the intersectionality of race and gender, which could result in the delayed access to careers in urology.

In 1936, Dr. Richard Francis Jones became the first African American man to be board certified in urology. More than 2 decades later, Dr. Elisabeth Pauline Pickett became the first board certified woman in urology in 1962. In 1975, Dr. Mary Louise Gannon became the first woman to be granted membership by the American Urological Association in 1975.11–13 Dr. Carol J. Bennett became the first Black woman to attain board certification in urology in 1987 and in 2016, Dr. Cheryl T. Lee was appointed Chair of Urology at Ohio State University, becoming the first Black woman to hold this esteemed position. Additional factors contributing to the disparity in representation of Black women in urology so powerfully depicted in figure 1 will require further in-depth study, including a critical examination of each step of the succession from medical student to practicing urologist. Such work could shed light on positive and negative influences on the decision making process to select urology as a career choice, access to the field and advancement for those Under-Represented in Medicine (URMs).14

With so few Black women in urology, one would expect very few, if any, at each academic institution. While predominantly true, the University of California, Los Angeles (UCLA), is currently home to 9 Black women urologists and urologists-in-training. We hail from radically different walks of life, possess unique interests within the field of urology, and represent the spectrum of career stages, from urology applicant to Professor (fig. 2). When considering the factors that led us all to UCLA, several resonant themes emerged. First, each of us was seeking a home institution that would embrace and support our career ambitions, which often lay outside the mold of what is expected of the “typical academic urologist.” Our research interests included advances in medical education, general urology, health policy advocacy, basic/translational science, clinical trials, and health disparities outcomes research. The urology department and broader academic institution we desired recognized the importance of each of these research endeavors and were willing to support them. Under the leadership of its Chairs, Dr. Jean B. deKernion and subsequently Dr. Mark S. Litwin, UCLA Urology continues its tradition of championing the trainees and faculty. Second, building a community of Black women, which includes pioneers such as Dr. Carol Bennett, provides role models for trainees and junior faculty, as well as opportunities for...
mentorship. As the old adage goes, you cannot be what you cannot see, which makes this type of environment so attractive for urology applicants and early career faculty. They can see themselves reflected in the identities of other established Black women urologists, whose lives exemplify that their budding career aspirations can also be realized. This point is particularly salient at UCLA, an institution that has consistently been ranked in the top 20 medical schools with respect to representation of African American medical students. Finally, we all valued equity in care delivery and were drawn to serving patients from minority and underserved backgrounds, including those who receive care at our affiliated county and Veterans Affairs hospitals.

With the creation of the AUA Diversity and Inclusion Task Force, the AUA is signaling its commitment to do the work necessary for raising up a generation of future urologists who reflect the diversity of our patient population. However, this important task cannot be borne by just a few but requires each and every one of us. Thoughtful personalized mentorship, which may be provided by clinician-educators of any social identity, should at its core seek to promote the career aspirations of the mentee. The UCLA experience informs us that urology training programs that are intentional about creating diverse teams look beyond the mold of the cookie-cutter urologist or resident and instead provide mentorship that elevates and sponsors the unique career goals of individuals. It also reminds us that inclusive departments that are champions for equity for the regional patient population are 1 step closer to optimizing the environment where all can truly belong.


Figure 2. Black women in urology at University of California, Los Angeles.