

# National Women's History Month

## Employee Spotlight

### Kathleen Page, M.D.

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#### What is your role and area of focus at Johns Hopkins?

I wear several hats: First and foremost, I see patients (primarily Latinx immigrants) at the Bartlett Clinic. I co-direct Centro SOL, a center for Latinx health that focuses on advocacy, community engagement and improving access and quality of clinical care for Latinx community. I am the Chief of Clinical Services for the Baltimore City Health Department, where I direct the STD/HIV/HCV/TB clinics, providing free, walk-in care to over 15,000 patients in two clinic in Baltimore.

#### Who were your role models or key influences growing up?

My aunt, who was a special education teacher in Uruguay, was very influential to me because of the genuine love and commitment she had for the children she worked with. I remember her waking up at 5am to take several buses to her schools, which were in some of the most disadvantaged areas of Montevideo. She often took me with her to work, and I was very inspired by her dedication to children with severe learning disabilities who were often left behind by educators, society, and even family members.

#### Who helped you pursue your career path?

I credit my parents for taking a huge risk sending me to college in the United States. I had never been to the U.S., and most of my parents' friends thought they were foolish to encourage their children to leave, but at the time the educational system in Bolivia was shattered by strikes and political instability. I know that financially sending me to the U.S. was a huge sacrifice for my parents, but my dad (who never went to college) always said that the only thing he would spend money on was education for me and my brother.

#### What does your identity as a woman add to your work?

I think I'm very sensitive to the challenges of being a working mother. I really never felt any discrimination because of being a woman in medicine until I became a mother. And while I'm not sure that I would even call it discrimination per se, I remember faculty advising me not to take on certain projects because I was pregnant, would not be able to travel, had children at home, and other issues that should have been left to me to balance and decide.

In my current role, I find that a lot of junior faculty women come to me to discuss work-life balance, and I hope that I can talk to them about the many choices we have as women, and for those who work for me, create environments and opportunities to be a mother and a professional without feeling torn by two competing priorities.

Also, as a quiet person myself, I try to recognize quiet leaders (especially women) and give them opportunities to shine and lead in their own style.

#### What do you think are the most pressing issues that women face today?

I think we still have a lot to do to support women in the early stages of their careers, which often coincide with raising a young family. Good, affordable child care options are still limited, and can be especially taxing for trainees. In medicine you are often still training well into your 30s. In contrast to other professions where women (and men) can establish their career trajectory in their mid-20s the delay in starting your independent career in medicine, means that for many women these critical years coincide with huge family responsibilities.

#### What message do you have for the Hopkins community about serving and supporting women?

I think sometimes faculty gravitate towards people that remind them of their younger selves. This is a problem for women if a large proportion of senior faculty in a position to mentor junior faculty and trainees are men. I think an awareness of these potential biases in ourselves is important so that we can recognize and nurture excellence in everyone, regardless of gender, age, race, or other characteristics.

