

Women's Health Leadership: Workshop Reflections



While training in medicine at Brigham and Women's Hospital (BWH) during the 1980s, Paula Johnson, MD, MPH, recalls a watershed meeting with her chief mentor, who asked how she planned to focus her career. "I want to study the impact of gender and race on cardiology care delivery," she told him. "That's not a wise use of your time," he replied. Despite her deep respect for his wisdom and desire for her success, she ignored his advice and remained true to her passion to address disparities in women's health. Years later, this same mentor reminded her of that conversation, admitting he had been wrong.

Today, Johnson, a cardiologist also trained in clinical epidemiology – whose work is recognized by honors that include membership in the Institutes of Medicine – is Executive Director of the [Mary Horrigan Connors Center for Women's Health and Gender Biology](#) and Chief of the BWH [Division of Women's Health](#). Over the past few years, she has also spearheaded and directs a women's health leadership collaboration between the Connors Center, the Harvard University François-Xavier Bagnoud (FXB) Center for Health and Human Rights, directed by Dr. Jennifer Leaning, and the new Global Health Education and Learning Incubator at Harvard University, directed by Dr. Sue J. Goldie. In late November the collaboration concluded its second annual workshop, a non-credit series that uses case study discussions and hands-on simulation. Over the course of five weeks, facilitators and participants explore how women's health is impacted by social, environmental, economic, political, and cultural variables.

This year's workshop concluded with a panel discussion designed to inspire young practitioners and graduate students interested in building a network of "change makers" in women's health. With Johnson as facilitator, panelists Drs. [Jennifer Leaning](#), [Sue J. Goldie](#), and [Hilarie Cranmer](#), Director of Disaster Response at the [Massachusetts General Hospital Center for Global Health](#), reflected on key personal challenges that leaders in women's health face, as well as guiding principles that help them navigate particularly tough moments. Nearly two

dozen emerging leaders – young researchers, health practitioners, and graduate students – crowded into the room to listen, share dinner, ask questions, and think about how to be effective leaders in women’s health.

As a woman in leadership, said Dr. Goldie, the first speaker, “you’re very aware of being an individual in an institution.” In addition to her role as Director of the Incubator, Goldie also directs the [Center for Health Decision Science](#) (CHDS) at Harvard School of Public Health, and is Founding Faculty Director of the [Harvard Global Health Institute](#). A physician and decision scientist who has devoted nearly three decades to women’s health, Goldie has received numerous awards, including a MacArthur “genius” grant for her work on strategies to improve women’s health in underserved populations as well as her research on the human papilloma virus (HPV) and its link to cervical cancer, the most common cause of cancer death in women worldwide. Yet even in a career marked by success, she emphasized, leaders in women’s health should be prepared for challenges where organizational and administrative trade-offs can at times be “messy, hard, and lonely.”

Goldie pointed to three basic principles that she has found essential in her career. First, she said, maintain a principled integrity to personal and professional values. “Be genuine to who you are,” she emphasized, “to what you are good at, attuned both to what you hate and what you really want to do.” Leadership dilemmas can be triggered by a variety of factors: personal, policy, institutional, as well as unpredictable external circumstances; a gut-level honest self-knowledge can help you navigate while staying true to your ethics and standards. Second, “Look and listen. Ask yourself, ‘Am I hearing what I believe, and do I need to say anything?’” In academic medicine, leaders may need to force themselves to pause and reflect on their options before acting in areas where they have influence to advance change. Third, she concluded, “Speak the truth;” that is, decide who needs to hear what you have to say and then “say it out loud.”

Following Goldie’s comments, Dr. Jennifer Leaning reflected on wisdom she gained through the experience of a career transition she negotiated in the late 1990s. A graduate of Radcliffe College and trained in emergency medicine, Leaning is an expert in humanitarian response in addition to her role as Director of the FXB Center. From 1992 to 1997 she served as Medical Director of Harvard Community Health Plan (HCHP) where, increasingly restless in medical management, she had been considering an academic career that would allow her more freedom to develop her interests in human rights in humanitarian crisis and response. Arriving home after a fascinating international conference on the Nuremberg Trials, she was surprised to learn that, in her absence, the HCHP Board of Directors had changed the nature of her job. While she understood the need for organizational streamlining and agreed with the change – in theory – she knew it was also an opportune moment to redirect her career. Despite the uncertainties of more than a year without a job, she recalled, “I had this enormous sense of freedom.” At the same time, she emphasized the importance of ensuring that the change was also “win-win” for her colleagues and peers at HCHP. This consideration of others remains central to her guiding principles. First, she told workshop participants, give back as a professional to those emerging young students, scholars, and practitioners who will follow after you; second, be truthful and admit your mistakes; and third, stay focused on your patients. “As a doctor, it is not about you; it’s about them.”

For the third panelist Dr. Hilarie Cranmer, it was a literal seismic shift that shook her career: the 2010 Haiti earthquake. An emergency physician at BWH, she was in Port-au-Prince within 48 hours of that disaster; “It was the greatest and most awful challenge of my life.” Over the next five months, Cranmer led triage teams whose work was often complicated by misperceptions that arose from the good intentions of a cacophony of different international “experts” coming together around the crisis, all trying to do what they thought “right.” She would eventually go on to establish the largest field hospital in Haiti, overseeing the care of more than 5,000 patients and their families with more than 700 international volunteers. The hospital was recognized by the United Nations and the U.S. government as the best field hospital post-disaster in the last 25 years. But the personal costs were high. “I was not home for my family;” she said; “I gave beyond what I could; and I got heat stroke, meaning other providers had to divert resources to care for me.” Back in Boston, her recovery from cumulative stress and trauma (after making up all the call time she had missed) were possible thanks to “100% support” from mentors and colleagues. But could she face another disaster? When the time was right, she was surprised to realize that in fact she had gained exactly the tools, strength, and skills she needed to thrive in a new job directing disaster response at the Massachusetts General Hospital Center for Global Health. Cranmer’s leadership roles have also included founding and directing the Humanitarian Studies Initiative and the BWH Global Women’s Health Fellowship, and directing education for the Harvard Humanitarian Initiative.

Cranmer too focused on the importance of self-reflective principles. First, she said, she reminds herself to “pause, listen, speak slowly, repeat, and remember to breathe” when making decisions. A second, earthier principle she offered, laughing, is “Don’t shit where you eat.” This basic rule may be a no-brainer in a disaster setting but it is also a useful metaphor for the value of leadership that always respects the dignity of others. In any exchange marked by conflict, she insists, always give people a way to “exit with honor.” Finally, be a good team player. As a former All-America Hall of Fame college basketball star, Cranmer knows how groups win: they “build bridges; they work and play well with others; and good manners go a long way. And once you get on that road to whatever is your bliss, head down it; you will be in a community.”

Responding to questions from the community of workshop participants, panelists concluded the session with brief thoughts on issues such as mentoring, delicate or ethical dilemmas, and how they balance career and family.

Mentoring, all speakers agreed, is one of the most important roles to keep in mind as a leader in global women’s health, and mentoring relationships are organic. “My most important mentors are not in my field,” said Goldie. Mentoring “has to be done with affection,” added Leaning; be sure you can recognize when you don’t connect with someone, she added, and help them find another mentor. “With mentees, our job is to think broadly,” said Goldie, “to focus on how to help them be in a position of success.” The mentoring community is also vital in thinking through sensitive situations and unknown risks. “Every shift I show up in the ER, I am scared,” said Cranmer. “Know your strengths. The [University Ombudsman Office](#) can help to give you an ethical voice.” Many women’s leadership roles are “non-traditional paths through the Academy,” added Johnson, and support is especially important when “you may need to navigate through chaos,” she said. “Have trusted peers who can help you test your experience.”

For those just starting out, the work-parenting balance remains a particular challenge for women in leadership, even in women's health. "There is probably never a perfect time to have children," said Cranmer. "It's important to understand that pregnancy is a physical strain," added Johnson; don't think you can do it all at any time; don't try to micromanage. "Don't do it in your internship year," said Leaning; "And choosing the right partner is also important." "It needs a community," added Cranmer. "People approach careers in health in so many different ways," said Goldie, as the session drew to a close. "You can make contributions to global health—and have a family, when it is right for you."

To learn more about the Leadership for Women's Health collaboration, contact Abby Brockman at abrockman@partners.org.

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