MDHS SUPPORTING WOMEN IN SWiM INSPIRING STORIES

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**PROFESSOR NANCY BAXTER INTERVIEW TRANSCRIPT**

**NATALIE HANNAN**

I wanted to start by acknowledging that today I'm hosting *Inspiring Stories* on the lands of the Wurundjeri People of the Kulin Nations who have been custodians and leaders of this incredible and beautiful land and waters for thousands of years. And I wish to take this opportunity to acknowledge and pay our respects to their Elders past, present, and emerging, and also to the traditional owners of the lands that you might be situated on today if they're different to those that I'm on. And a warm welcome to all of you today. So many of you will know me already, I'm Associate Professor Natalie Hannan, the Associate Dean for Diversity and Inclusion in the Faculty of Medicine, Dentistry and Health Sciences, and I believe that we have the right for a safe, a fair, and equitable workplace. A place where gender, sexuality, and sexual orientation, disability, mental health issues, and an individual's background or race, should not be a barrier to reaching their full potential. And we are surrounded by impressive and accomplished women breaking barriers and challenging the status quo regarding women and what women can achieve. But yet in 2021, women still remain under-represented at senior and leadership levels within our Faculty. I hope that by having conversations that challenge our systems and inspire leadership from within, this will not only support our talented women in our Faculty to reach their full potential, but will also shine a really important light on the barriers that women face.

Today it is my great pleasure to introduce Professor Nancy Baxter. For those of you who don't know Nancy, and I'm sure there can't be many any longer, but Nancy is Head of the Melbourne School of Population and Global Health in our Faculty. Nancy is a clinical epidemiologist, surgeon, and health services researcher, and is currently the Head of the Melbourne School of Population and Global Health. Many of you will know that Nancy moved to Australia in February, 2020 for some real adventure, and while not the adventure I think Nancy was coming for, the pandemic has certainly provided a new adventure for Nancy here in Melbourne. And we are very grateful that she has come across to Melbourne. As an outstanding researcher, Nancy has been in the public eye for years, particularly for her research publications in the area of cancer screening and quality of surgical care. She has over 300 peer reviewed articles and has had continual research funding through the Canadian system for almost 20 years. Consistent with her surgical career choices, Nancy is known for her straightforward delivery and her willingness to speak the truth even when it may be unpopular. And this has certainly been clear as she has worked with the media to help communicate what is happening with COVID-19. And her work with the media here and Australian response has been a highlight of Nancy's career. So Nancy, thank you so much for joining me today. You are an inspiration to so many in the University, the research community, and the broader community.

**NANCY BAXTER**

Thank you very much. And I really appreciate the opportunity to speak with you, Natalie, and thank you for providing this forum for us to get together and talk about these issues. And also thank you to everyone who's here today and who's giving their time to come together as a Faculty to collectively explore our experience, but also think about how we can make things better for ourselves and the people that follow us. And I too, would like to acknowledge that I am on the lands of the Wurundjeri People who have been custodians of this part of Melbourne and taking very good care of it for thousands and thousands of years.

**NATALIE HANNAN**

It is incredible that we have this opportunity I think, to get together and talk about these things. So thanks for being part of the conversation. So if it's okay, I hope to start out by finding out a little bit more about you. So you were born, I think in Ontario, Canada, and then you went on to pursue a career in medicine. When did you know a career in medicine was for you?

**NANCY BAXTER**

Yeah, so I think some people kind of are born knowing they wanna be doctors, and then some people it just kind of happens to them. And maybe it happens to them a little less now in Canada 'cause you have to do a full undergraduate degree. But when I was in medical school, you had to do two years of undergraduate, so kind of similar to the people that get in after high school. So I kind of wanted to do a lot of things as I grew up, but then I was interested in science, I was good at science, and so everyone's saying, "Oh well, you should think about being a doctor." And so you go into university, "Oh, I'm thinking maybe of being a doctor," and everyone is interested in being a doctor. And then after a year, you're kind of one of the few that can still be a doctor 'cause you're one of the few that have done well in school. So you ended up kind of, I don't know, maybe there are a few on this call that have had this experience, but I think there's more than me. You kind of get pushed along with this wave of people that go into medical school. And then once you're in medical school, you stop really deeply thinking about your choices because you're so busy trying to learn to be a doctor. I mean, it is a fabulous career. I don't think I necessarily would have chosen differently if I had chosen more thoughtfully, but that's how I ended up being a doctor.

**NATALIE HANNAN**

Yeah. It's amazing. And I love your pinned tweet where you honor the women surgeons who fought for professional respect, on your Twitter profile, and you include an incredible photo, I think from the 1940s, from the Canadian Women's College. And I think that you also talk about that we must make sure that the future is equitable, which I think is part of, all of why we're having this conversation as well today. But I'm thinking as a woman going through your surgical residency in the nineties, and then fellowship, and forging a career through the early 2000s, there must have been some challenges for you. And if you're happy to share with some of us what that was, and do you think it's getting better now?

**NANCY BAXTER**

Well, there was always a lot more navigating that you had to do as a woman in surgery. You know, I must say that during my residency I was somewhat protected from a lot of what happened. I saw things happen around me that were pretty egregious in terms of, you know, one colleague of mine who was a couple of years ahead of me in residency had a narcissist that was putting love notes in the pocket of her lab coat in the OR for half a year, I mean, just some egregious things happened. But for me it was more subtle in terms of always having to negotiate. So from your staff's perspective, you wanted either for them to kind of forget that you were a woman, or treat you like their daughter. I mean, those were the things you were really aiming for when you were dealing with your staff person, and that's a hard line to tread. The other is with nurses, seriously when I was in residency some of my best friends were nurses, people that I spent a lot of time with on a personal level. But there was always a very different relationship that you had to maintain with them. And in some ways a better relationship in terms of having a relationship that was more equal. But in other cases there were things like, if you needed to do a quick bedside procedure you'd have to set everything up and clean everything up, you saw that your male resident counterpart did not have to do either of those two things. And if you tried to insist that something be set up for you or insist that you didn't have to pack it up, that was just not worth the pain that would happen afterwards, so you quickly learn that. But I mean, it wasted your time. So there was always a fine line to tread. But I must say I got through my residency without having a lot of horrific personal things that happened to me which I know happened to others. But it was kind of after residency when I started kind of noticing that somehow I didn't necessarily get all the opportunities that I thought that I would be a good candidate for. And you know, it's always very subtle kind of, "Well, the guy that got he was really good," and so there's nothing, you can't pinpoint it on you being a woman, but they kind of add up. And so the opportunities kind of add up over time until your mid-career, kind of late mid-career, and you look back and you go, "Why are all of the women here? And why are all of the men here?" And "We all started the same, I did residency with y'all and we're all good people, so why do you end up having that kind of split?" And that's when I kind of really started to notice it and started to become more active, was kind of mid-career.

**NATALIE HANNAN**

I think we see similar in academia where you will know from our own Faculty's data, but the University data as well, that it seems that we have lots of women coming in that are more junior or the early career level. And we see over time that, as you've seen with what happened in medicine, we see the same happening with women in the professorial or the associate professor level where we're clearly seeing under-representation of women. And there's probably also other under-representation of other minority or marginalized groups as well, which we just maybe don't have as great data for, but we know that that happens as well. So yeah, I think it's something really, it's hard to look back and watch, and then you see it happens in so many areas.

**NANCY BAXTER**

And one of the things I take from that I think it is really essential is that we stop talking about pipelines. So when I started out in this journey, when I started out in surgery, you could still talk about pipelines like they might be the solution. You'd just build up the people beginning at the start of the pipe and they'd just come along the same as everybody else, and by the end of it you'd have equity. So I finished medical school in 1990, and that was our thinking in 1990. And we can't just keep thinking about that because it just doesn't work. This has been a long time and it doesn't work. So instead of thinking things as a pipeline, you know, what they are is actually structured as a sorter. So, just like in a production line where you have something that sorts it out sorta all the round, the round pills keep going, and the square pills fall out. Well, that's what it is for us, but it's the women that fall out, the people of color that fall out, the LGBT that fall out, the disabled folks that fall out. So we're kind of created a system that screens out diverse candidates. And it is the system, it's not the pipeline. And I think if we keep thinking pipeline, we're not gonna come to solutions that actually will have an impact.

**NATALIE HANNAN**

Yeah. And I totally agree. And it's this thing where they say "It's a leaky pipeline." It's not actually a leaky pipeline, there's actually barriers. And as you say, sorting mechanisms in the system that are not working. And I think we need to be more sophisticated about how we approach each of those different things. And there won't be one size fits all, or one solution for everything. But I think we need to start thinking about this for true diversity and inclusion if we're serious.

**NANCY BAXTER**

Yeah, 'cause the leaky pipeline implies that it's a system error. But it's actually not a system error, the system is perfectly designed to obtain the results it delivers. It's a system design error, it's not a system error.

**NATALIE HANNAN**

Yeah. I couldn't agree more. Well, I guess I was gonna touch on next, and it might be part of the reason here, and I'm not sure, but I understand that you went onto pursue clinical epidemiology, so a lot of research. And I wonder whether this was a natural progression? Or was there something that drove you towards more of a research career, or was it a desire because of a question or something you wanted to actually address?

**NANCY BAXTER**

Again, it's not something I ever really deeply thought about, but I had always thought about myself as a bit of an ivory tower academic type person. So, you know, to do that, kind of I had to do research. And then how did I end up in ClinEpi? I ended up in ClinEpi because I'd done lab work in my second year of undergrad. So we'd worked actually sequencing a small segment of a virus, the Puri Virus. And let me tell you, it was with the old fashioned DNA. I can't even tell you that sticking up nasal swabs and getting a PCR report the next day on thousands of people every day is just like a modern miracle, I mean, compared to what we used to have to do to sequence DNA. We didn't do any vivisection in my lab, but it became clear if I really wanted to progress in basic science that I'd have to do vivisection. And I have no issues with the fact that this is a necessary part of science, but it's not kind of a part of science I thought that I could do. So what else were the options? So fortunately at University of Toronto, clinical epidemiology was a major force, and that's thanks to people like Clara Bombardier, and to Robin McLeod in surgery. And you know, it's kind of as they say, "If you can see it, you can be it, if you can't see it, you can't be it." Robin McLeod was one of the senior leaders in surgery in Toronto, she's a woman, and remarkably successful. And when I look back at my career I wouldn't have thought it at the time, but a lot of it is modeled after Robin's career. So when you think about it, I think of myself as a very independently minded person, making my own decisions, and forging my own path, but my path was forged by Robin McLeod. So it is important having people that kind of guide you along the way.

**NATALIE HANNAN**

That’s part of why it's so important that we have women at the leadership levels. And you can't be what you can't see, and for a lot of women, if they can't see that, they think this place isn't for them or that they might not advance here. So I think it's a really great story to hear that that was someone who, I guess, trailblazed ahead of you and we wouldn't have, we might not have you in the position you are today had it not been for that wonderful woman, so I think that's great. So you might have seen, there's been a lot of discussion, recent discussion, around the clear gender inequities in the Australian Medical Research Funding through the NHMRC Scheme. And we've seen that in the latest NHMRC Investigator Grant round that even though there were equal number of applications submitted from women and men, men were awarded more than 20% more grants, or if you look at the dollars, which I think is also important, men were given an extra 95 million in funding. And so given that this scheme was supposedly devised to enhance equity and participation of funding, I wonder what you thought, particularly since I know Canada had a similar scheme and once they saw clear inequities, they did something about it. So what are your thoughts around the issue with the NHMRC funding inequities?

**NANCY BAXTER**

Well, I must say it's hard to believe that they designed that scheme to address inequities, because that would not be the way you'd design a stream to address inequities. First of all, it involves judgment about the career success and potential of investigators. And that's always fraught when you're looking at anything to do with equity, not just gender equity, but anything that makes a candidate's standard as different, they're more likely to be scrutinized, and their accomplishments are more likely to be thought of, due to luck or hard work versus potential. And that's just the way it is. So anyone who's trying to design a system for equity, that would not be the way they designed it. And that's what happened with the Canadian system. So the Canadian system had two rounds of funding, two rounds to get funding. The first round was about your leadership ability and your impact, and the second was about your grant, like what you were going to accomplish. And what they found was that you ended up having inequity at the end with more men funded than women. But it wasn't at the grant part, it was all at the investigator part, all when the investigator's potential, and contribution, and impact were judged, that was where you ended up funneling out people. And so they did four rounds of that funding mechanism. By the third it became clear that there was no way to make it equitable either for women or for junior investigators as well. And that's when they scrapped it.

**NATALIE HANNAN**

I think we're seeing that here now. And the idea was about the impact that people would have in these grants and what they've had in their careers. And I think as you say that it is gonna filter out. Again, it's not a filtering system for people who have had, maybe more opportunities. So I think, yeah, we've got our work cut out for us.

**NANCY BAXTER**

Well there's opportunities, and just plain how you judge candidates. I'm sure many of you are familiar with the trials where they've given two CVs exactly the same to people, one with a woman's name, one with a man's name, and the man's name gets ranked as higher, gets a higher starting salary, I guess thought of as having more potential. Same with someone with a name that tends to be associated with African-Americans, versus the name that's associated with white people. You know, the same thing, the exact same thing. In fact, there's a study for computers. So they had two computers. One computer was named Jane, the other computer was named John. They had people come and do a task on the computer and say how much it was worth, how much they should have paid to do that task on the computer. And John, they assessed that as worth more money for the hour they spent or whatever on that computer, as the time they spent on Jane. So this is just part of society. So if you're going to design a grant system to support equity, it just can't be based on that, you've got to do something different.

**NATALIE HANNAN**

There's too much inherent bias. And you remember last year, upon your recommendation as well as some other colleagues, we put a *Picture a Scientist* documentary out, and we looked and we saw how much bias is just in the system. So I think there's clear issues, obviously we have to think about different ways to address this. And so, I think you might have seen it well, colleagues and friends of mine including Louise Purton, Jess Borger, and Manel Watch have recently put all these compelling recent data together from the NHMRC, and now working on some of the similar data from the ARC. But they've done this to demonstrate the issue and create a petition. So at the end of this, I'll pop the link to the article where they summarize the data as well as the petition for our audience if they want to participate. But do you have any further suggestions of how we, as the leaders and researchers, might actually help the NHMRC to move towards an equitable funding scheme? I mean, one idea is that we think about a pot of money for women. We currently have at least the ECRs separated out in this scheme, but some of us think that if they had dedicated amount for women, and dedicated amount to men, that this might become something that we could actually, at least try and address this issue and move towards equity.

**NANCY BAXTER**

I think that's one thing you can do. Certainly you could solve the money problem pretty easily as well. So you have women getting different amounts of money than men. Even if you have the same number of Investigator Grants where women get less money than men get, so that could be made equal tomorrow, essentially. So why not?

**NATALIE HANNAN**

I think this is the issue, it's not just that we see more men get them, but when they're ranked, they actually get the higher research support package. So it's like a double whammy. It's just gonna continue to perpetuate this issue going forward. Another key issue, I guess, is the intersectionality. And so including but not limited as we've discussed already to race, age, disability, and many other things, but often the data is really hard to get and possibly not accurately collected because of fear of the person, feeling if they're safe to disclose. Do you have any thoughts on how we might be able to start thinking about the intersection of this too? Should we be collecting the data around, more about the individuals? And then how can we do that safely?

**NANCY BAXTER**

It is a challenge because there may be people that don't feel comfortable to disclose things or are perfectly comfortable, but don't really want it to be the focus of their research application to a granting agency. So I think that there definitely needs to be some, you know, a lot of respect for that. But I think there are some just absolute assumptions that we can make. Women of color are going to have it the hardest of all, absolutely a hundred percent. I don't think we need a lot of proof, there's proof around the world of that, so we don't need to feel the holes in people's hands, feel the holes in people's feet, to know that that's going to be true. So the question more is like, we don't need necessarily data to know it's a problem, but we may need data to create a solution. So I think that, that would be more how I would focus on the need for data is, you know, you assume it's a problem because it's gonna be a problem, what data do you need to kind of see if solutions work? And then I think putting all of our heads together to think of how we try to address these issues is really important. But I think that there are things that predictably will not, and the investigator scheme predictably would not solve any problems.

**NATALIE HANNAN**

I think as you're saying it's about the data is not necessarily to inform us of the problem. We know there's a problem, but are we addressing it, or are we just coming up with different things and it's not actually fixing the actual issue? And there is in there I think a big accountability piece, particularly for us at the University and the Faculty to try and help where we can be accountable for some of those things. All right. Thank you so much. You know, before I end the Inspiring Stories, I always have two questions. And so one of them is if you had any final advice or a takeaway pearl of wisdom for our audience today, what would that be?

**NANCY BAXTER**

I would say that it's not you, and it's not your fault. So much in the narrative we have around women is why women don't succeed. Like all of these things that women do that make them not succeed, and how we need to adjust for this, or adjust for that because women just... It's not you, it's most definitely the system. I mean, one of the things that really gets me is, in surgery anyway, it's so hard to pick a good time to be a mother in surgery, like there is no good time to have a child in surgery. And that's in a lot of medical training because medical training is right when women are at their peak fertility. And it's treated like it's an inconvenience that women have this biology. But it's not a design flaw. We're treated like we have a design flaw. It is the design, like it is biology. And so, that the systems don't accommodate to the reality of women, women's health, women's lives, just shows how we haven't really done the substantive work that needs to be done to actually make this equitable.

**NATALIE HANNAN**

 I couldn't agree more. And it's almost as well when we're writing these career interruptions statements, it's almost an apology for what we have had to do, and we're trying to make excuses, and it's quite awful I think, when you think about it. For some people that's the greatest joy of their life and they have to apologize for that. So I think you're right, we have to shift how we, the whole system has to shift, otherwise we're gonna be staring at this gender inequity for a lot longer. So finally, if you woke tomorrow as boss of the University, so you're appointed the Vice Chancellor and you could change one thing for our University to truly enhance diversity, equity, and inclusion, what would that be for you?

**NANCY BAXTER**

There are three things when I thought about this. One is pay equity. Open the books and be transparent, and let's make sure there's pay equity in this University. And that includes all the little extra bits of money that people get, all of the side deals. So that's number one. Number two, I think totally changing the way we hire people. And that's from the very beginning thinking about the advertisements we send out, who we end up attracting, really interrogating that, how we interview people, and how we do that whole process to ensure equity, and really, really limiting the number of level D's and level of E's that we take without a search. That is just something that perpetuates inequity. And finally, one other thing is that the campus should be accessible to everyone, and we should stop building new buildings until we're sure that the buildings we have are accessible to everyone. And I just think that's a bottom line, and that we're not doing that, I think says something about us.

**NATALIE HANNAN**

So, pay equity, look at recruitment, and true accessibility for all. So I think they're fantastic suggestions. I love them. As you probably know, I would agree with everything you've just said, so I think that's brilliant. In the chat we've got some links to some of the article I mentioned earlier from Louise Purton, Jess Borger, and Manel Watch, and the link to the petition if anybody was interested in that. We are now gonna go into breakout rooms, and we're setting up those rooms now. So we've got some possible thoughts, or some points of interest that you might be interested in discussing. Before you go, Nancy, thank you so much for joining us today to talk about the barriers women face and how we can think creatively to move forward for gender equity, and how we can move to doing the actual work. I hope everyone's enjoyed our Inspiring Stories today. I'll be joined for the last inspiring story on the 7th of December, and I'll be talking to Associate Professor Lilon Bandler from the LIME Network about career detours, the problem with chasing perfection, mistakes, new opportunities, and what a meaningful career looks like. So thank you again, Nancy, for joining me today. It was wonderful to have this conversation with you.

**NANCY BAXTER**

Thank you. And thanks for putting these on, they're really important. Thanks so much.