



Ladies first: the struggle for equity in Texas and beyond

Renowned cancer researcher and female leader **Professor Elizabeth Travis** shares with *International Innovation* the details of her efforts to level the playing field for women scientists and physicians at her home institution and further afield

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Can you discuss how you became Associate Vice President of Women Faculty Programs at The University of Texas MD Anderson Cancer Center?

As a PhD student, I was a bench scientist with a general research focus on identifying the molecular and genetic mechanisms underlying the complications of cancer treatment – primarily radiation-induced lung fibrosis, a potentially debilitating late complication of the treatment of cancers of the thorax.

Throughout my career I have been a champion for advancing women in science and medicine, long before it was *de rigueur*. When my institution initiated a search for an individual to lead a new initiative, the Office of Women Faculty Programs, I saw this as a unique, exciting and challenging opportunity to make a difference in the lives of women in academic medicine and science.

Do you think that women in academic medicine and science face unique challenges in terms of pursuing gender equity? How big is the gender divide in these areas?

I wish the answer to this question was no, but unfortunately there continue to be myriads of unique challenges that are pervasive and unrelenting, despite the fact that approximately half of all medical school graduates and PhD graduates in the life sciences are women. These challenges are not new; some are structural – the lack of paid maternity leave, for example. Even though millennial males are more engaged in child rearing than my

contemporaries were, women continue to carry the majority of these responsibilities.

There are challenges surrounding the unconscious biases that we all have regarding gender roles, but there are also challenges specific to women: lack of confidence and lack of sponsors, to name just a couple. It is not a chasm, but it is still a sizeable gap.

What is the most important lesson you have learned concerning the promotion of gender equity?

When Abigail Adams sent John (the second US President) to the Continental Congress of 1774, she cautioned him: “Don’t forget the ladies!” Similarly, we women must not and cannot forget the men. Gender equity is not a women’s issue; it is a societal issue. As long as women preach to the choir, change will be slow – even if the numbers of women in the field is large.

Another lesson has been that change takes a maddeningly long time, and you cannot take your eye off the ball. It takes constant attention and focus to sustain the gains we have made and, even more importantly, to change institutional culture. Men are critical partners in achieving gender equity.

Imagine looking back on your career in 30 years’ time. What societal advances are you most hopeful to see as a result of your activities?

First, representative numbers of women in leadership positions in all of medicine and

science, as well as in society; for example, politics and law. I want to see women have the same opportunities as men and make up half of our leaders, including CEOs and corporate board members. Second, I want to see that we value families and that institutions universally support them with time and money, as well as paid maternity and paternity leave. Finally, that offices such as mine have been driven out of business and that these conversations are obsolete.

Why do you see sponsorship as so important and distinct from other solutions such as mentorship?

I would like to see committed efforts to sponsor women for senior leadership positions at the highest levels of academic medicine and science. Sponsors differ in many ways from mentors, but primarily they are individuals with power and influence who are in a position to advocate for an individual at the leadership table. Given the criteria of having power and influence, most sponsors are men, and they advocate for men. We need to encourage them to look for ‘people who do not look like them’ and identify potential women leaders, advocate for them in their inner circle and challenge women to expand expectations of their potential and negotiate for what they deserve.

The way I see it is: what do we have to lose by trying this approach? Not much else seems to be working.



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she considers equally important: Associate Vice President of Women Faculty Programs (WFP). This integral part of the Center, which began work in 2007, approaches the problem of gender equity from a number of angles – although it may not be perfectly named, as Travis points out: “We do much more than just programming. Raising the visibility of women, organisational change, contributing to research and scholarship, education and career development are all goals”.

The problem is more complex than it first appears. Around 50 per cent of those in training to become physicians and scientists are female, which is very positive. Unfortunately, only 38 per cent of academic physicians and scientists in medical schools are women, and only 21 per cent across the board become professors. The troubling question that Travis and her colleagues are asking is: why are there so few women professors? Concomitant with the goal of achieving equity at MD Anderson and in the field of science at large, therefore, is the aim of increasing the number of women in leadership positions – an objective Travis calls her ‘true passion’.

ENGAGING FOR EQUITY

As an institution that fulfils four very important roles – patient care, research, education and prevention – MD Anderson is of necessity a very large organisation; in fact, more than 19,000 people are employed there. Collaboration across the institution is therefore a lynchpin of WFP’s work. “We have organised a Committee on Gender Inclusiveness for each division in the institution to identify and cater to the specific needs of that group of faculty,” Travis states – and a multifaceted approach like this is necessary for an organisation with so many faculties, each with distinct needs.

Even within the same faculty, WFP brings diverse approaches to encouraging the recruitment, retention and promotion of women. They offer a raft of educational programmes to address the needs of female faculty members, covering subjects from promotion and tenure to finance and negotiation – and when they do not have the resources to provide a particular form of training themselves, they fund aspiring female leaders to attend national leadership development programmes.

Of course, just because female leaders are underrepresented does not mean they are absent, especially not at MD Anderson, which has seen the percentage of women faculty leaders double since WFP’s establishment. WFP engages with established female and male leaders as well, encouraging them to become involved in efforts to achieve equity.

PROMOTING LEADERSHIP

Through its seven years of activity, WFP has not only achieved remarkable success, but has

also developed the support it provides. When the office opened, the proportion of female faculty leaders was at 14 per cent. One of the first initiatives that Travis spearheaded towards correcting this imbalance was to improve the Center’s policy and procedures when it came to search committees. WFP ensured that such committees were made up of diverse members, gave them tools to examine their own unconscious biases and reached out to female candidates. Today, 28 per cent of its faculty leaders are women, and four of these are graduates of the Executive Leadership in Medicine programme – a prominent leadership course that WFP sponsors women to attend.

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In recent years, however, Travis has focused in particular on a new strategy that WFP is adopting, centred on the concept of sponsorship. “Sponsorship is popular in corporate culture but virtually unknown in academic culture,” she notes. By lending public support to promising female candidates, men and women in leadership positions can open doors for women aspiring to join them at the leadership table. This process is far from being a ‘free pass’ for the sponsored protégée, however. The responsibility that comes with receiving sponsorship is a lot to live up to, as corporate sponsorship demonstrates. Travis and her collaborators hope that such endorsements will do a lot to change their working environment.

TAKING ON THE REST OF TEXAS

Importantly, the work of WFP is also having an impact beyond MD Anderson. For the last two years, Travis has been collaborating with The University of Texas (UT) System’s Vice Chancellor for Research and Innovation, Dr Patti Hurn, towards applying its successful approach to the University’s 14 institutions. It was this work that led to the creation of the System’s Women Senior Leaders Network, a consortium for women faculty and administrative leaders from across Texas dedicated to making The UT System the best place in the US for women to work. The UT Network has already begun to offer workshops to the entire System, and most recently, WFP has engaged with the MD Anderson Global Academic Program with sister institutions across the world.

WOMEN FACULTY PROGRAMS

OBJECTIVES

- To partner with leadership and faculty to create an inclusive culture where women physicians and scientists choose to be
- To recruit, advance and retain a diverse faculty of women

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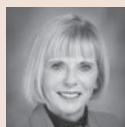
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DR ELIZABETH TRAVIS is an

internationally recognised scientist, renowned for her pioneering research on radiation injury to the lung. She has demonstrated unwavering

advocacy for women in science and medicine throughout her career. She is committed to developing academic women leaders, earning her an international reputation for her work on behalf of women.

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