ORAL HISTORY INTERVIEW WITH ANN BROWN
Duke University Libraries and Archives
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COLLECTION SUMMARY

This collection features an oral history Joseph conducted with Ann Brown on April 27th, 2021. The 62-minute interview was conducted in Durham, NC. Our conversation explored Dr. Brown's leadership work within the Duke School of Medicine, current conversations in academic medicine about work/life balance and appropriate work environments, and the impact of systemic bias on research into women's health. The themes of these interviews include endocrinology, faculty affairs and development, and gender in medicine.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4-16)

The materials we are submitting also include the following separate files:

- Audio files of the interview*
    - Stereo .WAV file of the original interview audio
    - Mono .MP3 mixdown of the original interview audio for access purposes
- Photograph of the interviewee (courtesy: Ann Brown)
- Scan of a signed consent form

*Due to COVID-19 social distancing protocols and best practices, Joseph recorded the interview remotely via Zoom.

BIOGRAPHY

Ann Brown, MD, MHS, is Vice Dean for Faculty and Professor of Medicine in the Duke University School of Medicine. Born and raised in Michigan, Dr. Brown attended Mount Holyoke College as an undergraduate and Stanford University for medical school. The combination of a women's college education and an early interest in OB/GYN medicine continues to shape her work in endocrinology and women's health. She often stresses that women's health is more than reproductive health. "There are all these questions like, why does thyroid disease happen more often in women?" she points out, "And what kind of challenges do women with diabetes have that maybe men with diabetes don't have? There are cyclic changes. There are caregiving challenges. How does self care fit into the life of a woman with diabetes? And how can you help with behavioral change in men versus women?"

It was these kinds of questions that led Dr. Brown to create a women's health seminar series early in her tenure at Duke. In addition to wanting to understand the lives and challenges of her patients, she wanted to assist her female colleagues in navigating promotion and tenure, creating work/life balance, and nurturing healthy work environments. She found that the creation of a professional development seminar series had resonance beyond the community of women she initially set out to serve. Brown remembers an early focus group with male colleagues who described their desire to participate more fully in the lives of their families: "It became clear that this sort of issue around work-life balance -- that was coming out of this work with women and career development -- was a generational issue."

Dr. Brown's passion for helping faculty, especially women and underrepresented groups, experience a "balanced" work life and transparent work expectations has become a primary passion and focus of her work as Vice Dean of Faculty. She is galvanized by the new generation of students who "expect equity, and expect their concerns to be taken seriously." She sees structural changes as key to navigating everything from creating policies on harassment to setting up faculty awards committees. "If you were to ask the question, 'What really drives you?' I would say it's always been trying to empower people to do their best, and to feel like they're pulling out of themselves what they have to give to the world," she says. "Whether it's patients, or faculty, or staff. That's really the motivator for me."

INTERVIEW TOPIC LOG (ann-brown-interview-audio.wav)

00:00 Introductions and current role
00:36 Description of responsibilities as Vice Dean for Faculty
07:06 How her responsibilities about culture and climate have shifted to capacity-building
10:17 Upbringing in Ann Arbor
15:08 College at Mount Holyoke College; interest in feminist literature and theory; early job at Stanford Linear Accelerator Center
17:01 Initial interest in reproductive endocrinology at UC-Santa Cruz; medical school at Stanford
19:00 Early jobs in Detroit and Ann Arbor
21:04 Reflections on early interest in medicine as "a wonderful way to connect with people about really difficult issues"
23:01 Attending lecture at Stanford with Dr. Carla Schatz and observations on "lens of questioning" in academic medicine; conversation about women and anemia with older professor; negative experience observing endometrial biopsy
27:57 Observations about "unwritten rules" of medical school and differences between classroom and ward pedagogy
28:56 Arrival at Duke; reputation of Duke as a "powerhouse for clinical care"
32:27 Approaches to women's health as more than "bikini medicine" (reproductive care); reflections of grand rounds on migraines and absence of discussion of gender; development of women's health seminar series
37:21 Development of professional development seminar series; generational and gender differences in dialogue surrounding work/life balance
40:47 Observations on importance of women in leadership roles; work with Nan Keohane on Women's Initiative steering committee
44:48 Changing conversations around women in leadership roles in the School; description of "leaky pipeline" for women in academic medicine
49:36 Changing approaches to recruitment and retention with regards to family structures
50:40 Observations on structural changes needed for promotion and tenure process
54:41 Advice for new faculty on importance on finding "authentic" drivers of work, importance of building teams and creating positive "microclimates" of work
59:58 Reflections on important leadership roles by Nan Keohane, Nancy Andrews, Mary Klotman, and Scott Gibson

TRANSCRIPTION (ann-brown-interview-audio.wav)

Joseph O'Connell 0:00
The date is April 27th, 2021. My name is Joe O'Connell. And I'm interviewing Dr. Ann Brown. This interview is for the Duke Department of Medicine and the Duke Medical Center Library and Archives. So first of all, thank you, Dr. Brown for being part of this project.

Ann Brown 0:15
Thank you for inviting me. I appreciate it.

JO 0:25
And to start with, can you tell me your full name and when and where you were born?

AB 0:32
Oh, sure. Ann Julia Brown, and I was born in Kalamazoo, Michigan.

JO 0:36
Okay, great. And I want to ask, at the beginning, a little bit about your role at Duke currently. So I know you are Vice Dean for Faculty, and also a Professor of Medicine at the School of Medicine. Can you tell me a little bit about the range of responsibilities that you have in those roles?

AB 1:00
So first of all, just a couple of years ago, I transitioned out of clinical medicine. So you're right, my full time effort now is in the positions that you mentioned? And, then tell me your question again [laughs].

JO 1:17
Yeah, I wonder if you could tell me, as someone who's coming to this from a lay perspective, and who's not in academic medicine myself, can you tell me a little bit about the range of things that you do, as Vice Dean for Faculty and as Professor of Medicine?

AB 1:34
So anything that has to do with faculty life would be legitimate for me to be pulled into. And so from a formal perspective, it's Faculty Affairs. And that includes how faculty get promoted and how do we count their effort, how is their effort distributed, [and] how do we think about the culture and the climate in the School of Medicine. And there might be some more mundane things there, like what the template for an offer letter should look like. And some current things that are coming up that have to do with those things kind of all wrapped together -- the climate, the culture, and the structure around faculty life. What might be the question of whether, for instance, when we're hiring somebody, or recruiting a new faculty member, we want to have a process where we ask about whether they've had any difficulty in the past with performance, or with a violation of a policy. And this really comes out of some of the recent work around sexual harassment. So for instance, do we want to ask whether they've been disciplined for harassment in the past? And currently, that's not necessarily something that's done formally by us. But

schools more and more are getting interested in understanding behavioral issues, climate issues, and how to protect a positive environment. So, that's an example of the way that the structure and purpose kind of come together. So anything related to Faculty Affairs.

My passion, though, and the way I got into this was through Faculty Development, that is through helping faculty understand the environment they're working in and how to build a career in academic medicine. And that's really what got me going. And then lately, we do Faculty Awards. So we make up and we create the panels to deliberate about Faculty Awards. So, an award for a great mentor, for instance, or somebody who exemplifies professionalism. My office also has been working in the area of mentoring for faculty. So we have a faculty member in my office that manages the mentoring program. And that's really around research mentoring, making sure that our junior faculty are connected with research mentoring, and that we're training our mentors. And recently, there's been more of a focus in that arena on reaching across differences to ensure that our mentors are not just kind of trying to reproduce their own career in their mentee, but trying to understand their mentee's background, their mentee's desires [and] interests, and help them craft the career that they want.

The other element that's in my office is a particular focus on supporting faculty who are underrepresented in medicine. And so we have a faculty member who is running a professional development program for underrepresented minorities, provides mentoring [and] advocacy, and has recently led a really important strategic planning process around anti-racism and how to build an anti-racist culture, particularly on how to do that for the faculty environment. And then where I spend most of my time now is on situations where faculty run into some problems, usually around questions about harassment, or questionable research practices, or bullying, creating a hostile work environment. So it might be in a laboratory where concerns are being raised about the environment for learning, and honestly, a free exchange of ideas. An awareness that it's okay to be wrong, it's okay to have an experiment not work out. That it's all part of the learning process. So where questions about that arise, I get involved with managing what I would say is disruptive faculty behavior, when that happens.

JO 6:50
I think I read in your bio that one of the things that you're doing on a routine basis is meeting with faculty and discussing some of those issues. Is that accurate? What does your day look like, typically? Is that a big part of your day?

AB 7:06

So that's really interesting, and I probably need to amend that. Yes and no. So, this particular issue around faculty climate and faculty who have concerns -- either they are doing something that is concerning, or they are concerned about their environment -- that has recently become a big issue. It's something that seems to be coming up more and more. Number one, I think leadership is taking these things more seriously, is taking the climate and culture more seriously. This generation of students expects equity, and expects their concerns to be taken seriously. And so they will complain, and we want them to complain. We want them to tell us when things are not going well. The focus on social justice in the world, I think, is also appropriately affecting

the academic environment. And then, of course, the NIH is developing more language and policy around creating a positive work environment for people. The people who are funded by the NIH are expected to uphold professionalism standards, and we as an institution are expected to make sure that they do that. So for a lot of reasons, the climate is becoming a bigger issue. And so it's not possible for me to meet with everybody anymore who wants to talk about these things. But instead, what I'm doing is I'm a resource for Chairs. Because the Chairs really are responsible for managing anything related to faculty, with guidance from the Dean's Office, unless it's something that's so complex or egregious that the Dean's Office gets notified first. So I work as a consultant, I guess, an advisor to Chairs. And then I have tried to develop the capacity in departments to do that thing that you read about in my biography, which is to meet with faculty who are concerned about issues. And so I have a group that's kind of gotten more robust over the past couple of years called the Faculty Affairs Steering Committee, or FAST, which is somewhat tongue-in-cheek called because nothing happens fast. But, it's made up of Vice Chairs in each of the departments, who are named, identified, [and] responsible for being a resource for faculty in the department, and to help with issues where disruptive faculty behavior occurs, and then provide a fair and balanced process around trying to manage that. So now I'm kind of trying to build capacity, I would say, in the institution.

JO 10:17
And I want to back up a little bit, and talk about how you got to this point in your work, and in your life. And I want to ask about the very early stages of that. Can you tell me a little bit about what your upbringing was like, and what kinds of family or community influences started to shape your interest in medicine, or in issues of academic faculty development and faculty affairs that you deal with now?

AB 10:55
So, I guess I could tell a story about that. There are probably many stories, right [laughs], that somebody could tell about it. I was raised in Ann Arbor, Michigan. And the reason we moved there was that my father was a minister, an Episcopalian minister. Mom was a nurse early on. And in the '60s, my father was a minister in a very conservative small town in Michigan, and he was very pro civil rights, and went to the March on Washington with Martin Luther King. And his church was not particularly supportive of that, or happy about that. So he came to a difference, sort of a parting of ways, with the church and decided he wanted to be a social worker. So he went to Wayne State, when we were all young, [we] moved to Detroit, where he got his social work degree.

And then I think it came time for him to get a job as a social worker. And my mother said, "We are moving to Ann Arbor, if we're going to live anywhere in Michigan, we're going to live in Ann Arbor." And she wanted to be part of the artistic community, because at that point she [had given] up nursing and [had become] a potter. And so she had a studio and was a professional potter, and went to art fairs, etc. And my dad was a social worker. And then they started to split up in the early '70s. My mother got into New Age stuff. And my father, as I said, is an Episcopalian minister. And so they kind of had a difference of worldview develop. And so they separated, and in that I'm the middle child. My sister is nine years younger and is very dramatic. She's an actor and a writer and singer. And I was studious, the studious middle child, and my

brother was sort of the wild child, who was a musician who went to the alternative high school in Ann Arbor, he found the regular high school too constricting [laughs].

So, that was sort of our family dynamic. And in that, I had become a gymnast, too, at a young age. So, I kind of disappeared into gymnastics and studying, while my family was going through this transition. So I did really well in school. And I did really well in gymnastics. Probably my proudest moment was being the 1976 State Balanced Beam Champion. I was really very devoted to that. So that's to say that I was very studious, and I had a sport that was very individualistic. And so I think those were things that shaped me early on. And in sort of the chaos of family life, I looked at colleges that I felt could be very peaceful places where I could study. And I wasn't looking for a party. I wasn't looking for [anything really] social. I was in a very social crowd in my senior year after I quit gymnastics, and it was just chaotic. It was the '70s in Ann Arbor [laughs], it was the Hash Bash and trying to legalize marijuana, and I just wasn't into that. This may be way too much information.

JO 15:08
No, this is a great story [laughs].

AB 15:11
My experience was that it was just too chaotic. So I ended up going to Mount Holyoke College, which is a women's college, which I never really anticipated going to. But it was very peaceful, and I absolutely loved it. And I did well in science and math. And so that's what I focused on. I was just so happy to be someplace that was peaceful, that I don't think I thought a lot about what I was going to do next. And I think career guidance was a little loose at that time, "Do what you want to do," you know. So I was like, "Okay, what do you want to do? You could be a doctor, I guess." And that's about all I could think of. And so I said, "Well, if I do well in school, then I'll apply to medical school." And so I ended up reading feminist literature for the first time. And I read Doris Lessing, and she talked about how useless education was, formal education. So I said, "I'm going to go and take a year off, and support myself, and just be out in the world." So I did. I went and I drove a delivery truck in Ann Arbor for a while, meaning like six months, and then I had a friend who moved to Santa Cruz, California. And I'd never been to California. And I thought, "Hey, why not go there? It's February in Michigan, I could be in California." So I moved out to Santa Cruz, which is about the polar opposite of Mount Holyoke College, and fell in love with it. I got a job building a particle detector at Stanford Linear Accelerator Center [now: SLAC National Accelerator Laboratory]. It was a particle physics lab in Santa Cruz, and then we were building a particle detector for SLAC.

And so I decided that I thought California had been a very well-kept secret, and that I'd like to spend more time out there. So I did my junior year at Santa Cruz, and did all science, and worked in a lab, worked in an endocrinology lab. And it's very odd to have endocrinology exposure as an undergraduate. But I ended up taking a full year of endocrinology coursework, plus a quarter in a lab, plus worked in the teachers' laboratory doing science. And so I found that I liked that. One of the courses was taught by a reproductive endocrinologist from UC San Francisco. And so, I kind of got the bug for reproductive endocrinology out of Santa Cruz. And I went back and finished up at Mount Holyoke, and then came back to California for a little bit more, to go to

medical school at Stanford. And so, why did I go to medicine? I mean, I think that it felt like a natural fit for me. I liked, very much, the combination of the human side of it and the scientific side of it. I can't say it was anymore deep than that. There's nobody else in my family who's a physician. So, that was how I got into medicine. Does that answer your question?

JO 19:00
Absolutely. And I always love hearing about the other jobs that people have held prior to going into academic medicine. I'm curious what kind of delivery truck you drove, and what that experience was like, and if it made you think about feminist literature any differently [laughs]?

AB 19:22
I loved all of my jobs before medical school. I delivered office supplies and office furniture, and I loved being able to drive around, between Detroit and Ann Arbor. Pulling up on the sidewalk, saying hi to the people I was delivering to. They always had candy jars, I would always enjoy the candy jars. And I think I just like being out by myself, and I like driving, and I like physical activity. And so it was all of those things together. But I had some other fun jobs. I used to sell hot dogs at University of Michigan football games. And I had to wear one of those things, you know, those trays that were filled with hot dogs and Coke, and I had to yell "Hot diggity dogs."

JO 20:22
[Laughs] That was mandatory?

AB 20:25
Yeah [laughs]. And in those days, the whole town of Ann Arbor fit into the stadium, all 100,000 people. Not that they were the ones in the stadium, but it was very quiet on the streets during Michigan football games. Before that I pugged clay for a potter in downtown Ann Arbor, for JT Abernathy, who if anybody knows anything about Michigan pottery, I think he's locally famous, anyway. But my mom got me that job. And then I taught gymnastics, and I did choreography for routines, and things like that. Those were my jobs. And I washed dishes.

JO 21:04
And there was something about scholarship and medicine that kept you on that path.

AB 21:25
I don't think it would be fair for me to develop a narrative about how I was always going to go into medicine. I think that there probably were a number of things that I would have loved to do. But I'll be honest, I was really drawn to medicine because I thought it was just a wonderful way to connect with people about really difficult issues. And to get really challenged to think about what people need. But I think that grew as I got more exposed to the field. And it became the right field for me more after the fact, to tell you the truth.

JO 22:13
After the fact of your training?

AB 22:16

During training, I think, too, I really just needed to earn a living. And because my parents were pretty wrapped up in the pain of the divorce, I felt like I was on my own a lot. And I'm just naturally independent, as well. So, it wasn't like there was anyone saying "You should really get a job in a lab," or "You should get some experience in a medical setting." And now it's pretty common to do that. In those days, for me, it was a lot looser.

JO 23:01
Were there any particular people that you met during your time in medical school, or experiences that you had during that training period, that stand out to you as important or memorable?

AB 23:22
In medical school what I can think of are two types of things, right off the bat. One is that the lectures at Stanford, they would talk about their research, more than things I needed to know to be a good clinician. I remember Carla Schatz talking about how the eyes worked. What was imparted in that kind of lecture was the sort of passion for the field, their field that they were in, and how bringing a lens of questioning to their field was how they operated. And so trying to think about things differently was something that I think I learned as a priority in that kind of education. People were telling me about things that they were fascinated with, and how they approached a problem, and how they traveled through a process to get to the answer that they were looking for. And I think I learned a lot from that kind of education.

I also found that there were things that were highly irritating to me and that kind of tapped into my sort of feminist awareness that had been awakened at Mount Holyoke. I'll give you one example. So I was in a lecture by an older male professor, and he was talking about anemia. And he was talking about anemia and women, and how a common cause of anemia would be menstrual blood loss. And he also editorialized that women were terrible about judging how much blood they shed every month, just terrible, and very unreliable. And I remember thinking, "Well, how do you measure that?" You know? How would you counsel a woman to relate that? And so I asked him that -- "Is it a problem with women? Or is it a problem with us?" And I remember him being a little, I mean, it was a challenging question. Because he was sort of waxing eloquent, and getting into the story about how unreliable women are, and kind of relishing that a little bit. I was getting irritated. And so I also learned that there's a lot of patronizing behavior in medicine, toward women. And that came up again when I was in a OB/GYN rotation and a Fellow [was] doing an endometrial biopsy on a patient with no anesthesia. And the woman was screaming with pain, and then apologized profusely. And he would say, "This doesn't really hurt, this is just an overreaction. See how she apologized? So, you don't need pain medicines to do this." I think now that would be considered barbaric. But I remember thinking that there's something really wrong with the way I'm seeing medicine delivered in these circumstances. So those were pretty influential for me.

JO 27:48
That sounds like a really jarring experience.

AB 27:57

That is an example of the unwritten rules that you learn in medical school. We talk about that a lot now, like, what are we teaching our medical students not in class? We teach them one thing in class about social justice, and about patient empowerment, and listening carefully to what the patient is saying. But then what do they learn when they're on the wards? What really happens on the wards? And those are examples of things that happened. Many wonderful things happened as well. But those were some things that I remember that were influential for me later on.

JO 28:39
They sort of stayed with you. And maybe you had in mind that those were some of the issues that you wanted to be working towards remedying.

AB 28:52
Yes, absolutely. Absolutely.

JO 28:56
And so I think I read that it was 1993 when you came to Duke, is that accurate?

AB 29:05
That's when I joined the faculty, but I came in '91, right after residency.

JO 29:11
Okay. I'm curious if you could tell me a little bit about that transition, and what you were thinking about at the time when you first arrived at Duke, and what you remember about showing up in Durham and on campus at Duke?

AB 29:31
So I went from Stanford, I matched in OB/GYN at Yale, I decided to do OB/GYN. But then after a year of that, I decided to switch to Internal Medicine. So I think I took with me a strong interest in women's health, from my training and from going to a women's college. But then I decided that I was more temperamentally suited for internal medicine [and] thinking about women's health from an internal medicine standpoint. And so then when I was looking for a fellowship after my residency training, I was thinking, "Do I stay in the northeast? Or do I try to get closer to family?" My brother had been living in North Carolina, he had moved down from Michigan to play in the North Carolina Symphony in the early '80s when I was in college. And he had just started having kids at that time. And I said, "I'm going to move down there, try to move down there to be closer to him." Because I knew he was going to be staying here, there aren't that many bass jobs in the world, with the orchestra, anyway. So I moved down here to be closer to family and looked at a number of places, including Duke and UNC. And I really liked how Duke was a powerhouse for clinical care. Like, you could see everything. Every endocrine diagnosis, any diagnosis that is out there, you would see in your training. And [I liked] that Duke valued clinical training, because Yale was more research-oriented, to the exclusion of clinical care, in a sense. So what I mean by that is that a faculty member was rewarded for doing research, and the rewards were less clear for doing clinical care. So it was like you wanted to get out of clinical care. At that time that was sort of the feel. And at Duke, it was like, "No, we love clinical care. And we love the research, too. Both of them go hand in hand. We've got big initiatives [and] big

priorities in both of those arenas." And so that was one of the reasons that I wanted to come here. And that is true. That is true. You see a lot of patients, and I loved seeing all the patients. I loved being a clinician.

JO 32:27
And were you already thinking that your goals would be best met through a leadership role eventually? How did you wind up stepping into some of the early leadership roles that you had?

AB 32:49
I would say that I created them. And what I mean by that is that -- so I came with my interest in women's health, and I looked at how education was happening around women's health. And it was what I call "bikini medicine." It was breast health and pelvic health, reproductive health. But there are all these questions like, why does thyroid disease happen more often in women? And what kind of challenges do women with diabetes have that maybe men with diabetes don't have? There's cyclic changes. There's caregiving challenges. How does self care fit into the life of a woman with diabetes? And how can you help with behavioral change in men versus women? And so a really polarizing example of this would be my orthopedic surgeon with diabetes who I took care of. And I would say, "So what's keeping you from taking your insulin? What would help you to check your blood sugars more?" And he said, "Look, don't don't ask me this question. Just tell me what to do and I'll do it." And that's what he needed. And I think that women needed, I felt that women didn't respond to that. They might smile and nod, but what they really responded more to, in my opinion, was a participative approach.

So I started to think that there were differences, that women's health was more than just the bikini medicine. What is heart disease like in women, how is that different? And why do women get autoimmune diseases more frequently? There were just a lot of unanswered questions. I remember going to a medical grand rounds on migraines, and the guy gave a beautiful talk about migraines. And he said nothing about menstrual migraines, about how some people have migraines [inaudible] cycle. So I asked a question about that. And he said, "Oh, well, that's kind of unreliable, I'm not sure it really exists, and we don't have any information on that." It was very dismissive. And I thought, this is just wrong. And this was at a time when you could work with pharmaceutical companies to get unrestricted educational grants. So they would give you money to do an educational program, and it was CME-based [Continuing Medical Education]. So they couldn't influence the content, but they would give you money for it. And so the first thing I did was set up a women's health seminar series. And this was a seminar series that would happen every month, and it would be talking about an issue, and then it would bring in the psychological issues around, you know, disfiguring breast cancer, for instance. And then surgical treatments for breast cancer, and then oncology treatments for breast cancer. Or heart disease and women, and why are the symptoms different. It would start to answer these questions like, what about menstrual migraines, how do you manage those? And so was multidisciplinary, it wasn't just OB/GYN.

We talked a lot, at that time, about hormone replacement therapy. Because another area where there was a big problem was that OB/GYNs were very comfortable prescribing hormone replacement therapy for menopausal women, and prescribing birth control pills for young

women as needed. But in a movement toward more primary care -- like, the primary care person doing everything -- at that time, internal medicine and family medicine docs were less comfortable prescribing hormone replacement therapy. Many people, in my experience, didn't know how to prescribe birth control pills. They just weren't comfortable with that. So you had this divide, where women maybe they had an OB/GYN or someone who was doing primary care and prescribing these things, but not able to maybe, at that time, counsel them as much about the effects of hormone replacement therapy, and breast cancer, or heart disease.

And so I just felt like there was a big gap in care for women. And so that motivated me to set this women's health seminar series up, which became very popular and [had a] large audience. And as I was thinking about those questions, I also started thinking about how women build their careers. And so I held some focus groups. I didn't know what a focus group was at that time, but I had a colleague who kind of mentioned what a focus group was. We decided to do some with women, and ask them about career development and career growth. And it was pretty clear that there was a widespread kind of confusion -- "I don't know what track I'm on, I don't know what you need to do to get promoted." So we started setting up some professional development seminars, to just say, "Here's what the APD [Application for Promotion and Tenure] process is like, here's how you find out what track you're on, here's how you get an annual review so you can get some feedback on your career trajectory."

And in that first set of focus groups, one of the messages was, "You should talk to the men, too, because they also voice some confusion about how to get promoted. And also, they're as worried about work life balance as I am." Because we talked about professional development, [and] work/life balance. So we did another set of focus groups. And sure enough the men said, "We also want to be able to spend time with our family, we also have an interest in having not just a career but having a balanced life, we'd like to go to the soccer games for our kids, but if we did, we would be ridiculed." So it became clear that this sort of issue around work/life balance, that was coming out of this work with women and career development, was a generational issue. You could see it more as a generational issue than a gender issue. So we started talking about it in those terms, and decided based on that to expand the professional development seminars to be for everybody. Just to kind of make it clearer to everybody what the secret rules were [laughs]. How to get promoted, how to write a grant, what to do when you get a grant review back and it smashes your idea to smithereens. Just, here's how you do it. Here's how you build this career in academic medicine, with advice from people who have come before you. So when I say I didn't step into a leadership role, I just sort of developed it, that's what I mean. I sensed [and] discovered kind of a gap, and was given the flexibility in my career to go ahead and spend time doing this and building this. So that's how it got started. And this led to other things.

JO 40:47
That's, that's so interesting, listening to you talk about beginning with the seminars on women's health, and then beginning to think not just about women's health in research and clinical practice, but also helping women physicians rise through the ranks. Did you have a sense that having more physicians at higher positions, more women physicians at higher positions, would then lead to more attention to some of those neglected clinical concerns?

AB 41:31
Well, I think that we looked at data and you see a lot of women at the junior ranks. And then as you go up the ranks, the number of women goes down. Whereas if you look across the ranks for men, it's pretty much the same -- assistant, associate, and full professor -- there's roughly the same number of men in each of those categories. Whereas there's a lot of women at assistant professor, fewer at associate, and very few at full professor. That was true then. And it is true now. And so we talked about trying to close that, trying to advance women. And we haven't closed that gap in all of the years I've worked here, 30 years. So, yes. And one of the most powerful ways that that became clear to me was around the time that we were working out this idea that issues for women are often generational issues, and not gender issues, per se. The president of the university, Nan Keohane, was in her final year and decided to set up something called the Women's Initiative. She asked me to be the School of Medicine representative on the steering committee for that. And that was one of the most powerful experiences of my entire professional career, having Nan Keohane lead, a feminist lead, this large organizational initiative. It was so incredibly transformative to watch her lead, and to see somebody who's at the head of the table just saying, "Yeah, that's right. Yeah, that's unfair." And not question whether something that women often experience is grossly unfair or a big obstacle. Not questioning whether it's an obstacle, but saying "That's exactly right. I mean, childcare is a problem, it does hold parents back." Or "You're right, harassment does happen. It is a serious issue. It's not something like, 'Well, maybe you're just too sensitive.'" It's just a given, that some of these things that I felt were givens, were acknowledged to be valid concerns and not questioned. So that was a very powerful experience of having a woman leader, working with a woman leader, and feeling what that difference was. So yes, I think it was it became clear to me how important it was to have women in leadership positions, and for women to advance, and have a voice, and to speak up in an institution like Duke.

JO 44:48
And I'm also wondering, I know you mentioned that that some of those disparities, you haven't seen them entirely balanced out. I'm wondering, what successes have you seen, and then what kind of work do you feel like is still left to do?

AB 45:16
Oh, those are good questions. I think that I wouldn't want to leave the impression that there hadn't been successes. I think that, for instance, what I've seen in the past 10 years is that having women in leadership positions is just, like, normal at Duke now. So we had Nancy Andrews as our dean since 2007 or 2008, and then she was followed by a woman dean. And so there was a lot of "Oh, she's the first woman dean of a top 10 medical school." And then when Mary [Klotman] came in, it was like, "Yeah, Mary's the best person for the job, there's just no question." There was less fanfare, I think, about her being a woman Dean. And we have a woman provost. And there was a time when, of all of the schools in Duke University, there were two male deans, and the rest were women, including two African American women. And so it has been so amazing to see so many women in leadership positions at Duke, and to see how this changes the conversation in meetings, in many ways, at least in my experience. So I think this has been just a wonderful era in Duke to have more balanced leadership, at least in terms of gender.

I think that the problem about why it persists, has to do in my opinion with a leaky pipeline. That is, I think we have plenty of very capable women. But I think that the structures in place were built upon a social structure in which the norm was that we pay one salary for two full-time employees. That is, one is the faculty member, and one is the household manager. And so the expected trajectories for success in academic medicine are built upon unlimited access to work, the expectation that you will just work, and do what it takes. And that there's a timeline in which you'll get the big reward -- which is tenure -- that you will do that in a very short period of time, in the beginning of your career, which happens to overlap with the reproductive years for women. And so while it may work if you have that traditional structure of the male partner going to work and the female partner staying home, it simply can't work, you can't simply put off childbearing until you get tenure, in most cases, if you're a woman. So those structures haven't changed. The expectations about work/life balance, about taking care of yourself, the culture is still very much that you devote everything to your job, you devote everything to work. And that's the culture of medicine, too. Your patients come first. I think that there's also rampant harassment in varying degrees, from sub-rosa to egregious, that happen to essentially all underrepresented groups in work environments. And I'm not singling out Duke, I'm not singling out academic medicine, but I think that it still happens. And I think a lot of women, the combination of those things, makes women look for work and satisfaction elsewhere.

JO 49:36
And that's the leak in the pipeline that you mention.

AB 49:41
Definitely a leak in the pipeline. So I think there's good work going on as we think more and more about culture and climate and we think about Duke as a workplace, as an environment where we have a workforce. I think in the past career advancement was all about picking up and moving on to the next institution. And of course, that worked well when your family could just follow you, you had one career and so you can go to the next job for advancement. But as we've recognized that it costs money to recruit people, and that we want to retain them, and that we care about the environment that people work in, I think that's all relatively new in academic medicine, at least in the most competitive environments.

JO 50:40
So it sounds like when you look at this work, that you're engaged in thinking about it as the beginning stages of a longer process. It sounds like you're saying that it's not all going to change at once, or that it might take maybe a generational change?

AB 51:14
Well, I think it's going to take some structural changes. So we need to rethink tenure, we need to rethink the timeline to tenure, we need to rethink where childcare fits into the employer's responsibilities, we need to think about how we all come to our work with bias. We need to rethink career development as an individual sport -- "I need to prove myself in order to get the reward" -- we need to figure out how to make team efforts work and be rewarded. It has been a challenge to be able to adequately judge how important someone's team contribution is to a

project, in such a way that it helps them get promoted. It's much easier to demonstrate an individual's. You know, they're senior author, they're the PI, they're the one who gets all of the goodies. So there's a lot of structural things that we need to do in order to really create an equitable environment. And I think that that work is important and is ongoing.

But in my opinion, we haven't really thought of our environment, our work environment, as a work environment that needed to be positive. It was an environment, a high-rent district, where you could pay for your space and your equipment, and you could just use everything we have here, the power of the institution, to make your mark and to excel. And it's always been, I think, secondary whether you're a good citizen, and whether the people around you like you. What's important is your national reputation, your international reputation, your publications. And so there's a little bit of a disconnect between our focus on scholarly work and individual achievement, and our growing awareness that we have an important influence on the lives of the people who work here, and that we can do so much more if we can harness that power and empower our people to excel. And that's really what drives me. If you were to ask the question, "What really drives you?" I would say it's always been trying to empower people to do their best, and to feel like they're pulling out of themselves what they have to give to the world. Whether it's patients, or faculty, or staff. That's really the motivator for me.

JO 54:41
And I'm also wondering, for people who are maybe looking to you for mentorship or guidance, and who are also younger but they want to do similar work towards making academic medicine more inclusive or more equitable, what kind of advice do you give people who are interested in a similar path to you?

AB 55:15
Well, I think that is an important question. I think that one way to answer that would be to say that I was very appreciative of what I was able to do. And part of it was because I was left alone to do it. People didn't say, you can't do that, there's no money for that. I had enough flexibility that I could put a little bit of extra effort into building this women's health seminar series, or building a faculty development program. People weren't looking at every ounce of effort that I had, and making sure it was plugged into the right place. And I was able to raise money for CME programming through pharmaceutical companies. Those things are not there anymore. We are much more accountable for time, there's much less play in the system. And so I don't think I'd be able to do that, in the same way, if I was coming up now.

But what I do say to people is that this is your one life. We, the institution, will tell you what you need to do to succeed. And you can kind of climb a ladder, looking at institutional rules and regulations on how to build a career in academic medicine. Or, you can start with trying to get in touch with what drives you authentically -- that may be an overused word -- but what is going to sustain you when you're tired, and what kind of work gives you energy. There are a lot of expectations, there are a lot of opportunities. And so it's easy to begin doing something where you look up two or three years later, and you say, "I don't know why I'm doing this, it seemed like a good idea to begin with, but I don't really love this."Or, "I started this because I think it looks good on my resume, and that's why I'm doing this, but I hate traveling." Or whatever it is.

So, I think that it's important for people to stay true to and understand who they are, what their motivation is, and what they want to contribute to the world. And to keep asking themselves that. Because Duke is a great place to be able to do that. I mean, it's a powerhouse. So if you can harness the power, it is a great platform to build a career, have your voice and your contribution. And so I think that's the most important thing,

I think that what I would want everybody to do, would be to develop the skills and the awareness, to build your team -- whoever that is, whether it's the team you're rounding with, or whether it's some staff that you work with, or a collaborative group that you work with. To build healthy communication practices in that community to support each other, to be able to problem-solve, to be able to resolve conflict, so that you build a healthy environment for yourself. Because Duke has a lot of microclimates. There's not "the Department of Medicine," there's not "the Division of Endocrinology," there's not "the Dean's Office." There's microclimates, the people you work with every day and the offices you work with. Build good relationships, and healthy communication practices, and problem-solving practices, with those people. That's how you support yourself, that's how you support other people, and that's how you succeed. That's my belief. That's what I would hope for everybody.

JO 59:46
And before we conclude, is there anything else that you want to make sure to add to the interview?

AB 59:58
One of the most satisfying aspects of my career has been to work with a staff that has been my work family for a long time. I hired one person 24 years ago, and we continue to work together. And then two other people in my office are, I think,15 years and 10 years. And then the others are relatively new, they've been added recently. But my experience of working with a group where we use each other's strengths and recognize that we rely on each other, like, "I'm not good at this, but you are, so maybe you take the first stab at it," and working together as a as a microclimate has been just the most wonderful thing in my career. And I think the opportunity to work with some of the leaders that I've worked with, such as Nan Keohane, Nancy Andrews, Mary Klotman, Scott Gibson, and many others -- we all come into medicine because we like to learn, and I feel like I've just learned so much, and grown so much as part of my job, and isn't that really a luxury?

JO 1:01:38
Thank you for sharing that. And thanks for being part of this project. It was great to talk to you and meet you.