
Women Physicians Section (AMA-WPS)

Resident and Fellow Section Representative to
the WPS Governing Council

Name

Holly Elizabeth Grace

Credentials

MD

Pronouns

She/Her



Statement of interest

Growing up on a rural dairy farm, I witnessed severe healthcare access challenges. Curious to learn more, during college I studied how geography, gender, race, and socioeconomic factors affect health outcomes. As a medical student, I joined the American Medical Student Association and served as the National Community and Public Health Committee Chair. I organized and hosted many virtual speaker events for medical and pre-medical students that focused on the intersections of gender, sexuality, and race in health care. I led the 2020 National Primary Care Week, inviting female physicians to speak on topics including “Primary Care in Women’s Health” and “Primary Care in the Community: Stories of Passion, Impact, and Change.”

In my third year of medical school, I combined my interests in radiation oncology and healthcare equality. I developed a research study investigating why the radiation oncology workforce continues to lack representation of women and minority identities, with the hope that the workforce may evolve to better reflect its patient population in the future.

As a future radiation oncologist entering a male-dominated specialty, I have a strong desire to increase women’s interest in medical specialties suffering from gender imbalances. In my

position as the RFS representative to the WPS Governing Council, I plan to continue advocating for women's health and women in medicine. I am excited by the opportunity to collaborate with AMA members and further develop policies and programs that support female physicians through this role.

Diversity statement

My family's farm in rural upstate New York has always been my family's home base. The local residents all drive thirty minutes or more to a grocery store, pharmacy, or medical center. I remember when my brother broke his arm while roughhousing in the yard, and my parents had to decide which direction to drive in. Was it better to drive 30 minutes to the small community hospital with bare-bone resources that may not be able to fully treat him, or 60 minutes to the larger medical center that had specialty care and would certainly be able to repair the compound fracture, but subject their son to more time in agonizing pain?

Rural health dilemmas such as this are common but often underexplained to students and professionals entering the medical field. Growing up rurally has taught me the value of involving people with varying experiences in decision-making. Regardless of the ailment, whether it's maternal health, cancer, or orthopedic injuries, medical interventions are irrelevant if the patient cannot get to the medical facility. I bring a rural perspective to conversations, and I encourage others to consider access to care when discussing medical advances and interventions.