Dr. Ravi: Fighting for patients and pushing women forward in medicine

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The COVID-19 pandemic unearthed a flurry of public health issues affecting gender and racial equity. Mulling over this year’s theme for Women in Medicine Month, Anita Ravi, MD, MPH, MSHP, and her colleagues on the AMA Women Physicians Section (AMA-WPS) Governing Council decided to draw from last year’s challenges to advance equity and build on change in 2021.

“We wanted to say, ‘Hey, we understand that we’re not at the end of this,’ placing a diversity and equity lens to it. This is our year to continue building on this momentum, which is exciting,” said Dr. Ravi, a family physician in New York City who co-founded the PurpLE Health Foundation, which assists survivors of gender-based violence, including human trafficking and domestic violence.

Every September, AMA-WPS celebrates women physicians, residents and medical students during Women in Medicine Month. The pandemic posed another set of challenges for women physicians to surmount. That is why the AMA thanks the women physicians who are tirelessly advancing equity and building on change. This September, the AMA is recognizing the endurance and strength demonstrated by women in medicine through the challenges of the past year while being an advocate and ally. Find out how to showcase the accomplishments of the #WomenofAMA and all women physicians, residents and medical students.

In an interview, Dr. Ravi described her work with AMA-WPS and PurpLE Health Foundation to help women. Dr. Ravi—one of 11 AMA members named to this year’s list of “40 Under 40 Leaders in Minority Health” set out by the National Minority Quality Forum—also shared the personal rewards of building trust with trafficking survivors to help them engage with the health care system, and why it’s important for medical students to get trained in supporting these patients.

AMA: What do you think is unique about AMA-WPS? What has been its significance during the pandemic?
**Dr. Ravi:** We’re not a monolithic group. That’s what’s been so beautiful about where we fit into the AMA Center for Health Equity. Any woman physician member of the AMA is a member of the AMA-WPS and anyone who’s an ally and wants to join—can. The pandemic has impacted us as women in different ways. Not just women or physicians, but as women physicians of color or LGBTQ+ women physicians. Recognizing the intersectionality of who we are as a section is a huge part of equity. There are so many ways we lift each other up because of how diverse our group is.

**AMA:** What is the current focus of your work on AMA-WPS?

**Dr. Ravi:** We’re working to increase awareness and meaningful engagement of women physicians through collaboration and leadership opportunities. We want people who are in leadership positions to be able to connect with each other or help bring up other women in leadership positions. So, we’re working closely with our medical student representative to see how we can potentially link the Women’s Physician Section and other AMA sections with women medical students. How can we help them stay active in leadership and advocacy, even after they graduate and as their journey as a physician evolves?

**AMA:** How will AMA’s recently adopted policy on preventing discrimination in medicine help support women physicians?

**Dr. Ravi:** Before, we talked about intersectionality and how a woman physician can have so many different identities and how that can change her experience in the workplace. The AMA policy recognizes that minoritized groups, including women physicians, experience issues of microaggressions and biases, and offers potential ways in which it could be addressed.

It’s normalizing something that otherwise has been secretive or has a lot of shame associated with it. Being able to say, "It's OK to speak up," and having potential policies and procedures in place for different hospital settings or clinical care settings to adopt, shows support to women and the health care community in general.

**AMA:** Research has shown that nearly 90% of trafficking victims never get identified or get help during a medical encounter. What challenges do physicians face in identifying these victims at a time when COVID is raging throughout the country?

**Dr. Ravi:** There are certain groups that are at higher risk for trafficking: youth at foster care, LGBTQ+ people—particularly LGBTQ+ youth who experience homelessness, and undocumented people.

When I see this question, I think of two groups of survivors. One is people who are experiencing trafficking and have not been able to engage in health care and remain without care because of the pandemic. And then there’s the people who may have finally connected with health care services and
the pandemic has jeopardized or disconnected their ability to continue seeking care.

We may have normalized telehealth, but I've heard from survivors and a lot of community-based organizations that so many other things have fallen through the cracks. People who are getting health care through their housing program suddenly don't have health care because they don't have housing.

**AMA:** Can you spotlight the PurpLE Health Foundation’s latest initiatives?

**Dr. Ravi:** We have an affiliated medical practice called PurpLE Family Health that is slated to open in October, which is Domestic Violence Awareness Month. The program provides comprehensive physical, mental and financial health care for survivors of gender-based violence, including trafficking, domestic violence and sexual assault.

So many people end up experiencing exploitation because of financial insecurity. And so, our work is finding a way to be able to support survivors, not just one visit at a time, but throughout their entire lifetime.

**AMA:** What about training today’s medical students and resident physicians to become more familiar with the science behind identifying and properly treating the victims of human trafficking?

**Dr. Ravi:** One is targeted training. That means making people aware that human trafficking is a health issue and that there are roles for physicians in assisting survivors of human trafficking. Another part is building a connection with survivors.

Sometimes we can help survivors without their revealing they’re being trafficked. Success is not limited to someone self-identifying as experiencing trafficking or to disclose it. There are safety concerns that sometimes keep them from being able to do that. But they still need essential health care, and successful care for survivors means finding ways to deliver health care even when disclosure is not involved.

The way to do this is through trauma-informed care. Long-term training of this type of care with medical students will be transformative in helping survivors, no matter where they are in their survivorship experience. Being able to build that kind of connection with the survivor is an important skill. We did not have that when I was training 10 years ago. Now that there are champion medical students who recognize how important it is, and they’ve sought out the PurpLE Health Foundation for trainings and assistance to enhance their skills.

**AMA:** Can you describe a time when you helped a trafficking survivor and how it relates to your work with AMA-WPS and Women in Medicine Month?

**Dr. Ravi:** One of the things I'm most proud of is that I built the PurpLE Health Foundation with one of
my former patients. Before PurpLE Health Foundation, I had founded and piloted the PurpLE Clinic—a primary care clinic within a New York City community health center, designed for survivors of trafficking and other forms of violence.

I met my future colleague, Keisha Walcott, for the first time when she came to PurpLE Clinic as a patient—she’s a trafficking survivor with numerous medical conditions, and often relied on emergency rooms for routine care. She was undocumented at the time and didn't have insurance. Her lawyer connected her with the clinic. We met and we worked together to get her long-term access to the care that she needed.

When Keisha got her permit to work in the United States, her first job was at the PurpLE Clinic. She became our community advocate, helping my other patients stay connected with care and addressing their social determinants of health needs. When the PurpLE Clinic pilot ended in 2019, I went on to co-found PurpLE Health Foundation, and she soon became a founding board member.

The reason why this intersects with Women in Medicine Month and building equity and advancing change is that it shows how much we can learn from one another. Keisha is an inspiration for why we want to invest in survivors, both comprehensively and holistically. There are so many survivor leaders out there who can teach us how we can practice medicine in a way that really connects with patients.