

Texas Medical Center Library DigitalCommons@TMC

Texas Medical Center - Women's History Project

Texas Medical History Documents

4-2017

Interview with Kathryn Peek

Kathryn Elaine Peek Ph.D.

Follow this and additional works at: <http://digitalcommons.library.tmc.edu/tmc-whp>

 Part of the [Medicine and Health Sciences Commons](#), and the [Women's Studies Commons](#)

Recommended Citation

Citation Information: Peek, Kathryn Elaine Ph.D., "Interview with Kathryn Peek" (2017).
DigitalCommons@TMC, Texas Medical History Documents, *Texas Medical Center - Women's
History Project*. Paper 21.

<http://digitalcommons.library.tmc.edu/tmc-whp/21>

This Article is brought to you for free and open access by the Texas Medical History Documents at DigitalCommons@TMC. It has been accepted for inclusion in Texas Medical Center - Women's History Project by an authorized administrator of DigitalCommons@TMC. For more information, please contact laurel.sanders@library.tmc.edu.

TEXAS MEDICAL CENTER
WOMEN'S HISTORY PROJECT

Kathryn Elaine Hickman Peek, Ph.D.

Biomedical Administrator/Educator

Worked at many institutions in the Texas Medical Center

Kathryn Elaine Peek, Ph.D. married early, had her children at a young age, then, after completing a bachelor's degree in English, embarked on a first career as a public school teacher in 6 different school districts over 15 years while following the demands of her husband's career. She obtained master's degrees in biology and behavioral sciences at the University of Houston and UH Clear Lake during two stays in the Houston area. Eventually, when her husband was transferred permanently to Houston, she entered the University of Texas Graduate School of Biomedical Sciences at what is now the McGovern Medical School at the age of 39. She graduated with a Ph.D. in biomedical sciences at the age of 44 and embarked on a career that took her from laboratory studies of brain and spinal cord ischemia to the pursuit of information about the biological differences between men and women. Along the way, she mentored many young people pursuing healthcare and science careers and supported numerous women seeking career advancement in STEM professions. Her career was sometimes at the mercies of institutional politics. She retired from the University of Houston in 2013, but as she continues to work as a consultant in the Texas Medical Center, she can look back on raising awareness of women's health issues as well as boosting the presence of women in leadership positions in the Texas Medical Center.

RS: I am Ruth SoRelle. It is November 18, 2016, and we are in the office of Kathryn Peek in the Texas Heart Institute. Kathryn has been in the Texas Medical Center (TMC) since the early 70s?

KP: Not that long since the mid-80s. I came as a graduate student.

RS: Let's start off by telling me your full name.

KP: My name is Kathryn Elaine Hickman Peek. Hickman is my maiden name.

RS: What was your date of birth?

KP: Born April 30th, 1944. You catch me at the ripe old age of 72.

RS: You've had an interesting career. Where were you born?

KP: Born in Nederland Texas about 100 miles east of here.

RS: Where did you grow up?

KP: In Nederland. I grew up in Nederland as my mother was born and grew up in Nederland as my grandmother was born and grew up in Nederland. So I have roots in Southeast Texas, not common among folks in the medical center here.

RS: So what was it like growing up in Nederland, Texas in period of the 50s?

KP: My formative years were in the 50s. I grew up with three brothers. I am the second of four kids and the older girl. That was a period that I perceived as the only girl, as a period of male privilege. My friends who had only sisters weren't aware of the fact that in terms of parental expectations and household responsibilities, that girls had the weight of that. The boys got to play baseball and play out. But the housekeeping that had to be done because my mother was one of the first mothers who actually worked outside the home. Work had to be done, and the girl had to do it. I carry yet some resentment of that social cultural profile of the 1950s. Among my three siblings and me, I was the only one athletically inclined. My brothers, of course, came in that first generation of Little League ball players. There was no such thing for girls and school sports for girls involved playing basketball. We could play high school basketball but it wasn't intermural and we played half a court. Because certainly it was too strenuous for girls to run the full length of the court because their uterus might fall out or something. So as you can tell from where I am coming from my favorite legislation is Title IX.

Which in 1971 eliminated the sex bias in school programs and a lot of the other things that required federal funding. So that's kind of the experience I had. The good news about the 50s though, I talk about it being a repressive era for young girls and young girls who might have some ambition, and in fact the careers that were open for ambitious academically oriented young women of that era. We could go into nursing. We could go into teaching. We could get married and be a home maker. We could be a secretary. That was about it pre-Title IX. I did grow up in a family where, neither of my parents completed high school, but they strongly supported education and they strongly supported education for girls. I never had anybody in my family tell me, "No, you can't go to college or no, you shouldn't go to college." They thought it was great that I made good grades and was academically inclined and wanted to go to school.

RS: I think that was not that common in that era

KP: Certainly it was kind of a.... as I say I look back and really appreciate the fact.

Then to continue that thought, I was also extremely lucky that when I married at a young age, I married a guy who was the same way. If you want to go to school, that's almost a divine calling. Anyone who wants to go to school and pursue higher education ought to have that privilege, by gosh.

RS: Tell me about that. You did get married at a very early age.

KP: I did. It surprised me and everybody else. I was a smart aleck in high school. As I say, very career oriented and said, "I'm not ever going to get married. I'm just going to have affairs." Then I got married at 19 and had babies at 20 and 22. Of course that shaped my career and my life thereafter. I don't have any regrets about that though. That's my foundation. That's my stability. And everything else I've done is built on that.

RS: So, was your husband in school when you got married?

KP: We were. We both were at Lamar University when we met. He is four years older than I am. We met in July, married in August. Andrea was born the next July. A whirlwind courtship. It apparently took.

RS: So you've been married about 50 years?

KP: 53 years

RS: Wow!

KP: Wow! Wow is right. It kind of sneaks up on you.

RS: So you graduated from Lamar?

KP: I did. As I say, I was a junior, a junior pre-med major, when we got married. I was on a National Merit Foundation scholarship. I am good at standardized tests. So it slowed me down a little bit. I had two babies before I completed a baccalaureate degree. So it took me five years to complete that degree and I completed that first degree. I have a BA in English. I was pre-med, a junior.... We are talking the early 1960s when the options of going into medical school for a woman with two children and a husband were not very good. So I looked at my transcript. English was easy. I excelled in that type of course work. That was the closest degree. So I completed a BA in English. Now I had started in the pre-med curriculum, so I had a lot of biology and chemistry in my background so I did a biology minor. From that point on, for the next 15 years, I taught public school. Howard's career was developing and so we followed him for the next 15 years. I taught at six different school districts over the next 15 years. Taught everything from sixth grade through high school. I taught English, spelling, reading then taught some junior high math and science. Then some high school

chemistry. The steps evolved. During that 15 years, I also had the opportunity to go back to school a couple of times. Remember I had a husband that says, "If you want to go to school, do it." I did an MS in biology from the University of Houston. We were here for a couple of years. Then a little further down the road, we spent some time in North Texas. We spent some time in Louisiana. Then we were back here in this general area. So I went to the University of Houston at Clear Lake and did an MS in behavioral sciences. Then the year following, here now the kids are high school age, and the time is right that I can quit working and go back to school full time. So that is when I did a PhD in biomedical sciences at UT (University of Texas) Houston Graduate School of Biomedical Sciences. It was kind of a leap from high school teaching to biomedical sciences studies. Interesting times, though. I was 39 when I went back to begin studying.

RS: So you were at UT (University of Texas) Houston School of Biomedical Sciences?

KP: Yes.

RS: About what era was that?

KP: I began in the mid-80s. I began studies..... That's when you asked me earlier when I came to the medical center. I matriculated in the TMC (Texas Medical Center) beginning in 1983, when I began studies at GSBS (Graduate School of Biomedical Sciences). I was graduate student for five years and completed a Ph.D. in the Department of Neurology at the medical school at the age of 44. Then I went across the street and did about two and a half years of a postdoc at Baylor College of Medicine in the Department of Neurosurgery.

RS: Who was your mentor there?

KP: Claudia Robertson. At about this time, I am in my mid-40s now and I am doing intense work in a research lab, working with animal-based, basic research lab. I kind of came to one of those forks in the road. “What’s the rest of my career going to look like?” I made the decision to leave the research lab. I said, “This is not what brings me pleasure or what brings me satisfaction.” I didn’t think I showed those bursts of talent and genius that would be a great loss to the scientific community. But, what I knew I could do very well was education administration. Developing educational programs. That’s the way I shaped my career. So I’ve been able to have gainful employment in the Texas Medical Center ever since then, across a variety of institutions, playing a variety of different roles. But if you were to ask me how I define myself? I say, “I am a biomedical researcher/educator/administrator in that role.”

RS: Let’s go back to when you first came to the Texas Medical Center because I would like to talk to you about how it was physically when you came here and what it was like socially, psychologically. I think you have a unique position to describe that. So physically, what was this place like?

KP: The insular siloed, of course I didn’t have that terminology at the time. I came in 1983, as I say 39-years-old, older than most of the students. I was surprised that I was working in the medical school and there were people doing the same research I was doing at Baylor College of Medicine across the street, and yet the people didn’t talk to each other. It was competitive rather than collaborative then. My early experiences though.... I was gravitated towards the anatomy and physiology from the get-go. Long time interest in that field of science. As a brand new graduate student, I took most of the course work that the medical students were taking at the same time. So one of my

most formative experiences was to take human gross anatomy with the medical students in the fall of 1983. Now the class at that time was composed of about 200 students. That was the class size of medical students, 200, probably 70 or 80 percent male and virtually all of them under 30 at the time. There were also among the 200 or so medical students, there were five or six of us graduate students. Of course, among the whole student class, I was the oldest and one of the few females in the room. I perceived medical education differently. I became rapidly aware that the body the medical education curriculum was teaching, the normative human body, was a 25-year-old 60 kg white male. The descriptions didn't apply to my body and my experiences. I remember a time going into the anatomy lab. You walk down the hall toward the lab and there were these large anatomy posters on the walls. There was the cardiovascular system, the reproductive system and so forth. So for the one that says the reproductive system, they had the male and then they had the female as kind of a subset of human identity. So that certainly made an impression on me. Then I remembered that most of my classmates were male, young males. Most of the professors were males, and there was scant awareness that there may well be differences between male and female bodies besides the reproductive system. That there are sex differences beyond... that can't be located between the waist and the knee. One of the most, at the time, it was shocking revelations for me, there was a whole class on the breast in the anatomy lecture, the medical school lecture. This was something that my classmates had looked forward to because this was kind of a rite of passage. The stories passed from class to class. The lecture about the female breast to first-year medical students was a series of slides looking at young breasts, old

breasts, middle-aged breasts, large breasts, small breasts, but it was all prurient. The medical significance and the structure of breast tissue was totally missing from that lecture.

RS: I take that it was given by a man.

KP: Absolutely. So I said, "Something is wrong with this." That was the beginning of my interest in women's health. Up until that time I lived in a female body, I had two daughters but I had never thought of women's health as being different from men's health or requiring a different perspective. The same time I was working in the research lab. Of course, when I completed my course work, I went into the research lab. I was working in the Department of Neurology and we were looking at a stroke model of a cerebral ischemia and the model involved obscuring or blocking the middle cerebral artery way. We had a minor surgical procedure that we blocked the middle cerebral artery and created a stroke in the hemisphere. I was particularly interested, My thesis was looking at acid-based status and glucose metabolism and correlating those in that ischemic area of a rat brain. Very early on, we did only male rats. So I asked the question, "Why don't we look at female rats? Why are we looking at only male rats?" I was told, "We exclude females because the lesion we are looking at, the stroke we are creating, is much more variable in size and shape in female animals. It's much more reproducible in a male animal. When you introduce female animals, you get much more variability. It would take much more animals to get any statistical differences." And I am thinking, "Wait a minute. We are purposefully excluding a factor --that factor being sex because there is clearly some operational functional thing going on. Shouldn't we be looking at femaleness, and how it impacts something like a cerebral stroke? That was

not the mind set at the time. It is now. I am working with Doris Taylor now, who is a leader in cardiovascular research and looking at sex differences in cardiovascular research and in heart health. At that time, that was an outrageous concept. I would talk to colleagues at the UT (medical school), I remember having lunch with a female cardiologist to ask her. I said, "Given an individual, male, female, young, old, middle-aged, menopausal whatever, what are the differences between male and female hearts?" Because the data were just beginning to come through. Wait a minute, there's a difference in heart disease outcomes for men and women. So I was asking, come from clinical anatomy, "What are the physical differences?" She was a little puzzled by the question. "Well, the blood vessels are a little smaller in diameter. They are a little bit more tortuous." That was the level of knowledge and insights at that time in the difference between male and female hearts. We know a heck of a lot more now than we knew then.

RS: Were your ideas taken seriously?

KP: They were.... It depends on whom you are talking to, of course. I don't have to tell you that. Now we are skipping forward. I left my postdoc at Baylor and then in the early 90s, now I am wearing two different hats. I am developing an anatomy program at the UH (University of Houston) College of Optometry, and then at the same time I was hired to come back to the UT (University of Texas) Houston Medical School where I was actually working in a staff position, running an education program in neurobiology and anatomy. During that period, I was able to write a grant application and got funding to develop a program in female clinical anatomy at the UT Medical School. Now we are in this era the early 90s and Bernadine Healy is the head of the NIH (National Institutes of

Health). There have been enough studies done under legislative protocols that was funding the Women's Health Initiative and forming the Institute for Research on Women's Health (Office for Research on Women's Health) in the NIH (National Institutes of Health). So kind of for the first time an awareness that there are significant differences in health and that much of the information, much of the research we base our health knowledge about, that information is done by researching males, male animals, male humans and extrapolating that information to females like there is no difference. Now we are beginning to see, wait a minute, when we actually start doing gender or sex difference comparisons, there are differences going on. This is that era. So I got funding for the program on female clinical anatomy. The purpose of which was to start integrating these awarenesses into the medical curriculum. We are one of the first medical schools in the country to have such a program, such as it was. At the same time, we pulled together a team of UT (University of Texas) Houston researchers, women they did not have to be women but they happened to be, from the School of Nursing, from the School of Public Health, from the Medical School, from the Dental School to start meeting regularly. Doing seminars on women's health and to start talking about how can we start collaborating across fields to expand awareness about women's health? So we had some interesting things going on. This came to a fairly abrupt halt with one of those political things that happen in any of these institutions of medical education. If you've been around here long enough, you get caught in some of these political shifts. A new chair was hired for the department of neurobiology and anatomy and part of his perks were to appoint him to be king of women's health. So my

position was eliminated. That came to an abrupt halt. That was a painful experience because that was something that my heart was very much into.

RS: And that you built.

KP: Yeah, exactly it was very much You know I could see that we were making a difference. I could see change happening. But what happened... I consider that period, and I am talking globally now, nationwide at least if not worldwide, what I call the era of cooptation, of women's health cooptation. Up until that point, "If you girls and ladies would like to study this. That's fine. That's interesting. You go ahead." Then the realization grant money, the first concept of women's health treatment centers. They said, "Oh, there's money to be made in women's health. This is something that's not going to go away."

So that was the cooptation. "Thanks girls, we'll take over now."

RS: So that was about the early 90s?

KP: Early 90's. About probably 1993, 1996 something like that.

RS: So did the emphasis on studying breast cancer come about that time too? That was about the same period.

KP: Yeah that probably was an era when the first wave of women's health, we started talking women's health, coalesced around breast cancer. Clearly women, certainly men can get breast cancer, but it kind of epitomized women's health. Focus on the breast first. That was before these other... you know heart disease, mental health issues, rheumatology, these other fields kind of caught up. The first focus probably was on breast cancer as kind of the launching point of women's health. And breast cancer is still kind of a lead factor when you talk about women's health.

RS: You know they were so vocal because they were trained by the ACT UP group, who advocated for AIDS treatment. That was always interesting to me that they sought the advice of the ACT UP advocates because there was no other model for advocacy in human disease.

KP: Yeah.

RS: So I talked to many women who took their course.

KP: Yeah. I can remember back leading up to this in the mid to late 80s. At that time, I was a graduate student or postdoc just getting ready to enter a professional role in the academic community, in the TMC (Texas Medical Center) community. I went to a seminar. It was women and heart health was the name of the seminar. Imagine how surprised I was to learn that the curriculum or the program was about how to cook heart healthy for your man. You know because that was the era where the predominant health information came from the Framingham Study. That first cohort of subjects was in their 50s, and there were a lot more men being affected by heart disease. When that first cohort got into their 60s and 70s, then we began to see that, in fact, women are more likely to die from heart disease than men are and women have worse outcomes from a heart attack. All of the data that started unfolding then.

RS: We still don't understand why women have worse effects from a heart attack totally. It could be that they just don't recognize heart attacks soon enough.

KP: Yeah certainly the difference in symptoms is a factor. Early on, it was considered to be some of the factors were the instruments were designed for men's hearts, which are larger. So they didn't have the nuanced tools. Then we just didn't have the information. We just didn't know. The first data you have are observational data. Then you have to

do further studies to tease out if it's social, is it cultural, is it physiological? It was an interesting time

RS: Were people in this medical center interested in that?

KP: There were. As I say, there was a lot of interest in UT (University of Texas) Houston. That's about the same time that UT (University of Texas) Houston women's faculty organization took shape. I was a part of that movement as well, working with those early leaders. Those folks.... I was a junior player then. I didn't have a senior faculty position by any means, but I was part of the team and kind of a worker bee. But those women who stuck their necks out and stood up and spoke out and demanded recourse, they were all gone in a few years. The evidence suggests that it did have a negative impact on their careers. We're beyond that now I think. I am so please to tell you that UT (University of Texas) Houston has a female Dean of the Medical School now.

RS: A pediatrician no less.

KP: Pretty cool. So certainly there has been evolution. There has been change in the medical center. Much more open to women in health care careers and women's health. These are not the same thing. You know they're overlapping. There is a lot of commonality, but they are not the same thing.

RS: So they eliminated your position. Where did you go from there?

KP: I went back to UH (University of Houston), you know, where I had a home. Then within the year ,I took a position as director of the Institute for Women's Health for Texas Woman's University in Houston. I was in that position for about six years. If you could think simplistically back... Now we are talking the late 1990s and the early oughts. I

was initially excited about working with a woman-led institution. Working with predominantly female colleagues. Then you learn that just because it is a woman-led institution doesn't mean it avoids many of limitations in thinking and leadership. I did it for just about six years, and then I just reached that point of frustration. "I can't make any changes. I can't accomplish anything here. I am not a change agent. I am just maintaining the same status quo." So I quit. I mean I parsed it out ahead of time, but there was a period of about 10 months there when I was on COBRA. I was unemployed. In the meantime, I had established a relationship at MD Anderson and had been brought in to teach some anatomy for a summer research program. That went pretty well, and my role in that grew. Then I was brought on board to help develop some text books for the biomedical engineering group that was growing at MD Anderson at that point. So a faculty position emerged from that. I was on the faculty associate professor at MD Anderson. First in gynecologic oncology when there was a center of biomedical engineering within GYNONC (gynecologic oncology) at MD Anderson. Then when the biomedical engineering group merged with imaging physics then my appointment changed over to imaging physics. They were good people, and I enjoyed working with them. My role there was educational programs, summer enrichment, research training and so forth. That was the role I was in at MD Anderson. Then new leadership took over at the University of Houston and I got recruited to go to UH (University of Houston) to work with the provost as associate vice president for health affairs. This kind of gave me the opportunity now to create some initiatives and to pull people together to advance some of those. I am proud of some of things we accomplished. It was not all great. I am very proud of what I see UH (University of

Houston) doing now. While I was there and after I left, President Khator and that group are really doing remarkable things with that University and for the City of Houston. I guess the things I am most proud of that I was able to accomplish at the University of Houston is, first of all, to develop and to facilitate and to implement a tobacco free campus policy. That was not easy. It seems such an obvious thing, but that was not easy. But we were able to do it and there were some lessons learned along the way. The other thing I am very proud of, and I am reaping the benefits now in being back teaching at the medical school, is I was able to work with natural sciences, and mathematics, and the honors college, and the medical schools in Houston and in Galveston to implement the seven-year dual degree programs, whereby highly qualified UH (University of Houston) students can, after three years of meeting certain academic criteria, enter medical school and be awarded their UH (University of Houston) degree after they've completed their first year of medical school. Pretty innovative program. I was so pleased to be teaching anatomy in the (UT) medical school when the first few of those UH (University of Houston) students entered the class here. It was a great kind of coming full circle. This is not a program that is for all students or all future physicians, but for a few who are very bright and very focused. The bigger picture is why does it take eight years to train a physician? How should we be shaping and reconfiguring medical education to be more efficient and effective? That kind of training...It was good to play a formative role in that national movement.

RS: Do you think UH (University of Houston) will have a medical school eventually?

KP: I caught some heat when I was at UH (University of Houston) for stating without much equivocation that I didn't think UH (University of Houston) would ever have a

medical school. I may well be wrong but just looking at the political climate and the Legislature in the state of Texas, I'd be surprised. But certainly as we were developing that seven year BS/MD program, we also developed some pretty cool nursing feeder programs and public health feeder programs from the college of education. So there is a great role for the University of Houston to play and they are playing it very well. Their optometry school is wonderful. They have a great pharmacy school. A great role they have in developing health professional work force for the local area or heck the whole dang state. But I know there are folks at UH (University of Houston) that think it's important for them to have a medical school and I wish them well.

RS: I think that's interesting. I was looking at their nursing program because one of my adopted grandchildren wants to be a nurse. They really don't have one that goes from entering college to graduating.

KP: Few institutions do. The typical degree program for nursing is that students do their RN training and certification for nursing through a community college and then to take that next step in their career advancement, they work on a BSN. So most nursing programs are two-year BSN programs. Completers for the RN degree. It adds all of the core curriculum, the history, the English, and the math and those kinds of things. That's a typical pathway. Not many schools have a "enter as a nursing student working on a BSN." What we did at UH (University of Houston) was to take these students who did their first few years towards their Baccalaureate degree and admit them into a BSN and the MSN programs. So nursing has done some very creative pathways to nursing careers with many steps along the way.

RS: I think TWU has a pretty dedicated pathway

KP: What UH (University of Houston) does have, and I see that this hadn't happened when I was there. The UH (University of Houston) Victoria School of Nursing got pulled into the major University. Certainly, that was kind of a dream and I am pleased that that's happened. They have a great founding dean who is a colleague when I was at TWU, who left TWU to become the dean of that school. Kathryn Tart. She is great. Very visionary. Very energetic. Very collegial. Top notch academic performer.

RS: Looking back on your career here in the Texas Medical Center, what do you think drove you to fill so many roles?

KP: I am very good at spotting an opportunity and wiggling my way into it. I am tenacity and perseverance. With a few exceptions, I have gotten myself in trouble of hanging on too tightly. But for the most part.... I do think it is important to keep the big picture in mind. "What's important to me?" There were times along the way when I looked at industry. You know the private sector. Would there be a role for my career? But the bottom line is it's about the mission and the vision. "What's important to me and what has been important to me since I was a kid?" Advancing the health sciences. The biomedical world. I love the sciences of biomedicine. I am glad I am not a practicing physician, but I love the community and the themes. I love to take young people, help identify those young people that are looking down the road and see what they want and to help them meet their goals. I love the biomedical education role. You can see these students. If they are six years old, if they are 16, if they are 26, that just have that spark in their eye that they know they want it. This is important to them. They have not only the intellect, but the drive and the ambition and the heart to be a healthcare provider. And then of course promoting women. I've for a number of years... at the time I retire,

“What would I like to see in the future evolution of the Texas Medical Center?” We’ve talked a little bit. You and I have both seen a lot of history of the Texas Medical Center and followed with some interest the dynamics of the leadership and changes in leadership. With more and more women taking senior leadership positions in the Texas Medical Center, I think this is going to get us beyond those silos and those competitive barriers. So that there is more collegiality and interaction across the players. I think Dr. (Robbie) Robbins is doing an incredible job of shaping that vision and putting it together. And it’s happening more and more. So I am happy to devote a good bit of my career. It is what I am doing here is promoting women in leadership positions in the Texas Medical Center with the goal of a more collegial, non-competitive environment. These are the things that are important to me.

RS: Do you think it will come in our lifetime?

KP: Incrementally. We are talking it is not going to be suddenly with a flash of brilliance. It will be an estrogen infused society. Incrementally, it’s going to happen. The old guys will retire or die off.

RS: That first tier is already gone.

KP: With more and more gender parity and admissions and completions of these degrees. We are on our way. As you say, we’ve got the dean of the medical school at UT (University of Texas) Houston is now a female.

RS: Also at Baylor.

KP: And at Baylor. It’s just more and more are coming up. It seemed to me up until about five or 10 years ago, very impressive visionary women would come up to a certain point in the Texas Medical Center, and then they would have to leave because

they hit the glass ceiling. They got no higher. They went to some other institution where they could rise through the ranks. Now I think the medical center is reaching the point.... I am seeing yes, we are recruiting very talented women but I am also seeing women come up through the ranks to take over positions of leadership. So I am seeing very positive change.

RS: That's good. Do you think this will be your last position in the medical center?

KP: Probably not.

RS: I don't think so either.

KP: You know I am always open to opportunities and always talking to people about what next. I love this position. You know I am not career building. I don't have anything to prove. I like working behind the scenes and helping influence from behind to push people forward. The interesting thing about administration is when you are in a faculty position, your job is to shine or to get your name out there. To be recognized as an expert. To get the publications. To get the grants. That's the role of a faculty person. But the role of an administrator is not to get your name out there. Not to shine. But the people you are supporting, your faculty and your staff, they're the stars that need to shine, and you are doing an effective job in administration if the people you work with shine and get credit and recognition for what they are doing. And are enabled to cut through some of the bureaucracy and barriers and help them reach those goals.

RS: Sounds great. Anything more you want to say?

KP: Ruth, I think you've sucked everything I know.

|
|