I was three years old when I started playing tennis. My father had played soccer for the entirety of his life, but when choosing what sport he wanted to put his children in, he decided on tennis—and he never failed to remind them why. My parents already had two daughters before me, and, unfortunately, female soccer players did not receive the same compensation as male players. So, although he had a tremendous love for the sport, he ultimately decided he did not envision a future for his daughters in it. He had already had his sights on tennis due to its male and female pay equality. However, he solidified that decision when he turned on the television and saw Serena and Venus Williams on screen. My father may have been a relatively new resident of the United States, but he was not oblivious to the racial and gender disparities within the country. It was already hard enough for him to make it as far as he did as a Nigerian immigrant in 2005, and he wanted his daughters to succeed in a country where it seemed impossible for people who looked like them. And so, when he saw two Black women on main-stage television who made it against all odds, he thought, “This is what I want for my kids.” And so, at age three, I began to play.

I grew up watching Serena Williams play tennis. Serena was my inspiration the same way she was for my father. Serena was my reminder that it was not hopeless for people like me—that if there was a chance for Serena, there was a chance for me. However, tennis was not the only thing that drew my interest. As I grew older, so did my fascinations, and I developed one with
science. When I entered my junior year of high school, I began thinking about my future—what career path to take—which subject I enjoyed enough to pursue further. I knew I wanted to enter a science-related field but was unsure which specialty. Did I want to be a biology major or a biomedical engineering major? Did I want to be a chemist? Did I want to do medicine? I did not solidify my decision then, but I had another year to figure it out, so I set that thought aside.

Come the spring of my junior year, I was in the living room, typing a paper for my seminar course and tuning out another of my father’s rants. His tangents happened frequently, and eventually, I learned to ignore them. But this time, the words “Serena Williams” caught my attention, and my fingers halted on my keyboard as I began to listen. My father spoke about Serena’s pregnancy and birth experience, complaining about how “even when you’re as rich and successful as she is—even when you’ve set world records and won majors while pregnant, they’ll still treat us like we’re beneath them.” At the time, I had not heard about any complications or controversies surrounding Serena’s pregnancy, so I gathered myself, went upstairs, opened my laptop, and began to browse the internet.

While researching, I found that Serena Williams had to have an emergency cesarean section because her daughter’s heart rate dropped to dangerously low levels during birth. The day after she gave birth, Serena was experiencing shortness of breath, which she was familiar with because she had had blood clots in the past. This familiarity led Serena to believe she was experiencing pulmonary embolism—a blockage in the pulmonary artery. Serena informed the nurses, requesting a CT scan and heparin—an anticoagulant that helps reduce blood clotting—but they told her she was not thinking clearly due to the pain medicine she received during birth. After making countless demands to have a doctor administer a CT scan and heparin,
the doctors found life-threatening clots in her lungs. Serena Williams had to undergo surgery and six weeks of bed rest following the operation (Dwass, 2022).

I paused my research, surprised but also slightly confused. I understood that medical professionals disregarding your requests was inexcusable and could have life-threatening consequences, but what exactly did that have to do with the fact that Serena was Black? I continued, and what I found made all the pieces fall together; “the maternal mortality rate for non-Hispanic Black (subsequently, Black) women was 69.9 deaths per 100,000 live births, 2.6 times the rate for non-Hispanic White women (26.6),” it read (CDC, 2023). And suddenly, my father’s rant made perfect sense. Black women were outsiders in medicine. I then understood that it never mattered that Serena Williams was a famous tennis player or that she was incredibly wealthy. It never mattered that she had proved herself countless times. When it came to medicine, she was just another patient. Just another Black patient. Serena Williams was simply another Black female patient who “was not thinking clearly because of pain meds” (Dwass, 2022). This instance was when I found the answer to my career path dilemma. I decided to enter the medical field when I realized Black women and other women of color could no longer be outsiders if there were physicians like me to make them insiders.

However, I was not the only one who felt this way—the desire to diversity and thus improve the medical field did not begin with me. On August 22nd, 2023, Serena Williams gave birth to her second daughter, Adria River Ohanian, and, due to “all the amazing medical staff who took care of [Serena] and [her] daughter,” Serena Williams faced no complications (Alexis Ohanian, 2023). Now, the task is transferring this equitable treatment to Black women of lower socioeconomic status and fame. My aunt gave birth three times, and all three times, she
complained of terrible care. If she were to have a fourth child, would it be different? Would it be better?

Works Cited:

