Ellen R Gritz - WIM 2011

[00:00:00]

ROSOLOWSKI: We'll get started. I'm Tacey Ann Rosolowski, interviewing Dr. Ellen Gritz. This interview is being conducted for the Renaissance Woman Oral History project, run by the Foundation for the History of Women in Medicine. In 2008, Dr. Gritz received the foundation's Alma Dea Morani Renaissance Woman in Medicine Award. Today is February 3rd, 2009, it is quarter after 1:00. This interview is being conducted at Dr. Gritz's office in the behavioral science department at the University of Texas MD Anderson Cancer Center, in Houston, Texas. This is disc number one. Thank you Dr. Gritz for devoting your time to this interview, and to the oral history project. And I was wondering if you could please begin by listing the positions that you currently hold.

GRITZ: Thank you, Tacey. This is a real honor and a pleasure, and certainly a unique experience in my life. I am a professor and chair of the department of behavior science at the MD Anderson Cancer Center in Houston, Texas, where I also hold the Olla S. Stribling Distinguished Chair for Cancer Research.

ROSOLOWSKI: OK. Now, I was thinking that perhaps we could start by talking about early life experiences, family experiences. Is that all right with you?

GRITZ: That's just fine.

ROSOLOWSKI: OK, great. So, if you could tell me when and were you were born, and a little bit about your family background.

GRITZ: All right. I was born in April 9th, 1944 in Manhattan, in New York City. And my family lived in upper Manhattan, in an area called Inwood, which is near Fort Triumph Park, and Inwood Park, and was at that time a very lovely section, sort of just south of the Bronx and Yonkers in New York City.

ROSOLOWSKI: OK. And I read in your Legends and Legacies narrative that you're the daughter of Eastern European immigrants, and I was wondering what your parents did, and I assume that they -- it was they who emigrated from Russia, or was it your grandparents who did?

GRITZ: Actually I -- it was my grandparents. And they came to the United States around 1900, along with a vast number of Russian Jews who were fleeing the pogroms and the persecution of the czar. And the history of that group is outlined in a marvelous book called *Journeys of Our Fathers*, I believe by Irving Howe. And it's a book that I

only read about a year ago, 750 pages of it, which is an extraordinary background about the Jewish immigration to this country from Eastern Europe, and talking about the poverty and the [shdedels?], and the kind of village life that our grandparents came from, mostly to become tradesmen and to work in the sweatshops, and to live in terrible conditions in New York City, and these people were the foundations of the labor movement. There was a tremendous amount of culture and literature and art that came out of their labors, and gave me a far greater appreciation of my roots and their lifestyle. Unfortunately, they all passed away before I was born, my four grandparents, or very shortly in my early childhood, so that I never got to know any of them. But both sets of grandparents, my maternal and paternal, came from Poland, which was then called White Russia.

ROSOLOWSKI: OK. And what about your parents? What did they do? And first, their names, and what did they do?

GRITZ: Yes. My mother's maiden name was Isabelle Feldman. And my father was Phillip Gritz, and they were -- both came from large families, which was again typical of Orthodox Jews in that time period. My father was the youngest of six children, and my mother was the second oldest of six children. And she was the oldest of three sisters, and she

had three brothers. And what was very interesting about that time was that in a -- it was a male-dominated world, that was not only from their heritage, but it was typical of that time around 1900. And so, the boys would have been considered candidates for education and schooling, and the girls were candidates for working to support their husbands, and then having families and childrearing. So my father would have gone to college, but as the youngest of six children, when it came time for his education, it turned out that his parents were elderly and retired, and so he had to go to work without a college education. And he became, of all things, a stock broker, which was possible then. Now you can't do that without an MBA, probably. But he was very devoted [00:05:00] to his parents, and he supported his parents while all of his other siblings were married and had kids, and started their own families, he remained their support for much longer. And my mother was, as I said, the oldest of three girls. Well, those girls were told to work as secretaries, so that their brothers could go to college. And my mother had aspirations to be a librarian, and she remains a great reader to this day, but those were never fulfilled. But she had a very interesting career as a secretary, which I was able to observe in my college years, the way she was --

I guess the equivalent of an executive secretary now. And she did a lot of work for her boss that was probably her boss's work as well. And so, she was very effective in the workplace, and she went back to work probably when my brother and I were in junior high school. And so that was the educational background. I was the very first in my family to go to college, which some of my uncles and aunts viewed with quite a bit of surprise, that they would have imagined that I would have followed the far more traditional path of having a non-professional career, finding a husband, and then dropping out of the workforce to raise children.

ROSOLOWSKI: Now how did it happen that you were the first person to go to college? How did it come about that you took that step?

GRITZ: Well, it's always actually amazed me, it's a wonderful question, because your interview guide made me reflect a little bit on this over the past few days. I think my parents, like I have to say much of the Jewish culture, were highly respectful of education, and what education could bring their children, even if they didn't have that opportunity themselves. So, even from our youngest years in the New York City public school system, which was an outstanding public school system, at the time there were

special tracks for intellectually gifted children, and my brother and I -- my brother's two years younger than me, and his name is Richard -- were always put into those special classes. So we were fast tracked from I think it was the third grade on, and then the junior high school program, which was seven, eight, and nine, was done in two years. We skipped a year, and then we were expected really to go onto one of New York's specialty high schools, and we both went to the Bronx High School of Science. So even though my parents did not have the formal education themselves, they realized that it was the key to accomplishment, as always, in those years and still, and they supported and encouraged my brother. And I remember being -- it just came naturally, it was what I was going to do, I was going to be in these classes, I was -- I had those interests. And I think I was bored in any classes that I was in that weren't those classes for the intellectually gifted.

ROSOLOWSKI: Now I'm curious, I'm sorry to interrupt you, I'm just curious about what the environment of teachers was. Because it seems as though they really had their eyes out for both boys and girls who were gifted, and were interested in encouraging both sexes to achieve.

GRITZ: I never remember anything that had to do with gender discrimination in school, never. The teachers in elementary school were mostly women, as I recall. And the same for junior high school, when I got to high school, Bronx Science, this was only shortly after Bronx Science began admitting girls. And I probably could look that up, but I don't know what year that was, I was class of 1960, so I think I got there in 19 -- tenth, eleventh, and twelfth grade, it's three years, so probably got there in 1957. And science had been admitting girls, but there were relatively few of us. But there, again, was no sense of discrimination at all. There was a complete sense of equality. Bronx Science had recently moved to a new campus in the Bronx, and we were right next to one of the zone schools, Clinton, Dewitt-Clinton High School. Which was a school, I think that was noted for having a large proportion of disadvantaged boys, it was all boys. And they were nasty to the girls. I mean, I sort of remember, we were walking the gauntlet to get past them, you know, leering and jeering, and all those things that teenage boys do, especially boys from very different backgrounds. So that wasn't pleasant, but it wasn't inside Bronx Science, it was outside of Bronx Science.

ROSOLOWSKI: So that was a really hospitable environment for you. What kinds of things do you remember really exciting you in the high school at that time? I mean, I guess the question that I'm [00:10:00] really asking is, you know, now that you see where your career has gone, and you look back at that time, you know, were there intimations at that moment really early of what you were going to later pursue?

GRITZ: Well I think I probably have to jump backwards in time to talk a bit more about our early childhood. We were by far not a wealthy family. My parents were probably at that point equivalent to the working class or lower middle class. And they made the sacrifice financially to send me to Barnard College, even though I had a Regents scholarship, I think the amount was something like $1,500 a year. It was a very small amount of money. But we had always, in the summer, and this is chronologically mixed up, but in the summer, because we weren't a wealthy family, we would only go away for about two weeks at a time. And we would go in my early childhood up to the Catskill Mountains, which was again culturally where many Jewish families went in the summer in New York City, for a couple of weeks. And we stayed at farm-like -- they weren't hotels, per se. They were sort of -- they had bungalows, and there were farm families that ran them, and everybody

ate family style, and there were no organized activities. Your family had its little bungalow, and you went out on the lake, and you swam, and you fished, and you helped the farmer in his garden, and you helped tend to the animals, and I was always phenomenally in love with animals. I mean, just in love with animals, and chickens, cows, dogs, cats, whatever it was, I adored animals. And so, I think starting very early, we had -- I had exposure to some of the fauna that many children in the city don't have exposure to. And because we lived in a very small apartment, we -- the four us lived in a two-bedroom apartment, my mother wisely didn't permit us to have pets, dogs or cats. But that didn't mean we didn't try to bring them home from the parks, and she was constantly challenged with some giant stray dog at the front door that, you know, she would say -- she had to be the bad one and say no, you can't bring that home. And my very gentle-minded father always tried to sneak the dogs in, but we never succeeded. So here I had this unfulfilled love of animals, and that was -- really only got a chance to exercise when -- to exercise it when we were in the country, in the summer. And that was probably one of the early reasons why I had aspirations of becoming a veterinarian. Being a

psychologist was nowhere on my horizon. I was going to take care of animals.

And so, when I got to high school, to Bronx Science, we had something called the animal squad. Now these were animals used in research, and whatever high schools did to torture animals in those days. (laughter) I shouldn't say it that way, but in well-intentioned research on disease. And they were my pets though. I really considered them my pets, so I had all the rats and mice that I would want to have, and my mother was horrified at that concept, and sometimes over holidays, we would have to take the animals home, because nobody would come in on the weekends or on the holidays to feed them, and a cage of rats or mice would come into our house every now and then. But she couldn't -- they were in the cage, she couldn't object to that too much. But that was -- so I think I was interested in science and in biology from the very beginning. I've always loved the natural world.

ROSOLOWSKI: I'm interested that you actually did animal experimentation at the high school level. Are there any particular experiments that you remember from that time, that you --

GRITZ: Well actually I didn’t do the experiments, I took care of the animals. I was like the mother hen who was in there changing the cages, and petting them, and making certain that their environment was comfortable. I didn’t do any cancer research or other things on them at the time.

ROSOLOWSKI: (laughter) What do you recall from particularly formative educational experiences from the Bronx High School of Science?

GRITZ: I think my biology teacher was my favorite teacher, and I think I envisaged perhaps a career in biology, although I didn’t know what. I also loved language, and we had, at the time we had a requirement for one foreign language, and I studied French since junior high school, and I loved French greatly. And when I got to college, I was able to take German. But I -- and I knew some Hebrew from -- just from religious education. But those are my most -- those are my strongest memories. The professors were always trying to push me in the direction of physics and math, but while I had the ability intellectually to do the work, it didn’t appeal to me emotionally. The natural world appealed to me much more.

ROSOLOWSKI: You mentioned earlier that when you did go to college, some of the aunts [00:15:00] and uncles were surprised. Did you experience, you know, at family

gatherings, sort of messages about your yearnings from the rest of the family?

GRITZ: No. You know, if I did, they didn't register. I mean, it was more that my oldest maternal uncle said to my mother, "I'm really surprised you're having Ellen go to college, you know, why isn't she just working as a secretary like you did?" And my mother must have said something that was impressive or firm enough to divert further comments, because there never were any. I mean, my mother had one surviving sister who did work as a secretary, and she and I were like buddies or friends, and I never questioned that. Because actually, I worked my way -- I worked a lot during college, and I often worked as a secretary, and I actually enjoyed it. I didn't have any preconceived notions about who should be the boss, and who should do the work, and it was fun. And one time, one summer I worked in Tiffany and Company, and I loved it. Because all day long, I would do whatever the clerical jobs there were that they had me do, and then in the lunchtime, I would look at -- pick out my patterns. (laughter) I picked out my china, and I picked out my crystal, and I picked out my rings, which was all a fantasy world, but it was a lot of fun. And my father worked in the neighborhood of Tiffany, on Madison Avenue and 53rd Street, and Tiffany

was up on 5th Avenue and about 57th, I think. And there was also a -- there car dealerships actually in midtown Manhattan at that time. And there was a Jaguar dealership, and one of my father's clients was a Jaguar salesman. And every time he would take me in, we would go in, and he would say, "And Miss Gritz, which Jaguar will you be purchasing today?" And so I would get to sit in all the Jaguars. Of course, none of us drove. I was the first one in my family to drive also. And say oh, I'll have this model today, and sit behind the wheel. And so I've had also a fantasy all of my life of having a Jaguar, which has never been fulfilled.

ROSOLOWSKI: (laughter) That's really, that's a wonderful story. I was interested that you noted in your legends and legacies narrative that you weren't like other girls who read mysteries and romances, but you were in the sense that you had these fantasies about picking out your china patterns and all of that. So, how did you fit with your peers? You know, talk to me a little bit about that.

GRITZ: I think I was what we would call in those days a tomboy. That I liked climbing trees, and I liked playing with animals, and I didn't -- I wasn't particularly into frilly dresses and the like. And as I said, I loved the natural world. So my father -- my parents would take us to

the Museum of Natural History, to the Museum of the American Indian. We went to all the museums in New York, and I was really much more interested in things that had to do with, well biology and whatever, and animals, and what was -- there was something else I was going to say. Yes, I loved memorizing breeds of dogs and cats and horses. I mean probably if I had been raised on a farm, I would have become a typical farm person, but I wasn't. So I had, again went around learning all of these species, and learning their body parts and learning their biology. And I don't -- you know, I think I was a typical girl in many senses. I cared about boyfriends, I cared about social life, but I just -- the intellectual part of it was focused into the animal world as I understood it.

ROSOLOWSKI: And it seems as though, I mean you're creating a portrait for me of a young person who likes classification, has a real attention to detail, to organization. I mean, am I kind of getting that right?

GRITZ: Yeah, you could call it obsessive compulsive if you wanted to.

(laughter)

ROSOLOWSKI: Well let's call it a strength.

GRITZ: Right. Which I didn't know about at the time, right. And also, I liked music very much, but I honestly do not

have any musical talent whatsoever. But I love to listen to music, and so in college, a young man who was my boyfriend for several years, his family went to the Metropolitan Opera. And they had friends who had boxes, or we went standing room, and all through college, I remember standing on line for the standing room only tickets at the Met, and developed very early on an absolute passion for opera which lasts till this day, and which I'm able to indulge myself in far more than I was when I was just in college.

ROSOLOWSKI: Now I'm getting by implication that you had a pretty active social life. Would you call yourself an extroverted person, or?

GRITZ: Well, I'm a huge E, I'm a huge extrovert, and I actually was going to look up my Miller behavioral styles [00:20:00] inventory, my MBSI, and I'll look it up for you for tomorrow. But yes, I'm an immense extrovert, and I don't know that ever happened, because I think as a teenager I was actually quite introverted. I didn't consider myself socially popular. That was one of the problems of going to a specialty school, the boys were socially far more intellectually advanced -- they were more intellectually advanced than they were socially advanced. So, they didn't date is what it came down to. And so, I

hardly dated at all in high school, and I felt very far behind my peers who were in the ordinary zone schools, as we used to refer to them. And I think I probably engaged in a lot more intellectual activity because I didn't have a typical social life. I mean eventually, I got there and caught up, but it was not a feature of my early adolescence.

ROSOLOWSKI: Interesting. Before we move on and talk about that process that got you to Barnard, I wanted to ask you a question. Now you may feel you've already answered this, but I just wanted to make sure we covered it. I was just wondering if there were some early life experiences that you now look back and think helped shape your interests in smoking cessation and prevention, in cancer and genetic testing, and in the social dimensions of disease and health?

GRITZ: I think the process was not organized in that way. I think there's a very famous saying by Yogi Berra, when you come to a fork in the road, take it. And I think a lot of my career evolved by kinds of phenomenal coincidences, and random opportunities, or not so random opportunities, but no one in my family ever smoked, I had -- smoking was not on the horizon, I had no interest, no idea about it, knew nothing about it. And it was really because of my first

mentor, Dr. Murray Jarvic, that I started to work in the field of tobacco and disease. I mean, I know that I was always interested in human beings, and biology, and the brain, and human behavioral processes. But it wasn’t a formative influence. I have a very clear memory of one of my women friends or girlfriends in high school who knew she was going to become an ophthalmologist. And she was endlessly working on cows’ eyes, and sheep eyes, and working in the lab, she had eye projects, and by God, she became an ophthalmologist. And I didn’t really have anything that concretely outlined in my future. There was one family event that had a very deep impression on me, when my maternal aunt, the one who I referred to earlier, who had worked as a secretary, who married late and she married a man who was a widower, whose first wife had died of breast cancer, and then within a couple of years, she herself developed breast cancer, and she passed away very rapidly. And that was very shocking to me, it was my first encounter with cancer, and with mortality in my family. And it was very, very sad for everyone in the family, she was younger than my mother, and she was in a sense just beginning her mature life, even if at a somewhat delayed age. And what a terrible experience for the man she married, who had then lost two wives in a short time period

to breast cancer. But still, that didn't make me say, in any sense, I need or want to do research in cancer.

ROSOLOWSKI: How old were you at the time when this aunt died?

GRITZ: I was probably 19.

ROSOLOWSKI: OK. And what was her name?

GRITZ: Her name was Florence.

ROSOLOWSKI: Florence.

GRITZ: And my mother had a third sister, whose name was Eve, or Eva, who died within a few months after her marriage, because she caught pneumonia on her honeymoon, and there were no antibiotics in those days. And so, that was a very sad event in my mother's life, even though of course I never knew her.

ROSOLOWSKI: Very traumatic. Would you like to talk now about getting to Barnard?

GRITZ: Sure. Well getting to Barnard wasn't actually a big deal as I saw it then. In the New York City school systems, there were progressions, as I said, from -- you went from the special progress classes, I think they were called IG, intellectually gifted. And then you went into the SP, the special progress, the junior high schools where you skipped a year, did three years in two. [00:25:00] And then you went to one of the New York City specialty high schools. So that was Bronx Science, or Stuyvesant,

which may have been still all male at the time. Brooklyn Tech, which was just too far away, and I really wasn't interested that much in physics and math. Or music and art, and as I said I have absolutely no ability there. Or Hunter. And so, of all of those, Bronx Science was the most appealing, both for me and my brother. And it's just like we segued right to them. And when one graduated from Bronx Science, I think a really significant proportion of the class went onto Columbia and Barnard. I mean, it might have been 50%. But I remember feeling like it was just like going from one form of high school to another, initially.

ROSOLOWSKI: So you never really considered applying to other schools? I mean, did you apply to other schools?

GRITZ: Oh, well now that's an interesting point. Because there, we bring in the influence of my mother, and the Eastern European tradition, and family protectionism. Because I skipped all these grades and began first grade at the age of five, which was the New York City rule at that time, if you were born by a given month, you could start at age five, I was only 16 years old when I graduated from high school. So, my mother probably quite appropriately -- but of course at the time I thought it was very undemocratic of her -- would not allow me to go out of town

for college. In addition, I had an endlessly protracted period of orthodontic care of my teeth, which refused to straighten, or to stay straightened. And so, I actually had orthodontia for six years, which further demeaned my self-image in terms of attractiveness and the like. So I had braces on my teeth from 12 to 18. And because I had to be in the orthodontist's office every week, or every two weeks for them to sharpen their torture instruments, she did have a good reason for the things she decided. So no, I did not apply outside of -- I think Barnard was the only place I applied to. Although I would have loved to have gone out of state, I would have loved it. But it wasn't in the cards.

ROSOLOWSKI: Before we go on with that, I noticed that you had said that your brother was labeled as someone who would go on and go to medical school really early. And I just wondered if you could comment on differences in treatment of you and your brother. You know, both when you were -- before college and then during?

GRITZ: Sure. Well I mean, recall the time, I entered Barnard in 1960, in the fall of 1960. And so, we're talking about almost 50 years ago, and generational patterns, and cultural patterns. And so, while my parents were very eager and happy for me to go to college, they had certain

traditional beliefs about what I should do once I got to college. And that was, become an elementary school teacher. And there was no way in the world I was going to become an elementary school teacher, but since they were paying for my college education, I had to go along with certain of their wishes, like take a few courses here and there, and I don't even know that -- Barnard didn't even have an education major, thank God. But I think maybe that's how I got to psychology, it was somewhat close to it. I couldn't take the premed curriculum, because they'd made it very clear that medical -- my brother was slated for medical school, and as I mentioned we didn't have a lot of money, and so this was going to involve a significant financial investment. And I wasn't terribly unhappy with that. I mean, my thought was veterinary school, but they were -- that was out of the question. I mean that the animal love transferred into -- that was going to be my career. Of course, I knew nothing really about it, having never even owned a pet except some salamanders that we would bring home from the Catskills, and then dump into Central Park Lake when the weather got a little colder, or they weren't eating the worms, how sad, that we were feeding them. But -- so that was my parents' plan for me. But it wasn't one that they enforced rigorously. It was

one that was sort of their guiding hope, and even though I didn't strictly obey it, at least made them happy that I took a course or two. So when I -- so at Barnard, I ended up majoring in psychology, and not in biology, and I'm really not certain why, but I think I was attracted very much to human behavior and the brain, and the concept that if you -- that you could really understand human beings best through a study of the brain and behavior. Although there was one other early childhood influence that might have had something to do with that. We had next door neighbors in New York City who were the -- the man was a psychologist, and his wife was a social worker, [00:30:00] I believe. And they had small children, and I was their babysitter. And they had two kids, and he always -- he was a German immigrant, and I loved the way he spoke. He had a wonderful German accent, and he would tell me all about psychology. And he was a clinical psychologist, and I became enamored of the thought of psychology and I think that might have been an important guiding influence. Because I mean, I was doing this babysitting as a teenager. So it was while I was in high school and college. Although, you know, I wouldn't say there was any mentoring or direct influence there, but it was something I became fascinated by, by talking to him and his wife.

ROSOLOWSKI: How did you find the environment at Barnard? You mentioned in your narrative that you would have preferred to go to a coed school or college. Do you still feel that way?

GRITZ: Well see, this fed into what I was telling you before about having a deprived social life as a teenager. Because my chance was going to be to catch up at college, and suddenly I found myself at an all-girls school. And in those days, Barnard had only one dormitory. So anyone who lived in the city was forced to commute and live at home.

ROSOLOWSKI: And that's what you did?

GRITZ: Yeah, that was why it was an extension of high school, in a sense. So I went to school, it was like a job, I went to school every morning, came home every afternoon. I wasn't allowed to stay down there at night. Because my parents were concerned about my safety, and anyone who I dated, I mean we lived, as I said, in a four-room apartment, anyone who I dated was -- my parents were able to see that person come and go, and they were pretty strict about it. And I was brought up with their old-fashioned ideas as well. I was far from liberated in those days. So, I didn't have the kind of exposure to boys to catch up in my social life that I wanted to have. And I think two thirds of Barnard commuted at that time. It was largely a

commuter school. The education was fabulous, there's no question about that. In fact, now I'm philanthropically involved with Barnard, I feel a great gratitude to them for an outstanding education, and for helping me develop my independence and my intellectual skills. But at the time, I really didn't feel that. At the time, I was feeling that yeah, I mean I had -- remember, from early childhood, I'd had rigorous schooling. So it was more rigorous schooling, but I didn't realize the special value of it until long after I graduated. And I go back for every fifth reunion, we're about to have our fiftieth reunion in June, and I look forward to it, because there's a cohort of women now who we followed all our lives together, and who it's quite fascinating to see as the lives evolved, and what people have done with them, and now as developmental changes, as well as their accomplishments. But as I say, at the time, I wasn't mature enough to understand that. And so what I really did was I went to events on the Columbia campus to get more coed activities. Because I don't even believe that -- Barnard didn't enroll boys or young men in classes at that time. They started doing it later. So, there are no male attendees at Barnard, no male students, but men from Columbia College can take courses at Barnard, which they couldn't at that time.

ROSOLOWSKI: Well what do you recall as being so special about the educational atmosphere, the rigors and the demands?

GRITZ: Well, the courses were very tough, and the teachers encouraged us unconditionally, and held us to high standards. But I'm saying that that actually isn't any different from any other education I'd had in New York. And the college's philosophy or social philosophy is that in coed classes, girls are often discouraged from excelling, because it's seen as competition and it's seen -- and girls themselves may self-regulate not to excel because they're interested in attracting the attentions of some of the boys in the classes. Now, I never, ever felt that way at any point in my education, or at any point in my career. But I guess the force of the literature and social literature shows us that many girls and young women were affected by that. And still may be.

ROSOLOWSKI: You mentioned that you enjoyed intellectual interactions with men. This -- and I'm referring to a comment that you made in your legends and legacies narrative. And I was just wondering if you could expand [00:35:00] on that a little bit. Because I was wondering if by implication, you meant that you didn't find intellectual peers among women, or what was the meaning behind that statement?

GRITZ: No, I think it was not a negative, it was a positive. That since I didn't have it in college, and only -- I think maybe in my senior year did I take a couple of classes at Columbia, and engage in some of the clubs or extracurricular activity, I didn't see it -- I mean, I saw it as sort of a red herring, that it wouldn't have been a factor for me in college, and that I had just as good a time talking about intellectual topics, or classes, or anything with young men as I did with young women. So no, the women at Barnard are phenomenal. I mean, just every time I meet a Barnard grad, I say oh yeah, I know she's a Barnard grad. I mean, you can tell, there's something about the intellectual approach to science, or the arts, or anything. It's just fascinating and exciting, and motivating, and very rich. So, you just can tell a Barnard woman a mile away. (laughter)

ROSOLOWSKI: That's really neat.

GRITZ: Yeah. And I did have some early leadership experiences at Barnard. I somehow became the head or the chair, or whatever they called it, of the Barnard Camp. Barnard owned a piece of property somewhere in upstate New York. It wasn't -- since I didn't drive, I had no concept of difference, but this was Barnard Camp, and maybe it was in Yonkers, or I think it was near Ossining, near the jail

up there. And so it was a primitive camp where we had no plumbing, but we had a camp house, and we had some land, and we would go up there for picnics, and barbeques, and to stay over, and there was no central heating. So in the winter, we would have these wonderful weekends where there was a gigantic fireplace, and everybody would take their sleeping bags, and we'd lie around the fire and the fireplace, and I guess we hiked, and we cooked, and we did things like that. And we put on some picnics for the entire -- the college. Excuse me, whoever would want to migrate up there. And that was my first -- my very, I think probably my very first formal leadership experience. So then I organized these, and I helped schedule them with the faculty members, and we would usually have groups of 8 or 10 young women with our faculty guides who were up there for the weekend. And we had some wonderful times, remember then it was very rare for me to be apart from my parents. So this was sort of the beginning of testing my own wings, and testing some leadership activities. And then at some point I believe, although it's nowhere on my CV, I believe I was the head of the Hillel at Columbia for about a year. And I'm not quite certain I was ready for that level of leadership, because I remember enjoying it, but also feeling extremely anxious that I wasn't a good leader, and

that I really didn't know what to do. But somehow, I got there, and I don't really recall the details of that. But I enjoyed it a lot. And I did also, I have to say, I was pretty involved in Judaism throughout my early years. In fact, at one point I thought of becoming a rabbi. But I had a Reform upbringing, which is not the kind of intellectual rigor that leads easily to rabbinical school. So I didn't do the back work that I would had to do to become -- to know more about -- to learn more Hebrew and to become more knowledgeable in the topics. So that was a kind of a thought. And it also had a social and a psychological component to it, although probably I didn't think about that formally at the time, but somewhere during college, probably when I finished my year as Hillel president, I said no, that's not the route for me, yeah.

ROSOLOWSKI: Tell me about some of the role models from Barnard that were important to you? Or mentors.

GRITZ: Yeah. Well, we didn't really have mentors. You know, we barely had advisors. And we certainly didn't have much in the way or career preparation, unless you were going to go to medical school. Because then there was a clear premed path. But I would say that probably between 1960 and '64, when I graduated from Barnard, people were still thinking fairly traditionally. They were thinking that

girls would get a good liberal arts education, and then they would marry, and then they would raise children. And in fact, that was my plan. You know, I had this ingrained fantasy, like my veterinary fantasy, that yes I'd be a psychology major, and -- but really, what was going to be most important was finding the young man I was going to marry, [00:40:00] and marrying at the end of college. And quite a number of my college friends did that, and then had kids. And of course, what I learned through many, many years of reunions is that that often didn't work out. (laughter) You know, they were not intellectually satisfied. But that was an early disappointment in my life was that that particular path didn't materialize. Not that I didn't, by that point, have lots of young men that I dated, probably many of whom would have made outstanding husbands. But I think I was too immature to know that. So I was still looking, experiencing, trying, getting to know different types of people. And I had developed an honest wanderlust by then. I was ready to leave New York City. And so, I didn't want to be tied down in any way.

ROSOLOWSKI: Now you graduated from Barnard in '64, is that correct? OK, and as I understand your -- the materials in your CV, you then began to take some courses at Rutgers.

GRITZ: Well not quite. So, when I got to my senior year, I knew that I probably was going to want to go to graduate school, but I really wanted to experience the working world. So, I did not apply to graduate school, and I said, you know, I'm 20, everybody else graduates at 22, why don't I work for a couple of years? And I started looking for jobs in *The New York Times*. And it was that summer that I went to work at my mother -- where my mother worked, which was the American Nurses Association, where I believe she was an executive secretary. And I wrote all summer, biographies of nurses for some kind of nursing publication. So I sort of created the professional lives of nurses from their biographies, and I enjoyed this greatly. And I also did all those other things that secretaries do, typing and the rest of that. And sometime during the summer, Bell Telephone Laboratories in Murray Hill, New Jersey, which was a powerhouse of intellectual accomplishment, and like a think tank almost, I came across an ad for a senior technical aide, which sort of was like an RA, I think. And I applied for that, and I traveled all the way to New Jersey, which was a big thing for me in those days. And got all dressed up, and I was offered two different jobs. One was at Murray Hill, and one was at Holmdel, which was their more southerly location. And both of them were quite

technical, but the one that I took was in a department that was probably a cognitive psychology department of some sort, although I don't remember what it was called at the time. But all of the faculty members or investigators who worked there were psychologists. And they were all involved in cognition and memory, and perception, and visual learning, and I had a phenomenal two years there, where I learned computer programming, this was in the days of the beginnings of mainframes, and I remember carrying around huge card decks, and I actually did machine language programming. And I learned Fortran, which was one of the early programming languages, and taught it. And I think helped write with one of the faculty members there a self-taught course for how to teach yourself Fortran. And had a wonderful social life with -- because the place was crawling with engineers, with men. (laughter) Everywhere there were men, it was wonderful. So skiing, and canoeing, and backpacking, and all of those things. And I lived away from home for the first time. So, my college boyfriend taught me to drive, and he and his father helped me get my first car, which was a Ford Falcon. And I made the huge trip out to New Jersey, where I found a room in the home of a woman in Summit, a very elegant community which was only four miles from Murray Hill, who had been recently divorced

and had a big house, and needed a little bit of supplemental income, and she had two kids, and it was a very comfortable arrangement. And after one year, I then rented my own -- it was like a garage apartment, from a retired family in Plainfield, New Jersey, which was the same general area. And that was my second year at Bell Labs. So while I was there, the faculty, who were all college professors of one sort or another, they had either been professors, or they had adjunct appointments, or they had joint appointments in some places, I don't recall the details. But they were all intellectuals, and they were all college professors. They said "Ellen, you've got to go back to graduate school." So, Rutgers wasn't too far away in New Brunswick. And so, I negotiated being able to take [00:45:00] some classes there. Not as a formal -- formally enrolled in classes, but not formally enrolled in their PhD program. And that's where I started with physiological psychology, which I had actually studied at Barnard, and I'll detour back to that in a minute, as soon as I finish this piece of the story. But I took somewhere -- I think I took four classes over the course of two years, and then at the end of that, they said well, you know, we don't have a part-time program. And, you know, we made this exception for you because we really wanted you to be able to study

with us, and now it's time for you to come full-time. And I said, hmm, not at Rutgers. (laughter) So, I mean the classes I took were great, but I didn't have -- I didn't feel that Rutgers was where I wanted to do my PhD.

ROSOLOWSKI: Why?

GRITZ: I think it probably wasn't prestigious enough, it wasn't a leading university in the country, forgive me to anyone who hears this who thinks differently. But -- and I didn't want to go to the New Brunswick campus, which was an urban campus. So, about that time, the University of California San Diego, UCSD, was opening its new campus in La Jolla, California. And I worked -- one of the faculty who I worked for was named [Belauveg?] and he was an extremely famous scientist in optical perception. He studied depth perception and cognition. And I actually made the computer models, the things that you cross your eyes and look at, and you see 3D with the special glasses, so I created those for him. And he became -- I mean, he was a mentor. As were some of the other -- all men, faculty at that time, and a couple of them just contacted George Mandler, who was the chair of the new department at UC San Diego and said we've got just the person for you, she wants to do a PhD. You know, the school is opening, will you accept her? And they wrote back, absolutely. You

know, she can fill out the application, but we know already we will accept her, and she will have a full scholarship until she gets her PhD. So it was not even -- I mean I didn't apply to 10 different graduate schools, that's all I applied to. But let me jump back to physiological psychology, and that interest. Because I was a psych major at Barnard, and I loved the courses in abnormal psychology and social psychology, but there really wasn't much in clinical. It was a much more experimentally and cognitively organized and focused curriculum. So I took all those, but they didn't grab me the way that some of the more clinical topics did, but I pursued the physiological the most, and even started doing -- learning animal physiology and anatomy, and doing some early brain implant studies, and learning the techniques, and I feel sorry for those poor rats now. But the professor who taught me had barely more experience than I had. I remember him at my first surgery, doing some kind of a brain implant, he passed out. (laughter) That's right. It was terribly funny, but at the time it wasn't funny at all. I mean, he probably became anxious and upset at the sight of blood and sutures, you know, cutting into this rat's skull, as he was teaching me the technique, so it wasn't -- I would say it wasn't a very sophisticated introduction, but I knew though

that that was the stuff I wanted to study. If I wasn't going to become a physician, I was going to study how the human brain and body worked. So that was why I headed toward physiological. Therefore, when I went to UC San Diego, I studied under Tony Deutsch, Jay Anthony Deutsch, who was a marvelous physiological psychologist who studied memory and learning. And that's what I did my PhD in.

Also at UCSD, there was a new medical school. So because it was a new medical school, and I think people were less constrained by rules and regulations than they are now, I was allowed to audit, but not enroll in, but to audit several medical school classes. So I took gross anatomy, I took neurology or neurophysiology, and I did a small part, certainly not the full part, but a small part of the curriculum of the medical students, and played with, for four years, played with the idea of going back to medical school. And -- but the further away I got, and the deeper into my dissertation I got, I realized that it would take me more and more time to make up the credits, because I hadn't taken organic chemistry, or the amount of physics, or the amount of prerequisites that a premed [00:50:00] curriculum requires. But I did continue to think about that for the entire -- for almost all of graduate school.

ROSOLOWSKI: Let me ask you a couple of questions before we talk about your dissertation topic. I'm getting this picture of a lot of men at the Bell Telephone labs who were really interested in supporting you. And could you comment on just what you believe a mentor -- a successful mentor really is? And also, what you saw as how women were received in that particular context?

GRITZ: Well, you know, both of us I think are far more highly evolved intellectually and emotionally in thinking about this topic than I was in the 1960s. And I think than most women were at the time. And to me now, mentoring and serving as a role model for young women faculty and students are extraordinarily important functions that I can have as a senior woman faculty member. But back then, it was not organized in our brains in the same way. What I saw were -- as I saw it, these were men that I literally worked for, who were other faculty in the department, who were just tremendously encouraging, were willing to teach me, or give me the opportunity to learn anything that I was interested in. Once again, there was no issue of gender whatsoever. And I think I felt the same way about, throughout my graduate student experience, that there were never any discriminatory experiences in the school setting. When I was -- when I first graduated from Barnard,

interestingly, one of the things I considered was going into the financial world. And my father, who I mentioned was a stock broker in a very reputable Wall Street firm, was able through people he knew to get me a couple of interviews, which were appallingly biased and discriminatory. I mean, I can still recall a visual image of going into one of these magnificent trust companies where the elevators even were paneled in hardwood, and dark mahogany kind of coatings, and I -- finishings, and I had my interview, in which I'm certain I did very well, and then they would say to me, "Well Miss Gritz, we're so delighted that you came to interview with us. Of course, as you know we do not hire women in these positions, but you're welcome to apply for a secretarial position." And that happened about twice. And at that point I said to my father, "Gee I don't think I want to do this any longer, because that -- I don't want to be a secretary." And I also applied to some market research firms, because it was another area where I could get into psychology and consumer behavior. And it was a very similar kind of reception. "Oh yes, we have this marketing position open, but women start as secretaries here." And they actually said, "And maybe in a couple years someone will notice you, and you might have an opportunity to transfer into a different

position." And I knew strongly enough that that was not what I wanted to do.

ROSOLOWSKI: Were there other women at Bell Labs in the faculty positions, and other women that were hired at your level?

GRITZ: You know, I'm certain there were, but embarrassingly, I can't recall. So the people I worked with were all men. And there probably were women, but you know, I think the vast majority of the people who worked at Bell Labs were mathematicians, or engineers, or technological people of some sort. And it was probably very heavily male-dominated.

ROSOLOWSKI: What do you think made you of interest and made you be able to succeed in that environment with men who obviously had really high expectations?

GRITZ: Well, I did very well in college. I mean, that's -- I always studied very hard, it was part of -- I actually considered it part of compensating for not having a good social life. So, and I always had this drive to get the highest grades I could, to learn as much as I could. Not necessarily in terms of striving for awards, but just because I wanted to master and understand the subject. So I did graduate Phi Beta K appa with -- and magna cum laude with honors in psychology, but I didn't -- it wasn't to --

I didn't study in order to achieve those recognitions, I studied because I wanted to learn the subject matter. And that came along with it.

ROSOLOWSKI: Let's go back to the UCSD experience. What was your dissertation topic?

GRITZ: Cholinurgic mechanisms in animal memories. Probably rodent memory, [00:55:00] but -- because I worked with rats and mice, and I think I worked with goldfish at some point, too. And so, my professor, Dr. Deutsch, was very interested in acetylchonline and its role in learning and memory. And it is one of the major neurotransmitters in the brain, and now we know the brain to be immensely more complex, with probably 6, or 8, or 10 neurotransmitters involved in everything, including drug-seeking behavior and tobacco use. But at that point, acetylchonline was one of the major chemicals that was exciting, that people thought facilitated memory and by interrupting cholinurgic mechanisms, you could cause amnesia. So there was a great deal being studied in animals then, and there were some connections to humans as well, because I remember we had to learn about very interesting amnesic syndromes, people who had terrible trauma to their brains, and had specific kinds of memory losses. And it was the key to understanding the brain. So, I learned about all of -- a lot of

physiological psychology from Dr. Deutsch, but really specifically, my research was on administering compounds, cholinurgic and anti-cholinurgic compounds, and seeing how we could facilitate the memories of rats and mice, or interfere with their memories and induce amnesias. Now of course, that gave me the chance to have pets. Pets! I had rats and mice. I had my own laboratory animals, and I cared for them with great love, and I got to know everybody at the animal facility. And again, we didn't have humans -- we didn't have [iyacook?] roles back then, so I believe I had some rats and mice that lived on my desk in cages, you know, from time to time, they would come to visit for a day or two at a time, and they were all given -- they didn't get just lab chow, they got lettuce and vegetables, and they grew large and fat. And they had children, which ordinary -- pups, ordinary lab animals weren't allowed to breed, but these guys bred, and they had the most happy life. They had family life. And this may horrify you, but I even used to let them run around on my desk, and crawl on my arms, and they were just so sweet, very, very sweet. And so, to this day, I have a great fondness for rats and mice.

ROSOLOWSKI: Did you select your dissertation topic, or was that -- how did that come about?

GRITZ: I think that in retrospect, probably all of Dr. Deutsch's students studied versions of the same kinds of his general interest, which was the cholinurgic mechanisms in animal memory. And we did -- we had different topics, but I think it was one of his driving forces, was to understand this mechanism better. And so his students, like many dissertation faculty, directing the dissertations, their students work in their general area of interest. And he was an excellent mentor. Again, with no evidence of any kind of gender bias whatsoever.

ROSOLOWSKI: How many other women students were there, and how many other women faculty were at La Jolla?

GRITZ: Well, I was in the first graduate class of psychology students. And we all migrated from the East Coast, as I believe. It was sort of a whole tribe of us that came, and there were 12 professors and 9 students. So the first two years was a magnificent tutorial experience. And I had several women classmates, my nearest and dearest friend Felicia [Huppart?] is an Australian psychologist. And we were officemates, and her husband Herbert Huppart is a brilliant geophysicist. And so, they were there in La Jolla while he was getting his PhD in geophysics, and Felicia was getting her PhD in psychology, and we were neighbors in La Jolla together. We had a wonderful

friendship, and I remain friends with them to this day. They moved to Cambridge, England, a couple of years before I finished my dissertation because Herbert had finished his, and he received a faculty position in the University of Cambridge. And Felicia actually finished her PhD there in England. But there were several of us, I don't recall, I think there were one or two women faculty maybe, not many. My memories again are of men faculty.

ROSOLOWSKI: And how were the women treated? I mean what did -- tell me about the atmosphere for women there.

GRITZ: Once again, I don't remember anything that would have been differential. I think everybody was treated as equals.

ROSOLOWSKI: [01:00:00] Now as you compare your experience in that PhD program in psych with the experience of women in medical programs at the time, how would you compare the experience of being a woman student?

GRITZ: Well, that's a tough question. Because I didn't have any friends who were medical students at the time. But I have quite a few friends who are women physicians who are my peers. And I think that once they got into medical school, it may have been a hard just jump to get into medical school, which then had very few women compared to the 49% in the class now. But once they got there, they

were every bit as bright and accomplished as the men were. I mean, there are whole huge issues about career specialty selection and retention, and faculty progression, but at that time, you know, I don't have anything directly to compare it to.

ROSOLOWSKI: I wanted to ask a couple of questions, sort of more general questions at this point, and then we can kind of go back to the progress. I was wondering if you had any sense at that time that women brought some special qualities to psychology that men didn't. Or if -- and if your thoughts about that have changed in any way over the years?

GRITZ: Well, the program at UC San Diego was experimental psychology. It was not clinical psychology. So, we -- the topics we studied, cognitive psychology, social psychology, physiological psychology, were perception learning. Were not -- it wasn't the issue of do women bring more sensitivities to clinical areas than do men. I have to say that men clinical psychologists that I know, and are colleagues and friends with, are every bit as sensitive, intelligent and, you know, all the same. Because I think it's the psychology mentality, rather than the gender that determines whether one is good, and one's -- in that particular profession. And in the Miller behavioral styles

inventory, when I finally took it many, many years later, I apparently have the typical constellation of personality traits that a clinical psychologist has. Which is extroverted, nurturing, intuitive, feeling-oriented, and that's the opposite of the typical academic, who is introverted, sort of has a strong judgment component, less nurturing, and so it's a -- it was very, when I took it, I started laughing, because I said oh, that's why I'm a psychologist. Because I've got the profile. That's why I've always been drawn to the human and emotional side of things, as opposed to the cognitive specifically, or intellectual side.

ROSOLOWSKI: Now, you described your experiences in La Jolla as quote, "a real adventure." Perhaps you could elaborate on that a bit, and then talk about how that adventure lead to you taking some courses in clinical psychology, and opening up into that particular area?

GRITZ: So, I think that as I've alluded to earlier, my mother, who thought I was going to be an elementary school teacher, also didn't want me to become a clinical psychologist.

ROSOLOWSKI: Oh, why?

GRITZ: Because she had fears that dealing with unbalanced people, or people with mental disturbance, was threatening

or difficult, or it was like the concept of you're not going to be a doctor, well you shouldn't be dealing with those kinds of people. Whatever those kinds of people were, that wasn't a safe thing to do. So I was slowly but certainly -- but surely escaping from that orientation, and the fact that UCSD did not have a clinical program was unfortunate. Because by the time I was there, I of course could do anything I wanted to do, I was independent, I had my scholarship, my parents weren't supporting me at all. And so I kept yearning toward the clinical psychology. If I -- you know, I yearned toward medical school, I yearned toward clinical psychology, and it wasn't -- however, it wasn't possible at UCSD at that point to get a clinical psychology degree. So that's why I kept on with the physiology of the brain, because I thought OK, they're very intertwined. If you can understand neurotransmitters, if you can understand cognition, and learning, and memory, and learn about the structure of the emotions, [01:05:00] well that's very close to studying clinical psychology. And that's why I kept taking the medical school courses as well. Because it just enriched my general background. Now this adventure that you refer to, so here I was, all of 22 years old, having migrated across the country in my car with another student, and being completely and absolutely

independent, not across the Hudson River, but 3,000 miles away. And, you know, we didn't have email in those days, so you wrote letters to your parents, or you used the very expensive telephone, which we used very carefully and not that frequently. So here I was in paradise. I mean, La Jolla means "the jewel." And it is one of the most beautiful places in the United States, if not the world. I was able to get a bungalow four blocks from the ocean that I rented for the huge sum of $100 a month. And still stay financially independent, and every day swim in the ocean, or bicycle by the ocean -- and I've always been a water person. I guess I didn't mention that up until now. My father was a lifeguard, and my father was a marvelous athlete, and I inherited that more than my brother did, I inherited that love of doing athletic things, and physical expression, and being in the wilderness. And so, to be in La Jolla with the Pacific Ocean and Scrips Beach, and bodysurfing and the institutes, all of the biological institutes that were along the coast there as part of UCSD was just paradise. And so, I would say I was clinically hypo-manic for the first six months I was there. It was the most marvelous period of time in my entire life, every day I'd look out the window and say I can't believe I'm here. So, we of course had to go body surfing, we had to

go swimming. We had to go skiing, we had to hiking in the Mexican desert. I had to belong to the outing association, and that's why I said that it was a real awakening. And then I was also truly, independently, finally maturing emotionally as a woman. And getting to meet young men apart from -- totally apart from the setting of any parental contacts whatsoever. So I adored La Jolla, it was the best five years of my entire education. And it was a very vibrant, young, vital school. And still remains very near and dear to me.

ROSOLOWSKI: Tell me about the move -- so you got your PhD in 1971. And there was, if I'm -- a period of internship that you also did between '66 and '71 at the Veterans Administration?

GRITZ: No, no, no, that's the wrong dates. The internship was in the late '70s.

ROSOLOWSKI: Was in the late '70s? OK.

GRITZ: Yeah. I'll show you on my CV. We'll correct that, (inaudible).

ROSOLOWSKI: OK, OK.

GRITZ: OK, so I got my degree in June of '71, and another marvelous fork appeared in the road. Dr. Murray Jarvic, who was a famous psychiatrist and researcher in memory and learning, and drugs of abuse, had just moved his laboratory

from Albert Einstein Hospital in New York City to UCLA and the VA Medical Center in Los Angeles, West Los Angeles. And I think through Dr. Deutsch, and maybe Dr. Mandler or whoever was chair of the department at that point, he let people know he was looking around for a young scientist to come into his laboratory. So Murray came down to La Jolla, and I was running my dissertation animals, and we had a maze apparatus, and we had -- it was centrally run by a computer. So we had 10 mice in little mazes going around, doing their little studies, and you could run 10 subjects at once. And Dr. Jarvic thought this was the greatest thing he'd ever seen, he practically hired me on the spot. Because he was interested in memory and learning, here I had -- he knew the chemical ACH, and it was like a marriage made in heaven. So, I accepted the position. Again, I didn't look, never looked, he offered me the job, I said good. I mean, I want to do that. At the time, it's perfect. I'm graduating, and I didn't take a second off. I went right from the end of graduate school, moved up to LA, and started helping Dr. Jarvic start up his lab.

ROSOLOWSKI: So what was the position, the official position that you had?

GRITZ: It was -- what was it? We can look it up on my CV. [01:10:00] It came along with an assistant professorship

at UCLA in the research series. Which was not a very prestigious position, but it was the accompanying academic position, and the position was like, VA psychologist or something like that. But not clinical psychologist, research psychologist, it was probably a research psychologist position. And then, and there were several young women who Dr. Jarvic had also hired who were recent PhDs, and we worked together, and then there were some young men who were post-docs as well, and Dr. Jarvic then went back to New York for a year to close up his lab in New York. And so, we corresponded long-distance, and I basically started getting the lab ready for research. And that's how the career at UCLA and the VA started. And at that point, that was 1971, and so then Murray eventually came back, he came back a year later, and we started doing intensive research in memory and learning with people who were drug abusers. And who were on methadone maintenance and other drugs at the VA. And we published some studies in that, and then Murray had always had an interest in nicotine. He had worked at the Yerkes Primate Laboratory in Florida, and believe it or not, there were some monkeys who would take the cigarettes out of the hands of their keepers and puff on them. And Murray said, what in this smoke is interesting these monkeys? So Murray was the

first American scientist to take nicotine seriously. And so, while we were doing the drug abuse research, some of Murray's post-docs came out from Albert Einstein, and they'd been working with nicotine, and so Murray said to me, "Come on, let's work with nicotine too." And as I said, I knew nothing about smoking. I had not interest in smoking, but since I'd been working with drugs, and drugs that were reinforcers of behavior, why not? So just segued right into that, and actually nicotine and tobacco came to dominate our research. So we studied nicotine as a drug of -- a reinforcing drug. So why do people smoke? They smoke because there's nicotine in tobacco smoke, and it's a highly addictive drug. It's every bit as addictive as cocaine, and the opiates and the like, which was studied formally at several intermural laboratories at night at the National Institute of Drug Abuse. So, that was what we delved into, the very physiological and brain-oriented analysis of how nicotine reinforces smoking behavior, and if you increase the nicotine, or decrease the nicotine to people, titrate, and --

ROSOLOWSKI: What does that mean?

GRITZ: Well, to keep an optimal brain level. So, it's like some people need to be drinking coffee all day long, because they need a certain level of caffeine in their

brain. The same thing for smoking. And because nicotine has a very rapid half life, it turns around in your body and gets excreted very rapidly, or enters the bloodstream in six seconds after puffing, and then within an hour or two, it's down to a much lower level, that's why people keep smoking on regular intervals. So, none of this had been established. I mean, it was mostly considered that people smoked as a habit and liked it. Of course, the tobacco industry was sitting on lots of information to the contrary, but they didn't want to admit that in fact, as late as 1988, they were still not admitting that nicotine was addictive. So, it was very exciting and very fascinating, and Murray was a brilliant, brilliant psychiatrist. He passed away last May, and we had a marvelous Festschrift and memorial service for him on Halloween in October 30th of 2008. And brought back colleagues of his from 50 years of his life. It was a remarkable experience. So, he really -- Murray really shifted my career, and tremendously changed it and helped shape it. And he was a real mentor, and once again, he was very egalitarian. There were many women scientists who came through our lab, and he was another true mentor in helping me learn how to write grants, and what to do, and the like. So, but in 1975, I met my husband-to-be in

October of 1975 on a Sierra Club canoe trip. And he proposed to me on the very day we met, and that was a good solution to my problems in my social life. (laughter)

ROSOLOWSKI: And his name?

GRITZ: Right, [01:15:00] his name is Mickey. His formal name is Milton, Milton David Rosenhow, but he calls himself Mickey. Mickey Mouse. And so, while I didn't accept his proposal on the very day we met, we married six months to the day, from the day we met, so we'd be able to celebrate twice a year. And we're going to be married 33 years on April 25th, 2009. So that worked out wonderfully, it's been a wonderful marriage. So at that point, when Mickey and I got married, that was 1976, I then said -- well he said, well you know, I'm working as a vice president in management, and I'd really like to start my own consulting firm. And I said, I'd really like to go back to graduate school and take clinical psychology courses, and finally fulfill my dream of becoming a clinical psychologist and leave research, and become a clinician. This is truly what I thought I wanted to do. And so, I went first, I took -- Murray allowed me to cut down to half time, and I enrolled at University of Southern California, USC, because amazingly UCLA would not allow me to take clinical psychology classes formally, because I was a faculty

member. So, you couldn't be a faculty member and a student at the same time, it was out of the question. And so I said OK, I'll go to USC. So I went over to USC, and once again I interviewed with the faculty there, had to interview with every faculty member individually, and they said, "We have no part-time program, but we'll let you do this." So for two years, I joined a group of 22-year-olds. Which was wonderfully fascinating, because here I thought oh, this is awful, I'm old and I'm over the hill, and I -- you know, they're all bright young minds, and I won't be able to -- you know, I won't be able to keep up in the classes. And it turned out, of course, that was ridiculous, I probably knew how to study more efficiently, and was more mature and the like. But it was a wonderful two years to go back and redo some schooling, and have some -- again, some wonderful teachers and mentors there, and to really develop the appropriate academic approach to clinical psychology. Because a lot of people were just going out and doing it, and taking internships without the class work, and getting -- the licensing laws were different at that time, and you could sort of be grandfathered in. But I wanted the rigorous coursework, I wanted to learn it properly, because I didn't feel I knew

any of these things. And just doing an internship, I wasn't going to be able to learn them, so.

ROSOLOWSKI: What were some of the important experiences that you had that really shaped you for that clinical work?

GRITZ: Who knows? I really don't know, except that it was this driving desire to know more about people, and to understand how people's emotional structure functioned, and what determined personalities, and I just have always been fascinated by people. And by the human interaction element in people, and people's psychology. And I don't -- you know, I can't identify specific incidences, except that studying the more formal experimental psychology and research in that area just never was enough for me. So, I did the two years of coursework, and then came back and worked back at the VA. I never left the job, and I did -- that's when I did my internship. And the VA very kindly allowed me to do that, and -- which was also fascinating to go on locked wards, and to work with psychotic patients, and to work with Vietnam-era veterans whom the hospitals were full of in those times.

ROSOLOWSKI: And we're speaking here about the Veterans Administration Medical Center in Brentwood, Los Angeles.

GRITZ: Right, right. Well it's actually LA, but Brentwood was the name of it. Because there's another Brentwood,

California, in northern California. But this was West LA, the Veterans Administration, West LA. Known as Brentwood. And then the medical hospital on the south part of the campus was Wadsworth. So, and it was there that -- I mean the internship was wonderful, and I had a woman supervisor, I had a woman mentor as well, some male mentors, and it was also the beginning of the AIDS epidemic, and there were some really fascinating clinical experiences that I had. I had a very humble and valuable understanding and approach then to learning how complex mental illness is. [01:20:00] And --

ROSOLOWSKI: Can you tell me a couple of those experiences that were --

GRITZ: Well, the schizophrenic patients who were on locked wards were -- they were all on medication. But it didn't really correct their emotional and cognitive problems. And so, to try to understand how they saw the world, and to try to get into their understanding -- the way they functioned emotionally was just astounding, and just -- it was a world of difference. And then working with the veterans with PTSD and drug abuse-related problems was a very difficult experience, and in some senses, very frustrating because you really, it was very hard to make progress in what one would have considered progress, and helping people to

change their attitudes or their behaviors. It was a very -- the VA had a very difficult group of patients at that time. And there were some outpatients, now these were the inpatients. There were some outpatients who were wonderful to work with, who were men who didn't have as many financial resources, but were there with enough resources in their lives to be able to change their behavior, to gain some insight, to respond to cognitive behavioral techniques. So it was a marvelous exposure to mental disorders of many different types. Now it was all men, because it as a VA. But -- and there were no women at this particular VA. But it was still -- it was a wonderful exposure. And --

ROSOLOWSKI: How was that, working with the male patients? Did you ever encounter any difficulties because of being a woman?

GRITZ: I think that maybe some of the Vietnam vets would have liked to sort of hit on women is the term, but we were well schooled on how to keep boundaries and not respond, and to detect those kinds of interests, or invitations, and stay well away from them, yeah, yeah.

ROSOLOWSKI: Now when you were there, I -- were you working as part of a team with physicians?

GRITZ: Yes, of course.

ROSOLOWSKI: And how did -- what was the balance in terms of the other professionals there? I mean how many women doctors were there, and what was it like, you know, working in that kind of environment?

GRITZ: I think again, the vast majority of physicians were men. Because the patient population, and my own primary supervisor was a woman clinical psychologist.

ROSOLOWSKI: What was her name, do you recall?

GRITZ: I don't recall. And then, and she supervised me for about a year, and then I had another supervisor as well. And the internship program was not supervised by the physicians, it was supervised by the clinical psychologist, because the VA has a very formal and very well-known and outstanding level of clinical training program. It's a formal internship. And after that, I got my licensure, and thought about quitting, and going into clinical practice, because I loved it. But interestingly, remember I had gotten my PhD in 1971, this was 1979, all of the entry-level jobs I applied for in places like Kaiser Permanente and other counseling organizations, they said well, you've had your PhD eight years, but yet you're just starting out, this doesn't make sense to us. So they didn't offer me the job. So ironically, I stayed. And I then started developing interests in the more social and emotional

aspects, the psychosocial aspects of smoking, as you referred to it earlier. And it was probably an extremely good segue into that. I took a family therapy -- I won't say internship, but some kind of a program at UCLA with a psychiatrist, Fred Gottlieb, who was very well known in the psychotherapy family therapy techniques. Particular interest in Salvador Menuchen, the very famous family therapist. And Menuchen would come out from time to time, and give us dramatic demonstrations of his very confrontational types of techniques with patients. And that was a wonderful internship, because they were a very interesting group of people. And we would work with families, not individuals, families. Because in family therapy, the philosophy is that there's one person who's the identified patient, but the entire family really is involved [01:25:00] in the dynamics, and you can't change one person without dealing with the entire family. And it was focused a lot on children, but also on marital relationships and the like. So I loved that. And then I was able to start a private practice after hours, where I did a little bit -- like about a half a day a week. So I always was able to keep -- well, things changed over time, but we're not there yet chronologically. I can't -- let me simply say that the entire time I was at UCLA, I kept up my

clinical activity. And it changed in terms of the types of patients, but I always adored it. It always seemed to me the freshest, the richest, the deepest, the most affecting part of everything I did, even though I loved grants and research and publications, this was somehow personally extremely meaningful.

ROSOLOWSKI: Would you like to take a break?

GRITZ: Yes. I'd like to bite a bagel.

END OF AUDIO FILE

[00:00]

ROSOLOWSKI: All right. And we are now recording, and this is file number 4, I had that correct. OK. Well we were talking about the clinical scenario in which you were working, and I had a few questions that I just wanted to get on record about that. You were mentioning that you were in really a male-dominated situation there. And I was wondering if you, at that point, or even previously, felt you had to develop specific strategies in order to succeed in that environment, in interacting with men.

GRITZ: I think my major coping strategy or success strategy was always trying to be the best I could at what I did, and that I was not at all politically sophisticated. And probably just tried to meet men or women on the intellectual plane, and in collegial relationships or subordinate relationships, whatever they were. But ignoring the gender factors. I just -- either I wasn't as aware of them, or I accepted the predominant psyche that males were usually hierarchically in more leadership roles than women were. Now Murray Jarvic was not like that at all, and his wife Lissy Jarvic, who survives him, his widow, is a very famous geriatrician. And a very strong

woman in her own right. So it was always wonderful to know her, because they had a very egalitarian relationship, and she had women PhDs who were my friends and colleagues who were in parallel positions, doing research with her in geriatric medicine. So I think that my primary mentor in those years at the VA was an egalitarian man.

ROSOLOWSKI: Now, a couple of questions that flow from that. Looking back, do you see that the expectations of you from others were different, perhaps higher than they were of men who were at your level of employment?

GRITZ: No. I actually don't feel that way. In -- so after I completed my licensure, and was continuing to work with Murray, I had this wonderful opportunity in my life, another fork in the road, where through colleagues in tobacco and smoking, I was invited to write the behavioral sections of the first Surgeon General's report on women and smoking.

ROSOLOWSKI: Who invited you to do that?

GRITZ: It was the Office on Smoking and Health, which was in DHHS at that time. And the particular individual was Dr. David Burns, who's a pulmonologist who was actually a faculty member at UC San Diego. And he drove up from San Diego in an evening to take me out to dinner, not me and my husband, but just me, and talk me into basically writing

this behavioral section. And I truly did not know anything about the Surgeon General's reports, I didn't know anything about the office on smoking and health. But I had been doing all of this research on nicotine as a reinforcing agent, and smoking cessation agents, and I was -- and I guess I'd published some already on gender differences, and I was very interested in the topic of women smoking behavior.

ROSOLOWSKI: Why?

GRITZ: And -- excuse me?

ROSOLOWSKI: Why were you specifically interested in that?

GRITZ: Because gender differences was an interesting scientific challenge as well. I mean, whether these were biologically or socially based, or what the population data were. Because remember, I had not had any formal training in epidemiology, or just -- I had really a straight psychology and experimental psychology background. So this was a whole new world to me, to learn about classes of behavior. And I also had finished the clinical psychology work, where of course we learned about gender associations in mental illness, and a variety of disorders. So I just thought it was fascinating. And I think I was also looking at some data that had to do with women and smoking, and

differences in initiation, and differences in cessation. So I was very interested in doing this, and --

ROSOLOWSKI: Can I ask one other question? Because, you know, as I kind of remember this period, there was a lot of information coming out about how most medical studies and psychological studies focused pretty much exclusively on men, and as a result of the women's movement, there was more of a push to get data about women. Was that part of what was going on at the time?

GRITZ: Well, that and also, I think that's an excellent point, [05:00] and also that women were starting to get the diseases that men had from smoking. So, women's lung cancer rates were starting to rise, because women's smoking rates had started to go up 20 years after men, so women started smoking --

ROSOLOWSKI: Yeah, I remember the Virginia Slim --

GRITZ: Right.

ROSOLOWSKI: -- "You've come a long way, baby" ads.

GRITZ: Right, exactly. And I'll be showing some slides on that tomorrow when I give my talk. So women were being targeted, and that was very interesting to see how that was changing young girls reactions to smoking, and desire to smoke, and picking up the addictive behavior as well as the

difficulties women had in quitting smoking, social difficulties, weight-related difficulties, and the like.

ROSOLOWSKI: Now you were talking about how you were invited in ’79 to write this behavioral section. What effect did that opportunity have on your career?

GRITZ: Well it really changed my career dramatically. Because I was invited to Washington to meet the office on smoking and health personnel, the director of the office, the scientists who are working there. And Dr. Burns has become a lifelong friend. And so, after I wrote that chapter, which I think it took me a whole summer, I’m not quite certain, it was really -- I did it entirely on my own, it was like a seminal review of the literature, and it became two chapters actually in the Surgeon General’s report, a chapter on initiation, and a chapter on cessation, which really set decades of research into motion in terms of the challenges that were raised, the areas we knew about, the areas we didn’t know about, which were much more than what we did. And I was invited by the personnel at the office on smoking and health to become a consultant to the Surgeon General. And so, for about 10 years after that, I was on the team that were the editors of the annual report of the Surgeon General on many, many different topics related to tobacco. And so I would always be

involved in editing or consulting on not necessarily writing chapters for that report, and got to know a phenomenal group of physicians and epidemiologists, and scientists in Washington, and later when they moved to Atlanta, and moved onto the CDC.

ROSOLOWSKI: So this is really a period in which you began to work very, very collaboratively with people in other disciplines.

GRITZ: And also in which I started to make national connections. It wasn't just UCLA, I started --

ROSOLOWSKI: And have a national profile in a whole new way.

GRITZ: Yeah, yeah, exactly. And that opened up every door in the world to me, the NIH, the NCI, the National Institute on Drug Abuse, and again it was not done intentionally. It just happened, and because I worked so hard to make it as good as I could make it, the doors kept opening.

ROSOLOWSKI: Now a question I've been wanting to ask is about this issue of collaboration, and what really were, this particular snapshot of your career, how was collaborative work amongst these various disciplines viewed? I mean, was it something that was already well established, I mean were you forging this? Tell me about that whole process.

GRITZ: Well I think I can tell you about it best through really the experiences that I had. When we were working in

nicotine and its addictive mechanisms, a lot of the work was with psychologists and people who worked in the laboratory to look at some of the neurophysiological aspects. It wasn't in a sense -- it wasn't purposefully cross-disciplinary. Now it is much more. But when I started working in chronically ill populations, that's when the collaborations became really central. So, when I was at UCLA and I became very interested in why did individuals who have cancer, why did they continue to smoke, and why weren't they able to stop smoking? Of course, we were targeting clinical populations, and the first population that I worked with were people with head and neck cancer. And these were of course physicians who took care of them, and surgeons and radiotherapists, and maxillofacial prosthodontists, who are the dentists who do all of the incredibly important oral work and dental work with patients with head and neck cancers. And I wrote a grant to do a smoking cessation intervention, it was the first one funded [10:00] of its kind with head and neck cancer patients. And my collaborators were all physicians besides the psychological half of the team. And what we did was, we developed a tailored and targeted smoking cessation intervention for these patients that we taught to the physicians, and we made them do it. We -- they were the

ones who delivered the intervention when we were the data collectors and their support, we kept teaching it and reteaching them. And so they were our peers. And it was because of that, that I was invited to become much more deeply involved with the department of head and neck surgery, division of head and neck surgery in the UCLA department of surgery.

ROSOLOWSKI: Now how did that interface work? How did the physicians first receive you as psychologists, and the team of psychologists coming in, and also how did they receive you as a woman? I mean there are kind of two bridges being built there.

GRITZ: Well it's a -- that's another interesting question. Surgery departments are very male-dominated. And there were a couple of young women surgeons, they were not leaders in the department, they were young women coming up. And I really came in through another clinical psychologist that I knew who did therapy with the cancer patients. And so he had some kind of an adjunct, or appointment, and he introduced me to the physician who was the -- Dr. Paul Ward, who was the chair of the department, and several other physicians who were potentially interested in this research study. And head and neck surgeons know all about the horrors of what smoking does, because tobacco, and

tobacco and alcohol use combined are the causal factors that lead to squamous cell carcinomas of the head and neck, which are terrible, terrible cancers. And most famously, in the old days, lead to laryngectomies, where people lost their voices and had to speak through electronic -- or electric instruments, and/or couldn't speak at all. And so, these were very dreaded cancers. And they're also cancers that often happen to people in lower socioeconomic classes, because the combination of tobacco and alcohol resides most heavily, the lower end of the SES spectrum, and so they were considered difficult patients to work with, and not highly motivated when in reality, that wasn't true at all. It was just the assumptions that they were not compliant, and the like. So, I saw this as a real challenge, and you know, even though I never went to medical school, I had an endless fascination with working with physicians. And I licked my chops, so to speak, at the opportunity to do a collaborative research project with a whole department of surgeons.

ROSOLOWSKI: What was it about that that attracted you?

GRITZ: Well I think, you know, it's always -- I think I always secretly still wanted to become a doctor. So I could work with doctors, really doctors. You know, that was a great pleasure and a great accomplishment. A much

greater accomplishment than working with psychologists. I mean, who were my true peers. So, I ended up attending all the grand rounds, presentations, and commenting, and eventually, which we'll get to in the chronology, I became a full professor in the -- in that department. The department of surgery, division of head and neck surgery, and they said I could call myself an otolaryngologist, which I thought was wonderful, because I certainly an otolaryngologist, nor would I ever dare call myself that. But, you know, I was professor of otolaryngology. And that went on for five years. And I mean, I had the grant, I had the -- I started the grant in 1986, and I got the faculty position, switched my department from psychiatry into surgery in 1988, and was there as a full faculty member for five years. Which I loved, I loved every minute of it. And I felt highly respected and highly valued, and as I said, every -- in those days, we did live grand rounds presentations, where we -- the patients were presented, there were very formal aspects. Every member of the team made a presentation on the case, and so I would often make presentations on psychological aspects of the case.

ROSOLOWSKI: Can I -- oh, I'm sorry.

GRITZ: And I also worked some, because I mentioned that I kept my clinical practice up, and I was able to incorporate

it into my job at UCLA with transplant patients. Which is another fascinating experience, though that's directly with physicians as well. Because these individuals are waiting for heart, or lung, or other organ transplants, and they're still smoking. And the physicians don't dare to transplant them until they stop, because smoking reduces their immune function, and of course it has terrible effects on the respiratory and the cardiac [15:00] system, so it's one of the rules of transplantation, you don't transplant a patient who's still smoking. And so, I got to work clinically with some of the sickest people I'd ever met. And the fascinating aspects of their continuing addiction to nicotine.

ROSOLOWSKI: I picked up on the fact that when you started this collaboration with the physicians in head and neck surgery, there were a couple of junior women surgeons. And this was an opportunity for you to see how women in another department were treated, whereas you hadn't had that opportunity earlier. Did you notice differences in the way the women surgeons related to their male superiors or peers, differences between the relationships that you had with men in your own department?

GRITZ: I think really, it was more that they were more junior. And at that time, I was far more senior. So it

was again a rank relationship, more than a gender difference. But I do know that women have had harder times in surgical departments being promoted, getting tenure. Often because they will have children, and they have families. And I have vague memories of conversations about that, that it was very difficult to have a full academic career and a full medical career, and be a mother. Even when -- a married mother but, you know, it was the women who always ended up doing the lion's share of the childcare activities. And one of my very dearest surgeon friends in that department ended up marrying relatively late in his life, the first time, and his wife was an older -- well she was a surgeon in the same department, but older in terms of maternal age, and they have had two children at relatively late ages, and he loves it now. Never thought that it would be possible, but he adores it, and it's like rejuvenated. And then she's a wonderful, fabulous woman, and I have to hand it to her, to be able to do that.

ROSOLOWSKI: To do everything.

GRITZ: Yeah.

ROSOLOWSKI: Yeah. I have some notes here that in -- I think it was about 1979, when you got this opportunity to write the behavioral section of the Surgeon General's report, that you wanted to change your relationship with UCLA, is

that correct timing? Could you explain why and how you ended up doing that?

GRITZ: Yes. So there was a wonderful psychologist named Joe Cullen who had been at the National Cancer Institute, well actually maybe that's not true. I don't recall where Joe came from. I think it was the National Cancer Institute, and he came to UCLA to be the director of cancer prevention and control in the UCLA Johnson Comprehensive Cancer Center. And as I said, I had a research series appointment in psychiatry at that time, which was really almost like an adjunct, where there was relatively little that went on in terms of the academic life at UCLA, much more I was based at the VA doing the things I was doing there. But I still had this appointment. And Joe had been very impressed with the dangers of tobacco and nicotine and lung cancer, and all of the opportunities for smoking cessation, and dealing with smoking initiation. And so Joe invited me to become associated with the Johnson Comprehensive Cancer Center. And first, I started out as director of the research program, they didn't even have a research program in cancer prevention and control. I think that was 1981, he asked me to take on this formal role and to begin working with a cancer center in what was cancer control, which is the continuum all the way from primary prevention to dealing

with cancer patients and survivors, and end of life. And where a lot of people in psychology and public health and behavioral medicine end up working in cancer centers, in that area, cancer control. And so, that fit perfectly with what was happening with the Surgeon General's office, and with various offers now and invitations to serve on NIH committees, and NCI committees, and so I said I'd be happy to, and Murray was very happy for me to do that. And I think I started out at 50%. And Joe encouraged me to think about coming on full-time at UCLA, and finally giving up my VA affiliation. And another life changing event that happened around then was that in 1981, my husband was diagnosed with testicular cancer. Which came out of the blue, totally out of the blue, and thank God, he had a very sensitive and intelligent internist [20:00] who recognized this not just as an infection, but as a potentially very serious disease, and referred him immediately to a urologist, and the diagnosis was made almost instantaneously, and then started in 1981 six months of what I would describe as pure hell in our lives as he went through multiple surgeries and chemotherapy, but was cured because Larry Einhorn, the very famous oncologist at the University of Indiana had developed what was called the Einhorn Regimen of [cis-platinum bleomiasin and

vinblastine?], which was a combination of very powerful drugs that cured testicular cancer instead, where it formerly had a mortality rate of 90%. It turned into a 95% plus cure rate, long-term cure. So, the medical oncologist who treated my husband, this was in the community, recall my brother is a radiologist, or is a physician who became a radiologist, and worked in Los Angeles, lived and worked in Los Angeles too, and we sought out care through him rather than through UCLA. And the fabulous medical oncologist who cared for my husband knew Dr. Einhorn, and called him up and said "Larry, what do I do with this patient?" And Dr. Einhorn told him exactly what to do, and it was a curative experience. Well, that again changed my life forever, because that was when I learned about the world of the psychodynamics of cancer. And the tremendous impact, remember I was a family therapist too, not only on the patient but on the entire family, and I volunteered to run patient family groups in the community hospital where my husband had been treated, and I did that for about eight years, I volunteered my time once a week, I ran a group. And anyone who came, anyone who wanted to could come, and it was a way I had of giving back to the community, and also in thankfulness for my husband's life. And that was when, of course, I started becoming far more interested in

the psychosocial aspects of cancer. Not just nicotine as an addicting drug, and it leading to tobacco-related diseases, but how cancer affected the patient, the family, the survivorship experience, and I met some colleagues at UCLA in psychiatry who were also deeply interested in that. And we got very -- I think one of the very first grants given by the American Cancer Society on testicular cancer, on a prospective study of testicular cancer, of couples and psychological issues, and survivorship. I think it was probably one of the first survivorship studies done. And we then went on to do other studies in breast cancer, and he -- this colleague, Dr. David Wellisch at UCLA is a psychologist, the chief psychologist in the department of psychiatry. And interestingly, that's how I got to know some of the psychiatrists better who I'd never known before, through my collaboration with David.

ROSOLOWSKI: Interesting.

GRITZ: Who remains there in that position to this day.

ROSOLOWSKI: I'm sorry, could you repeat his name?

GRITZ: David Wellisch. W-E-L-L-I-S-C-H.

ROSOLOWSKI: Could we back up just a second to that time, that six month period, and you know, I was wondering if you could say as much as you'd be comfortable telling about, you know, what your experience was and how the experience

of caring for someone that you love, who's so ill, had an impact on your professional life and, you know, those -- some of those specific instances that helped you understand how people would be in need in families?

GRITZ: Well, it was the spring and summer of 1981. And it came like a bolt out of the blue, to go from perfectly healthy to suddenly having major surgery, and having two major surgeries in a very short time. And then, followed by several months of chemotherapy. And it's the experience reported by many cancer patients. You go from being totally healthy to being totally ill and having tremendously difficult medical procedures, and life threatening ones, and the fear and anxiety that dominate your life is phenomenal. And, you know, I had tremendous respect for the medical professionals, the physicians of whom really treated me like an equal. Again, you know, I -- one of my ways of coping was to learn everything there was to know about this disease. And it may be amusing, [25:00] I mean it would be terrible to say this, but I remember when my husband was in the ICU, in the surgical recovery unit after the second surgery, reading *Gray's Anatomy*, and understanding all parts of the body, because I didn't even know the names of these surgeries, these procedures. Retroperitoneal [infadonectomy?] that my

husband had, which was basically a surgery done to clear out the lymph nodes, so that there would be no spread of the disease. Because they had no way of detecting really if the disease had spread. And fortunately it had not, or there was just a very tiny evidence of that, which lead to the chemotherapy. But they were very thorough, let's put it that way. And that's probably why he was cured. But he was terribly ill. And Joe Cullen, who's now deceased, so may he rest in peace, as we say in Judaism, said take all the time you need. Don't come to the office, take all the time you need, just do what you need to do. And so, I was able to self-regulate my life in terms of being at UCLA when I needed to be there, and being in the hospital with my husband, or at home with my husband, when I needed to be there. And we never hired any nursing care or anything of that sort, I just did it myself, and I also, I mentioned I love the water, but I've been a lifelong swimmer. And the UCLA rec center, which is a magnificent facility with a 50 meter pool, was one of my escape valves. And I would go to the pool, and I would swim and I never told anyone at the pool about my husband's illness. Now it seems very bizarre, but I bounded it off, because I didn't want anyone asking me all the time. Because I really felt this was an illness that was not well known, it was before Lance

Armstrong. I mean Lance Armstrong has put testicular cancer on the world map. And beforehand, it's a rare disease, a rare disease for a man who was in early middle age to get, it's usually a disease of men in their twenties and thirties. So, I felt once I had learned everything there was to learn, that I had to reassure people and explain to them, so that was my role 90% of the time, and then I had my swimming pool, where -- and I don't think I could do this today. Today, everyone would know. I mean, because I don't know what it was, I needed to have a bounded off part of me that -- because it was so overwhelming. Now, I live in the world of cancer, and there's nothing in cancer that shocks me anymore. I mean, there are things in cancer that are tragic and terrible, but it doesn't -- nothing that will come out of you, you know, and blast your world apart in the same way. But it worked. And my brother, also living in Los Angeles, and being a physician, working directly with the physicians who were caring for my husband, was very reassuring and very comforting as well. And so, I think that was like an implosive entry into the field. And does that answer the question?

ROSOLOWSKI: Yes it does, very well. Thank you, I mean I can really see how all of the dimensions of that experience

would lead to you wanting to give back in that particular way. Not only with the volunteer work, but in changing your career towards treatment of sort of entire social systems.

GRITZ: And also, interestingly I never abandoned nicotine and smoking. I just added this whole other field of psychosocial oncology onto it. And so, when David and I did the research, it was fascinating for us to learn, in the study we did, how other couples had coped, and the experiences of other people in their lives, and how they dealt with the specific disease, and then there had been breast cancer in his family, and so he wanted to do a very similar thing with breast cancer, and we did. We did studies of mothers and daughters.

ROSOLOWSKI: Was there any way in which the new insights that you had into the psychosocial dimensions of cancer influenced your work on tobacco?

GRITZ: Well yes, because I saw the critical importance of the spouse and the family in dealing with, in a cancer patient, the issue of smoking. And in healthy individuals in social support. And how we were just learning at that time how spouses can facilitate cessation, or they can be negative influence, as a nag. Or if, you know, someone’s having a real hard time with quitting, oh just take the cigarette, I

can’t stand you like that, you know, you’re just so impossible to get along with, just smoke again. So, and the same thing of course with teenagers, and initiation, the role of the parents, the role of the peers. [30:00] And so, and even today, faculty in my department here are studying the role of the spouse in lung cancer, how is the relationship affected? How are intimate relationships affected, and how are cooperative relationships? And there have been -- you know, there have been a lot of studies on gender issues in this as well, whether widows cope better than widowers, and do spouses die after -- does the second spouse die after a first spouse does? And, you know, a variety of very interesting gender studies which are way beyond anything I’ve ever done, but are wonderful to learn about.

ROSOLOWSKI: Do you notice differences, I mean as we talk now in 2009, are there differences in the way that physicians collaborate with psychologists and psychiatrists than there were when you first began in the ’70s and early ’80s?

GRITZ: I think the answer has to be yes. Here at MD Anderson, my entire department is staffed with faculty, are all psychologists or public health professionals, and we have two psychiatrists. And we -- when we do our research, our collaborators are primarily physicians, when we work

with human populations, and when we do lab studies, they're basic scientists. And so, once you get past the barrier of convincing a physician that behavior is important, either in initiating cancer or in coping with it, then the skills that you as a psychologist brings in terms of assessment, in terms of the understanding of behavior, in terms of motivation, in terms of therapeutic intervention, study of outcomes, and different kinds of outcomes than the physician might be focusing on are very highly valued. And the government now values quality of life research more than it did in the past. I mean, the whole -- and the FDA, quality of life, effects of drugs in clinical trials on quality of life must be studied, it's mandated to study them. So, formerly it was sort of a bother. I mean, is it hard for somebody to deal with such a drug? Does it have terrible side effects? Does it affect the way they feel? Does it affect their ability to function? Does it affect their emotional, social, sexual functioning? Things like that in the past were not considered important outcomes, only whether someone lived or died, and how long, and whether there were very toxic side effects. Now, quality of life is an important outcome. I don't know if it still has -- if it yet has fully as important as the medical outcomes, but it must be measured.

ROSOLOWSKI: Now we're in the domain of the clinical now, and I had previously asked you the question, if women had something special to bring to the field of psychology, and you had said well in the research domain, no, but now we're in the clinical domain, and I'm wondering if your answer would be different.

GRITZ: Boy, that's so hard to say. I'll tell you that most of my faculty are women who do the clinical collaborations. But there are certainly some very gifted -- and I don't, when I go out looking for a faculty member, I don't go out searching for a woman or a man, I go out searching for the best that there is. But, and I don't actually know the national statistics of what percent of the American Psychological Association are women versus men. And I don't want to make any kind of biased statements that women are differentially more sensitive, or more compassionate, or more sensitive. It's -- I don't, it's hard, you know, it's very difficult to answer that directly. I think that women are often considered more likely to be intuitive and to emphasize the social more than the intellectual and the individual. But that's skating on thin ice, because that hasn't been an area of study of mine.

ROSOLOWSKI: Well that's fair enough. Let me put the question a bit differently. I mean, actually ask a different

question, which is when you talked about how important it was in dealing with physicians, and I imagine also with your first experience, in dealing with the surgeons in this collaborative role of convincing them, persuading them of the value of what you had to bring. And I'm wondering what you consider -- what gifts that you, as an individual have [35:00] that enabled you to make the case compellingly. And here, I'm not speaking as a woman versus a man, but just you as an individual, what are the gifts that enabled you to make that case?

GRITZ: Yeah, another interesting question. I think one of the things I learned from one of my clinical psychology mentors in doing therapy was the term say it in a way that they can hear you. So, what that means is if you have two spouses fighting with each other terribly, and they're shouting accusations at each other, each one of which may actually have grains of behavioral truth in them, but they're saying it in such an accusatory, negative, and horrendous way, and you say to them, Joe, say that to Anne in a way that she can hear you. Which means strip it away of the affect and the confrontation, and the anger, and the rage, and the hurt. And say it in a way that somebody can just hear what the problem is, and how they can participate in solving it. That I've really taken to -- as a lesson

for my whole life. So when I go to present to physicians who don't speak the behavioral and psychological language, I will try to introduce the topic with the appropriate relevant medical information, with why the problem is important to them and their patient populations, with explaining any jargon that I might have to use in lay language, or language that they would understand. And in trying to make an offer that would be a mutually productive offer. And so, say it in a way that they can hear you applies to your colleagues and your superiors as -- and also, your junior faculty. In other words, non-threatening, in a way that's an invitation for something that'll benefit all of us. And I think that's probably the way I try to go about it.

ROSOLOWSKI: You mention that this was a lesson that you learned from a mentor, and you've mentioned a number of mentors along the way. I'm wondering if you could talk a little bit about some of the qualities that these individuals had in common. I mean, what was it that they really offered you that helped you? And was there anything along the way that you felt you didn't get, that would have been helpful from a mentor?

GRITZ: Well, I think when I first came to UCLA, and of course I'd had Dr. Jarvic's mentorship in learning about how to do

science in humans. And I'd been doing science in animals up until then, and Murray was the most non-threatening human being imaginable, and like an elf, and very elfish sense of humor, and we had a tremendous amount of fun together. Definitely not a hierarchical personality, and Joe Cullen, as I mentioned, who was a psychologist, acted like he hated psychology. (laughter) He was a psychologist in physician's mental garb. Because it was -- and then it was always so funny, when we'd bring him back to topics of psychology, and he'd have to admit that we had a point there. So he was a wonderful mentor in terms of learning about the National Cancer Institute in terms of learning about national leadership, and he's a very strong leader. He was very confrontational when he had to be, and I was able to observe that and maybe learn some things about standing up for yourself when I had honestly, in areas where challenge was involved, usually didn't stand up for myself. So after Joe left, Joe was only there a few years, and then he went back to the National Cancer Institute, where he became a branch director for Dr. Peter Greenwald at National Cancer Institute. Dr. Lester Breslow and Helene Brown became co-directors. And now Lester was -- is one of the great men of public health in the United States. Very, very famous, and I don't recall his age at

the time, but he was quite senior at the time. And Helene Brown was a master's level individual who had been a great leader in the American Cancer Society, and a great community influence, an influence on national level, state, and city level, just a mover and a shaker. But one of the warmest, and here this was clearly a feminine influence, [40:00] one of the warmest, gentlest, loveliest people, but who could also stand up and pound a few if you needed to people that I had ever met. And they kept -- they were co-directors of that cancer control program for two years, and then I became the full director, I succeeded them. But Helene taught me about the genuine importance of showing warmth and interest in the lives of your coworkers, in the lives of your staff, in retaining those qualities of being a clinical psychologist and being a person that are so important in interpersonal relationships, and of generosity. And Helene would stop at everybody's office along the hall, just about every day, "Ellen, how are you today? Tell me what's going on in your life." Now that takes time, and when you have 100 people, it takes too much time. But I mean, that was the kind of example that she set to show interest, that people are not cogs in your machine. Each of them is a valuable contributor, and a valuable person in and of themselves. And when problems

arose, she was there to sit with you, and to hear about them, and to help solve them. And she taught me that dimension, which is a critical important dimension of leadership. And I'm still eternally grateful to her for it. And Lester was the great public health figure, but he was more in the traditional line. But he said to me, "Ellen I always hire people smarter than I am. And that shows well on me, and will build your organization." And that was absolutely right. So I always try to hire people smarter than I am, which isn't that hard.

(laughter)

GRITZ: So I valued their mentorship greatly, and then I succeeded into the position in 1986 of being director of cancer prevention and control at UCLA, which I held until I left in 1993. And there, I was playing in the big leagues of the cancer center with many, many physicians, and both clinicians and basic scientists, and so PhD and MD. And where the struggle was, not really as a woman, it was to represent cancer control and the behavioral aspects of cancer research as being critical and important in cancer itself.

ROSOLOWSKI: Let me backtrack just a moment and go to a moment when you really did have to stand up for yourself. Which was when you learned that there were certain discrepancies

between where you were in your academic career, and how you were being compensated, and those of your peers. And maybe you could tell that story.

GRITZ: Sure, sure.

ROSOLOWSKI: What year was this, by the way?

GRITZ: Well, I think it really happened in -- when I came over to the UCLA Cancer Center in 1984. Because I was -- I believe I was still classified as a research psychologist at the VA, and the VA has grades, and they're very -- pretty bureaucratically governed, what progresses from one grade to another, and I probably was paid very fairly over there. But since I mentioned that my appointment was as a research psychologist at UCLA, and the research series, it is not a well-paid series. And I had never been terribly financially oriented in my life. I mean money was not -- money was good to have, and it helped you have what you wanted to live comfortably, but it wasn't a primary goal in my life. And since Mickey and I had been married since 1976, and he had worked in the corporate world, and then began his own consulting business, both of us felt very comfortable in what we were bringing in, and I didn't feel that there was anything amiss. And when I noticed that when I came onto the UCLA faculty full-time, my staff -- sorry, my series didn't change. I was still in the

research series. So not being paid very much. But then again, you know, life was not so difficult. We weren't out on the streets starving. And so, I didn't say much about it. But over time, when I started reviewing grants and learning what my peers were making, because this is something you did not discuss. You didn't go around asking people what they made, records were not open, records were private, you couldn't go to the library and look up people's salaries the way you can now. And there were no national statistics that really fit, because I wasn't in an academic department on a teaching job. So somewhere [45:00] in the mid-1980s, I started noticing that I was probably making significantly less than some of my colleagues. And I finally got the courage to ask a couple of colleagues who were elsewhere in the country, and learned to my considerable shock that I was making significantly maybe half of my salary less than -- 50% less than some of my colleagues, who were equally senior. And I had always brought in lots of grant money, and had a very strong CV, but here I was in this research series. And so, I tried -- I went up for promotion, and I wasn't promoted to associate professor the first time. And that was actually probably earlier than '86, but I was shocked because whatever the critique came back, it didn't

recognize my own accomplishments. And that was in psychiatry at UCLA. And I don't know whether that was because I didn't know the people very well, I didn't interact in the faculty, I was busy at the cancer center, I really didn't do anything in psychiatry of any real impact, or intenseness. But I was so distraught about that, that instead of protesting it, I just waited two years and went up again. And there was no guidance, there was no mentoring, there was nothing. It was like, well, you know, you sort of got this review that said you weren't good enough, try again in a while. And the second time I tried, two years later, I did get promoted. But still in the research series, and so with still really no significant impact on my salary. So after this colleague said to me you're making way too little, I started looking around for jobs. And the first time I'd ever put myself on the job market. Now there's a big gender difference, men move very often. Men move every five years or so when they're young to improve their career, and their families go along with them. It's a significant difference to recruiting men and women. Women often will not move, because they can't move their families. And because a job would have to be gotten for their husband, which is too much for the institution to cope with. And so, we've learned that at Anderson about

the significant difference between recruiting male and female faculty. And I was offered an outstanding position at UC San Diego, back where I had started out my career in the cancer center, as the director of cancer prevention and control, the very job I had at UCLA. And I was all excited about moving back to La Jolla. And then, I presented that offer to UCLA, and they said oh, well we can change things. No, you know, that's not a big deal. Oh, you're being underpaid? Your series is not the right series? We'll make you a counteroffer. And that's how it happened. Dr. Ward, that magnificent chair of surgery, of head and neck surgery, said, "I have women in my department, I have psychologists in my department, you do good research, I want you in my department." Not psychiatry, but head and neck surgery. So, Paul Ward offered me the position. And my salary jumped very significantly at that point. And still, with some wistful sadness, I turned down the position at UC San Diego, because my husband wasn't -- it wasn't really a business thing, he wasn't all that eager to live in La Jolla, which is a smaller town, it didn't have as much culture and as many business opportunities and the like. I mean, if UCLA had not done that, made the counteroffer, we would definitely have moved. But we both decided that we had -- that it was professionally better

for us. And we had lots of wonderful friends. So we stayed. And then five years later, I began to notice the same kind of drift happening again, that I -- well, for one thing, I had never had the equivalent of an FTE, of an institutionally supported position. Even when I was promoted to professor in 1988, and was -- had what was called an in-residence position, the university had a finite number of state supported positions, and those had been given out long ago, mostly to physicians. And it wasn't in the school of public health, it was in the medical school. So, you basically still had to bring in 100% of your own salary. So there was I still from 1971 to 1992 or so, having brought in 100% of my own salary, and supporting a research group of 100 people. And I was tired, [50:00] I was burnt out of doing that. And so, it was right at that time in 1992 that MD Anderson came along and said we'd like you to come here, and to establish the department of behavioral science. We will give you a full-size academic department with institutional funds and you will be a full professor, and we'll give you an endowed position. And I mean, this was like manna falling from heaven. And I'd also applied elsewhere, there was another position at Harvard, but that was not going to be nearly as attractive. And I really didn't want to go and live in

Boston, where I'd freeze to death. And so, that was when Mickey and I decided to move here.

ROSOLOWSKI: Let me go back, because a phrase came to mind when you were talking about being burned out. And the phrase that came into my mind was senior woman burnout. And I'm wondering if you think that was it, that you had taken on -- because you talked about how, when -- after the experience of your husband's battle with cancer, you added a whole new dimension of research to what you were already doing. And I'm wondering if you see that as being in line with what other women do, that they tend to add, and add, and add, and add, instead of readjusting priorities so that they can kind of narrow their energies, and anyways, you understand the question I'm asking.

GRITZ: Yeah. I don't think it was that, because I've always loved my work. And I've always dived into it head-on, and full throttle. I can never do anything at half pace. So it wasn't so much that as the burnout associated with keeping a very large group funded on -- and writing grants endlessly, endlessly writing grants, and never sort of being able to say oh, I got a grant, now I can spend two years doing the research, you know, and just purely burying myself in the data. It was endlessly being responsible for the large group, 100% of your salary is a lot to support.

So you always have to have several grants in the air. And then, the lack of support from the institution, basically having almost no money or positions that we were given to run the operation. And it just got very wearing after a while. And so I was looking for something that would at least give me a chance to have some support, and to start out fresh. And that would honestly recognize the value of behavioral science in a structural way.

ROSOLOWSKI: We have just a few moments left before four o'clock, and I don't want to -- I want to be attentive to your time. So would you like to stop now, or would you like me to ask one more question to go up to four o'clock, or?

GRITZ: Yeah, go ahead, ask me the question.

ROSOLOWSKI: OK. (laughter) Well, I'd like to ask you about feminism. Because certainly the women's movement was very heated up in the time when you were coming into professional life. And I'm wondering what your relationship was with the movement then, and how you see it now.

GRITZ: I was very fascinated by feminism, because I was raised, as I mentioned, in a very traditional mindset. And I went fully along with it. I wore heels and nylons to college every day. I mean, I felt it was very important to

dress, even as a college student, beautifully. And so when feminism -- and I never, I didn’t challenge the status quo in the ways that the feminists did. And so, it was a whole new world to me, to even think about those concepts. And I eagerly read Germaine Greer, and the literature of the period, the novels. I mean, I learned things about sexuality that I’d never known, and never even thought about. And about gender relationships, and ways that men had dominated social relationships I just never knew about. So I thought it was extremely fascinating. I never really was -- I mean I wasn’t a dyed-in-the-wool social dresser, I was much more happy in jeans. But I thought, you know, there were things that -- it was many, many years that I would never give a talk without wearing a skirt, I didn’t think even it was right to get up on a podium wearing a pants suit. But I’ve changed, but -- so these were all very revealing to me, and very important. And I never became an out and out feminist, but I certainly found that the principles of gender discrimination and the way women are manipulated, and [55:00] used socially and in terms of tobacco industry, targeted, and through social themes, that those are really important things to know about, and to pay attention to, and they’re alive and well, even today. So I respect feminism greatly for what it -- the kind of

awareness it's brought us, the changes it's brought us, the equality. That's still an ongoing struggle in many realms. But I think it's really important.

ROSOLOWSKI: Do you notice some differences between the relationship that you've sustained with feminist thought and women of younger generations?

GRITZ: Well, it's interesting because I think women of younger generations don't feel they have a battle to fight anymore. They assume that the battle is over, and it's fascinating to watch generations change in what their focus is. Like younger women feel that it's -- that their preference is to stay at home and raise children, rather than have a career. And have no problem at all with wanting a family. Whereas I would have bristled at that for a very long time. And so, and also, now it's not just younger women, I'm not sure what millennium generation we're on now, whichever one it is, but where the men are now much more interested in having quality of life, and work life balance, and taking -- participating in their family and childrearing. So I think there's been a great shift. It is no longer the struggle that it was for women of my era, and women slightly before that. But it's now, in some ways, coming full circle. People are making different choices, and choices that are maybe better for

them as human beings, rather than solely as wage earners.

I don't know if that addresses your question. Yeah?

ROSOLOWSKI: Yeah. I guess one final question I want, and then why don't we stop for today so that you have the rest of your day to yourself. In terms of -- it's just a -- reflect a little bit, if you will, on how you believe your presence as a woman had an influence, whether you believe your presence, as a woman, had an influence on the various contexts in which you were working as a young professional.

GRITZ: Gee, that's hard to do. Maybe I should think about that one overnight.

ROSOLOWSKI: Sure, that's fine. That's fine.

GRITZ: OK.

ROSOLOWSKI: Well on that thoughtful note, why don't we stop for today then?

GRITZ: OK.

ROSOLOWSKI: Thanks very much, and we will resume tomorrow.

END OF AUDIO FILE

Ellen R Gritz - WIM 2004

[00:00]

ROSOLOWSKI: OK, I just wanted to say that today is February 4th, and we're resuming our interview with Dr. Ellen Gritz. It's 2:30 in the afternoon, and we are back in the conference room in the behavioral sciences department. So -- actually, let me put this on stand --

END OF AUDIO FILE

[00:00]

ROSOLOWSKI: All right. So we're going to resume out conversation today by revisiting the question that I asked you near the end of our conversation yesterday, which was to talk about your relationship with feminism over the course of your career.

GRITZ: Right. And that was a very challenging question yesterday, and it set me to do a lot of thinking, both overt and subliminal thinking in the almost 24 hours since we're talking again today. And I went back in my mind to the '60s and the '70s, when feminism was occurring, when I was really in the -- during my college and graduate school experience, and then when I was a young assistant professor at UCLA. And what I remember is being very struck, as I believe I said yesterday, by the writings of the leading feminist writers, and learning about varieties of sexualities that I hadn't paid a lot of attention to, and how they were often strongly identified with feminism, and now being in California, of course, learning far more about the gay movement, and about the whole evolution of a continuum of sexuality and personality behavior, things that I was -- had not been challenged to think about

before. And it was very fascinating to me, and very interesting, but I could never honestly identify with the groups of feminists who dressed in overalls and sort of looked like farm workers, and who in essence rejected what all of our standards and traditions of feminine personality and appearance were. So I was taken intellectually by their ideas, I was made aware of barriers and experiences, and organizational and structural components of the business and academic world, that I had not thought about in that way before, but I never felt that I could join their organizations in a wholehearted way, because of some of the more very atraditional means of interactions, and social consciousness. It was too extreme for me, let me just put it that way.

But over the course of my career, I certainly have encountered glass ceilings, male-dominated organizations and selection processes. Sitting on search committees, being a candidate for positions, all of that, many times it's subtle, it's very subtle. You never know that you weren't selected because you were a woman. But when you read enough of the literature, and when you read about the corporate world, and when you read about leadership experiences, and even the way -- styles of expectation

about how people should dress, and do dress, and don't dress, and the assumptions that are made, you become far more aware of the very important lessons in feminism and in now, I think what we would call gender equality more than feminism, per se. So for example, we have a woman's faculty program here at MD Anderson with a vice president, Dr. Elizabeth -- associate vice president, Dr. Elizabeth Travis, and I've sat on many committees and advisory groups, and we go into specific analyses of the rank and tenure status of women versus men at MD Anderson, of salary equality or inequity, and there are corrective measures taken. And now, for every search at a higher level, at the level of department chair or higher, there must be a woman candidate presented to the president along with male candidates. So you cannot turn in a slate of only male candidates anymore. And I think this is a consciousness raising, as well as a very important, even now in what we think is a very highly evolved, and the men would be highly insulted if we said that they did not consider their women colleagues their equals, we still see this over and over again. It just accidentally happens that there are no female candidates, or all the women we considered, we didn't pursue because they would have been too hard to move. And -- or their husbands would have been too hard to

move. And so, I think these issues still persist very much, and it's important not to forget about them, and to fold them into your daily existence.

ROSOLOWSKI: I was interested too, we were having a conversation earlier with a group of students that you were providing a kind of mentoring session for, and [05:00] the -- you used the phrase, the fraud syndrome, which I thought was a very picturesque and accurate phrase, and maybe you could talk a little bit about that.

GRITZ: And it's a term I encountered probably during the ELAM program, the Executive Leadership in Academic Medicine, that wonderful yearlong Drexel University-sponsored program for women in academic medicine. And it's something that probably many of us women have experienced is that when we get an honor, when we're elected to a position, or when we have a position of high responsibility, we demean ourselves and undervalue ourselves, and we say oh, I didn't really deserve that, I feel guilty that I got it because there was someone far more qualified. And I think it comes from an inner -- when you're experiencing it, it's shameful. I mean you feel terrible about it, because you feel you don't deserve whatever this wonderful position or honor is, and then you talk to some friends, and they've all experienced it. And no one talks about it, and so you learn it's

really a sociological and a group psychological phenomenon, probably coming from our upbringing, where we were taught to be the secondary persons in every situation, where we were expected not to be leaders. Where we were expected to be the comfort people in other people's lives, the spouses, the sisters, the daughters, the whatever, the secretaries, as opposed to the leaders. And so when you finally, by dint of your accomplishments and expertise, and qualifications, receive a wonderful honor or a promotion, or whatever, it's sometimes accompanied by this, in a sense, subconscious, subliminal welling up of emotions from past experience. And I think on a broad basis. And so once you become conscious of it, it helps a lot in being able to deal with it.

ROSOLOWSKI: Well we've gotten to the point where you were speaking about your work here at MD Anderson, and towards the end of our conversation yesterday, you were just beginning to turn the narrative toward the moment when you left California and came to Texas. So maybe you could tell us how it came about that you made this move, why you were tapped for this position. And then we can go into the many dimensions of your work here in Texas.

GRITZ: So, in 1992, I was director of the division of cancer prevention and control at the UCLA Johnson Comprehensive

Cancer Center, and as I mentioned yesterday, I was a professor in the division of head and neck surgery, in the department of surgery at the UCLA medical school, and I had a very successful grant program, and there was a large structure that I was responsible for, but I was at that point I think in my late forties, and I was thinking I don't know if I can go on and sustain this 100-person program and my own career without a firmer foundation, without some kind of an FTE that is an institutional line appointment with some hard money support. And even though I loved my colleagues and my work, I -- for only really the second time in my career, the first time had been five years earlier, did I start looking to see if there was anywhere else in the country where there are interesting and challenging opportunities. And I believe through a collegial network, someone at MD Anderson thought about recruiting me, and I actually know exactly who it was, Dr. Charles LeMaistre, Dr. Mickey LeMaistre, president of MD Anderson, I had known him for many, many years from my volunteer activities at the national level of the American Cancer Society, specifically in the tobacco and cancer committees. And Dr. LeMaistre knew the importance of cancer prevention, and of tobacco, and himself had served on the 1964 Surgeon General's committee that first

recognized the causal connection between smoking and lung cancer. And Dr. LeMaistre, in his wisdom, felt that MD Anderson had to turn its behemoth activities in the direction of prevention, that focusing only on cancer treatment, cancer diagnosis, cancer treatment, and cancer cure would never stem the tide of cancer, and that in this upcoming century, we needed to focus on prevention if we wanted to really carry on a successful war on cancer. And so --

ROSOLOWSKI: I was just wondering, was Dr. LeMaistre's perspective that the social sciences could add something? Was that an unusual approach to take [10:00] for someone so high up?

GRITZ: It was a very unusual approach, because in the cancer world, in the world of the National Cancer Institute and in the world of cancer medicine, prevention is last on the -- is at the bottom of the list, because the focus is on brilliant basic science and technological and treatment discoveries, rather than on something that involves lifestyle, or smoking. And very few physicians probably really appreciated the addictive nature of smoking cigarettes, and probably thought that when they told their patients to quit, and their patients failed to quit, it was simply a matter of willpower. And they also felt impotent,

because their patients failed to quit. And since Dr. LeMaistre had served specifically on the smoking and tobacco committee for all those years, he knew about the public health efforts that the American Cancer Society was deeply involved in, in prevention and cessation. So, Dr. LeMaistre made a commitment to an entire division of cancer prevention, and here at MD Anderson, division is the opposite of what it is everywhere else. Division is the greater structure, with departments under it. Whereas most academic institutions, divisions are parts of departments. So when I say a division of cancer prevention, he envisaged three departments, behavioral science, epidemiology, and clinical cancer prevention, which would do things like diagnosis and chemo prevention, and clinical types of activities. So, I was the first chair recruited. I was actually recruited even before a vice president for cancer prevention was named, who turned out to be Dr. Bernard Levine, who was the chair of the department of gastroenterology here. But Dr. Levine became the first vice president for cancer prevention. And so, when Dr. Levine and a couple of other faculty from MD Anderson, who I had known from other professional organizations, they actually came to visit me at MD Anderson, it was rather remarkable. They traveled to me, because I think at that

time I was too busy to travel to them, and I didn't really think seriously that I would relocate to Texas. But the challenge was so interesting, and the lure of the power and resources, and what MD Anderson represented, a freestanding cancer center versus a matrix center in a university that didn't have a lot of power or a lot of resources, as a head of a unit that did prevention and control, I thought this could be really neat. And then, Anderson brought my husband and I down several times to visit, and I saw the extraordinary opportunities that living in Houston, how different it would be, how interesting it would be. They were very emphatic on showing us, in addition to all the academic potential and what kind of a department I would be offered and asked to build, all the wonderful cultural and recreational aspects of Houston, which is, compared to Los Angeles, obviously smaller and a bit more spread out, and a bit more suburban, which was what we were looking for in terms of our living conditions. And so, it didn't take me very long to say yes, and in -- on Memorial Day weekend of 1993, we moved. My husband Mickey, myself, and our wonderful cat Sasha at that time.

ROSOLOWSKI: Wow. Now you were called in to be founding chair of this department. And so -- and also, you were being asked to really operate in, as I understand it, in an

entirely new area of public health for you. So, what -- how did you start on this -- what sounds like a mammoth task?

GRITZ: Well fortunately, I didn’t see it as a mammoth task, or I wouldn’t have come. But there had been one department.

ROSOLOWSKI: Could I just interrupt you for one moment?

END OF AUDIO FILE

[00:00]

ROSOLOWSKI: All right, I apologize for that interruption. So, you were about to talk about how you didn't see this as a mammoth task, and so how did you go about all of this?

GRITZ: Right. I saw it as a great opportunity, because I was offered a -- I was asked to describe a -- to build a vision statement, a mission, and a vision, and a plan for five years. And I wrote down my heart's desires, which was to address cancer prevention and control from primary prevention in healthy community-dwelling populations all the way up to cancer survivorship and issues of patients and quality of life, and family. And when I first presented that, they looked at me in amazement, and they said "Oh no, prevention is just prevention. We expect you to help people quit smoking, and change their diet, and their activity, and what is this about patients and survivors? That's treatment, that's not prevention." And so, I had to educate them in the public health model that prevention went all the way through prevention of [sequel?] of additional disease, of further disease, and that there's prevention opportunities all the way up until the time of death, in terms of avoiding adverse sequel and the like.

So, I was successful in that, and there was here the wonderful University of Texas Houston School of Public Health that have many of our colleagues at it. And several of our colleagues there were active in helping to recruit me. Dr. Sally Vernon, Dr. Pat Mullen, Dr. Guy Newell, people I had known from the American Society of Preventive Oncology, and the Society of Behavioral Medicine. And so, I drew out my plan, and they offered me a package of five faculty positions, I think in addition to my own. And some financial resources and some space resources. And this just seemed fabulous to me. And so, I didn't think of it as a difficult task, I thought of it as a wonderful opportunity to take everything that I had learned and done at UCLA, and to start from scratch here. So, and there were no -- there was no timetable, no one said you had to have two faculty onboard by date X or whatever.

ROSOLOWSKI: So how did you go about putting together that team, and how did you go about -- you know, what were the qualities you were looking for in these team members, in addition to their professional qualifications?

GRITZ: Well it actually took quite some time, because when I first came, as I mentioned, there had been one department already here, and it was really a department that was called cancer control, and it was headed by an

epidemiologist. And mostly, it had epidemiologists in it. But it eventually evolved into the department of epidemiology that we have now, with a chair who came from that department. But there were -- there was one grant, and it was called the working well grant, it was a large worksite grant that did tobacco control and screening, mammography screening, and I think dietary modification. And it was a national grant, and there were many, many collaborators from all over the country. And so, when I came, I assumed the PI-ship from the person who'd been the principal investigator before, who left to go to another position. And so there was already some research going on that I was able to come in and continue to lead. And there were a few people, but not any real tenured faculty. So I started advertising, and I got some wonderful applications. And the first ones were in tobacco control, which that being my own area, I was most eager to start the research team then again. And we also collaborated right away with the school of public health in a grant application that -- in genetic counseling and testing where -- for hereditary non-polyposis colon cancer, HNPCC, was a team put together from some clinicians here at MD Anderson, an epidemiologist here, and some colleagues from the school of public health. So we got that grant, I mean I really had a lucky period

where just about every grant I applied for, I got. So we built a financial base, a base of success, and I recruited then from all over the country. And my first few recruits, as I say, were people working in tobacco control, prevention and cessation, and colleagues whom I'd known before who were [05:00] eager to come and help start this department. And the rest took time. I mean we are still building our department, we are still recruiting and it's an evolving group, it's an evolving faculty group. We have a post-doctoral program now, and it's a very rich and interactive group. But I don't think that I went about it in a terribly systematic fashion. I found the best applicants, since I didn't have anyone, it was easy to say anyone in cancer prevention and control, and I would just pick the best of the applicants.

ROSOLOWSKI: Now at the time, you said that it was unusual for -- I mean that it was actually normal for physicians to look down on the social sciences, or to not really understand the benefits of treatment, and the kind of interventions that your work would offer. How did the community here at MD Anderson look at this brand-new department that was championing these kinds of efforts?

GRITZ: Yeah, I don't know that they looked down on it so much as they didn't understand it, and they didn't understand

how it could actually enhance patient health. Because they weren't aware of the technological or of the mediating mechanisms that are involved in changing behavior, and how difficult it actually is, that it's a science as opposed to an art or a sort of supportive nursing kind of activity. So, the toughest job was for my vice president, Dr. Levine, who had to sit among the vice presidents, and the decision makers at the institution, helping them to understand what prevention added to a cancer center, and to a world famous institution. And then I had the job of explaining endlessly, over and over again, what behavioral science and public health approaches were really like, and how they could, working together, benefit the patient population or prevent there being a patient population by eliminating risk factors that could turn into cancer later on.

ROSOLOWSKI: Now something else that was going on as you were establishing the department, I had a conversation a little earlier today with Dr. Elizabeth Travis, who was your colleague from the moment you came here, and she mentioned your involvement in that organization that came up a little bit earlier, the women faculty committee. And if you could talk a little bit about what it was like for women here, and why the women's faculty committee was necessary, and

what you did. Because you became involved with it for many years.

GRITZ: So, when I came to MD Anderson, I was immediately asked to sit on or chair, I can't remember, a task force on women scientists and physicians. And because Dr. Margaret Kripkey, who was a seminal leader in women faculty activities at MD Anderson, had been with Dr. Travis, noticing and observing that women were much fewer in number, proportionately fewer in leadership positions, etc., and so a task force was commissioned. And we were a group of half a dozen or so faculty and administrative leaders who were given access to all of the records that faculty academic affairs, which contains all the historical records about faculty, have in terms of numbers and proportions of women at each faculty level in the tenure and in the non-tenure categories, in leadership positions like department chairs and vice presidents and up, and in salary equity, or inequity. And the analysis dramatically showed that women were underrepresented in leadership positions, in tenured faculty positions, and underpaid in many cases as well for equivalent colleagues at the same rank. And so, that began a phenomenal shift at MD Anderson of dealing with the equity issue. And promotion and tenure and, you know, the phrase that a woman has to be three

times better than a man to get to the same level proved to be here as well. The women who had worked their way up into the senior ranks had been -- were really stellar, absolutely stellar. Nobody got there by accident, whereas one could always wonder whether all of the men had gotten there. (laughter) But similarly [10:00] devoted and focused efforts. And so from that point on, it became an acknowledged and important aspect of MD Anderson faculty oversight and analysis, to make certain that those kinds of inequities are reduced to a minimum, and that if they're discovered, that they're corrected. And in fact, I think I mentioned about the chair searches, yeah, OK. The fact, to guarantee that we will continue to recruit women leaders, and to retain them, and to look at reasons for why women depart, if they don't reach the rank of professor, or they're retiring or dropping out for childbearing reasons or whatever. And try to address whatever we can address. And Liz has lead some initiatives like extending the tenure clock now for anyone man or woman, when there is a birth, or an adoption, or I think a serious illness in the family, you can get another year on the tenure clock. And of doing a number of things to make -- to promote the ability to have equity in the faculty. And as I sat in on these committees, it was a little bit like being in the feminist

movement; you suddenly realize the things that you took for natural and normal were not that at all. And I thought back on some of the things that happened to me in my career, like the first time I tried to become an associate professor, and wondered what kinds of discriminatory influences were at work there. But of course, it's just impossible to untangle these things when you're an N of one. But to vow that you would not let it happen to others.

ROSOLOWSKI: Dr. Travis told me a really funny story about the faculty dining hall, where there was one table where all the male doctors would sit. Oh, OK. So maybe I don't want to tell the story, if you could tell it, I'm sure you could tell it much better.

GRITZ: Now I know she's told that story, but it was a bastion of maleness right in the center, so what was the story?

ROSOLOWSKI: Oh OK, well she said that she and some other women faculty decided they would call ahead one day and ask the staff to put reserved signs on the table. And so when these men came in and brought their lunches, there were suddenly, you know, the reserve signs. And then this group of women came in and sat down. And she said there were just these ripples around the room, because suddenly they had raised attention to the fact that women were there. I

mean this -- she said that they had undertaken this to basically let women -- let the male faculty know that there were women there, make them more visible. And she said, one man said, “Wwhat is this? What are you planning the revolution?” Which, you know, is kind of one of those phrases from, you know, ’70s and ’80s, and all of that.

GRITZ: Right. So when the old boys club was going on, and network was going on, nobody noticed because that’s the way it always was, right? So any challenge to that, any rearrangement of that, was seen as threatening.

ROSOLOWSKI: Yeah. And did you encounter moments like that as well when you were working here?

GRITZ: I think that for me, it was probably less as a woman than as a behavioral scientist. But there are the -- so in other words, when behavioral science was intruding into the hallowed realms of treatment, that that was like, well why are you here, what relevance do you bring to this? But on the other hand, there were always these very subtle issues that we learned about in ELAM. For example, a woman makes a wonderful point, she’s completely ignored. Five minutes later, a man makes the exact same point, and everyone says oh, that’s a great point, and Joe, thank you for bringing it up. And so, you become invisible. And many -- we’ve been told by our colleagues, persons of color that they

often consider themselves invisible as well. That when they make a remark, they are ignored, studiously ignored, or it's considered a minor point instead of a major point that can change a conversation. And so the diversity training encompasses not only ethnic and racial diversity, but gender and disabilities, and you find many fascinating comparisons among all of these non-majority groups when you start having conversations about it. So I would say yes, that there would be many a meeting in which I would say something that was studiously ignored, and I would just become incensed when I heard the same point made later. And once again, I will never know whether that is me personally, or me as a woman, or me as a behavioral scientist, or whatever.

ROSOLOWSKI: But you were saying earlier that with your work on the women faculty committee, that you kind of made a commitment, you know, never again. [15:00] Have you seen changes over the course of the years, with how -- not only the faculty, but the students who are coming in at all levels?

GRITZ: Well I think students are much more highly evolved today. I think students, as I think we talked about yesterday, they come from different generations, these Generation X and Y, and -- or whatever, and Millennial

generation, they have different standards, they have different values, they take gender equality for granted. And they want balance in their lives from the very beginning. And yes, of course I've seen changes, because now that we have structural supports for these kinds of policies of equality and searching for equality, and annual salary reviews and equity reviews, it becomes far more an accepted concept that this is the way we behave as -- this is the culture of our organization, to be this way.

ROSOLOWSKI: So it's really the level of cultural change, at the level of the institution, and you're hoping that that will move out.

GRITZ: Absolutely.

ROSOLOWSKI: Let's go back to the department building that you were involved in, and how that began to -- how your work also began to involve as you built your department and your different -- the different areas of research interest.

GRITZ: Well MD Anderson is such a huge and magnificently diverse patient population and faculty here that you could say that it's practically a playground for research opportunities. And much -- most of my research, but not all, had been community-based at UCLA. Of course, I did the work with the head and neck cancer patients. But here, so many different problems in prevention and early

diagnosis in adherence to treatment regimens and survivorship with thousands and thousands of patients whom you can recruit from, you can address many very important psychosocial issues, as well as simply the ones that are strictly experimental and have to take place in a laboratory or in the community. So, the opportunity to do research in a wide variety of cancers, any one that you can think of, there's a clinical department devoted to it, and very likely, colleagues who could become interested in collaboration. And that was one of the greatest advantages of coming here, was to broaden the research opportunities.

ROSOLOWSKI: And how did that broaden for you?

GRITZ: Well, I had worked in head and neck cancer and testicular cancer at UCLA, and then we rapidly did research in colon cancer, in prostate cancer, in breast cancer, and in melanoma. For myself alone, either as a principal investigator or as a collaborator. And my faculty now has a far, even far broader range of clinical organ sites that they do research in, and collaborate with clinicians, and basic scientists around.

ROSOLOWSKI: When did you start working with HIV and AIDS patients?

GRITZ: OK, I'm trying to think back to when. The first -- OK. It was probably in the early '90s, I think we

published our first paper in ’92 or ’93, I could check it on my CV. It was fortuitous, another fork in the road. I had a friend in the community who was a professor of infectious disease, is a professor of infectious disease at the University of Texas health science center, here at the medical center. And he is the lead clinician in this particular facility that treats, in Harris County, that treats indigent HIV/AIDS patients. And we love to talk to each other about our research. And he made an observation to me, he said “You know, so many of my patients smoke, and it’s really awful, and I wish I could do something about it. And I said, “Oh really? Tell me more.” And then, I knew nothing really about HIV/AIDS, about the profile of people who had it, their lifestyle, behaviors, and the like, except the most obvious one, sexual transmission or drug use, and heterosexual transmission. And so we started talking, and I said [20:00] boy, this is a goldmine. You have a 50% smoking prevalence, the national norm is in the low twenties, we have to write a grant on this, this is an underserved population that definitely could benefit from an intervention, especially since HAART, Highly Active Anti-Retroviral Therapy, is now so successful and has such broad reach into the HIV-positive population. So, we wrote a grant application, and it took us a couple of tries to

get it funded, and in the process, we kept doing more pilot studies. I think we did four pilot studies and published about four papers by the time we actually got this going and funded, and we were astonished when we did. But we sure were thrilled about it. And I think part of it was that it went to a study section that there are special dedicated study sections that deal with HIV/AIDS in the government. And any grant that has the words AIDS or HIV in the title automatically goes to these, even if they're probably more medically oriented. But we did everything that the grant reviewers requested. We did more and more pilot studies, we demonstrated the feasibility of the intervention. We studied the smoking prevalence formally. We looked at mediators of change, we did a lot of different studies. And then finally, they said well, this is phenomenal, you've done everything we've asked you to do, and they gave us -- oh, we had some incredible score, like the point one tenth percentile, that's how high we were on the -- I think the -- I can't remember what the exact number, but if 100 is the best, we were something like a 113, and you know, the number gets worse as it gets higher. But this was the one tenth of the first percentile in terms of grant. And that is a study that is now in its third year, and my young colleague, Dr. Damon [Vidreen?] now has

his own RO1 in this area. And it's become an area of national interest, because I talked about it in a state of the science presentation that I gave a couple of years ago at the NIH about HIV, AIDS, and smoking, and there was a night -- a program officer there who said, I'm going to run a conference on this. And so, a conference has been run, we're producing a special issue of a journal, and she has put out program announcements that will fund research specifically in tobacco and HIV/AIDS. So we started a field, actually. And there was only one other person who had gotten a grant in this area before, and he is one of our major consultants.

ROSOLOWSKI: Wow, that's something.

GRITZ: Yeah.

ROSOLOWSKI: Now I've also heard that the department that you established here, behavioral science, is a model for behavioral science departments elsewhere. And I'm wondering if you could comment on that, and exactly what that means?

GRITZ: Well I'd certainly like to think that's the case. Because I do believe we are the only institutionally supported -- hard money, as you would say it, department of behavioral science in any comprehensive cancer center in the country. And that gives us independence, it gives us

stability, it gives us resources. And we have a -- something like an 8,000 square foot behavioral research and treatment center. So we have a laboratory, a human laboratory where all of -- where many of our research studies are conducted, and where patients seen in the clinical tobacco treatment program, which is our patient center service program, are seen as well. So, it's -- we have a diverse faculty of 23, as I mentioned, and we have this laboratory, and we have good office space in the cancer prevention building. And so, it really is a model. And those who have come to sit on our external advisory committees always comment upon that, and then I'm asked to sit on a lot of external advisory committees to sort of pass the idea of what happens, and how to go about doing it.

ROSOLOWSKI: Now did you -- how did this model evolve? Who were the people involved in envisioning, and how did that vision get worked out?

GRITZ: Well the model is really the vision that I built of the department when I was asked to come here and draw up a vision. [25:00] And over time, we filled out all the dots and dashes of what the holes in research specialization were. Now, of course, I have a whole new menu of things we must add in terms of academic specialties, or the types of

research we would like to, in our next phase, conduct. But this is a period of financial constraint. And so, it's not clear when and if new FTEs will be coming to our department, and so what -- we are in a period of just really holding our own, and bringing in non-tenure track faculty who have that dreadful 100% model to work on, 100% funding. But one has to be realistic.

ROSOLOWSKI: When you look for faculty members to join this department, do you also expect them to be leaders? And I'm wondering what are the leadership -- so, what are the leadership qualities that you really think are important?

GRITZ: So it depends, of course, at what level you're recruiting. You wouldn't expect an assistant professor to be an established leader. But you would like that individual to exhibit signs of independence and collegiality, and motivation toward -- aspiration toward a higher level of success. I mean, not everybody should be the chair, not everybody should be a leader, you don't want everyone to be a leader, because then you won't have any soldiers, or farmers, or whatever. So, I look for the best and the brightest, as I've said. But when I'm recruiting at the full professor level, definitely a person has to have some leadership qualities, has to have people management, and insight qualities. And has to have

demonstrated a collegial and supervisory interaction in the past. And sometimes, you find these things out from references, and sometimes you find them out more informally.

ROSOLOWSKI: Is there a leadership or management style that you prefer more than others?

GRITZ: Democratic. I prefer democratic consensus building, open discussion, low threat kind of atmosphere.

ROSOLOWSKI: Why don’t we just stop this for a moment?

GRITZ: OK.

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[00:00:00]

ROSOLOWSKI: (inaudible). OK. What do you feel are your greatest accomplishments during this period that you've been at MD Anderson?

GRITZ: Well I think those accomplishments fall into a number of different categories. First, in terms of the academic life, my research career has certainly brought, I think, some important contributions to the science of cancer prevention and control, and those have fallen into the area of tobacco research, in which I've continued to work in both prevention of initiation and control through cessation. And then, moved onto a more policy-oriented level when I became a member of the board of the American Legacy Foundation, which is the very large nonprofit public health foundation that was founded through the master settlement agreement with 46 states and the territories, and the tobacco industry. And it has waged a phenomenal national battle against smoking through its truth campaign, and now on the cessation level, through a number of adult-oriented programs and the ex campaign. And I've been vice chair of the board since 2005. And that has been a phenomenal opportunity for me in a leadership and policy

realm, as well as helping to bring -- to reflect well on MD Anderson. Then, in the area of psychosocial aspects of cancer, as I said, I've worked in a number of different cancer sites, and with different kinds of problems, with cancer survivors and cancer patients. And that has been very enriching to me, as well as, I think, made a contribution to society and the literature, and the area there that I would single out is the area of smoking cessation with cancer patients. And my colleagues and I have written chapters for the [Devita ed?] all comprehensive textbook on Cancer and Principles and Practice of Oncology. We have written a chapter in the ASCO -- American Society of Clinical Oncology -- the ASCO curriculum for cancer prevention on tobacco and smoking, as well as a number of other papers and chapters in books. And so that's the area in cancer research that I feel I've made the greatest contributions in. I think that establishing this department and bringing it to the point where it is nationally and internationally recognized as the most successful and largest, and perhaps -- and first of its kind in the nation, in the world, has been something that I'm extremely proud of, and want to see it continue to flourish.

ROSOLOWSKI: It's also gender balanced, as I understand.

GRITZ: Yes, it's gender balanced, absolutely. Dr. Travis's studies of gender balanced departments have found that most of them are lead by women. (laughter) And I'm very proud of the number of women faculty, and also of students whom we've brought up to be post-docs who then became faculty in our department.

ROSOLOWSKI: Just as a little side question there, do you think that there are certain qualities that a department chair or leader would have, or needs to have in order to attract both men and women to a department and retain them?

GRITZ: Gee, I think that regardless of sex, a department chair needs to be open and fair, and have a mentoring attitude toward everyone who is recruited, and not have blinders on about, in terms of too much, and too narrow a focus about what they're seeking. So, I don't -- I think you also need to be sensitive to the developmental life phases of women and men, and I'm specifically referring say to childbearing years. Some of your faculty come along a little bit faster than others, and some of them have complexities in their lives that may not only be related to childbearing and children, it may be elderly parents, it may be personal illnesses, it may be a socioeconomic issue. So, I think that sensitivity and openness, and -- rather

than sort of a rigid, demanding attitude, is what a good department chair has to have.

ROSOLOWSKI: Thanks. But continue with some of the things that -- the accomplishments that you feel you've made here.

GRITZ: Well I think I've also come to represent behavioral science on a national level, in a way that promotes our involvement and our collegial interactions in [00:05:00] large research enterprises, and in being considered members to sit on the table, not just somebody who you let in to sit in the second row and be an observer. And so, in conferences on translational research, for instance, which is usually considered bench to bedside, and bedside to bench, very often that is from the laboratory to the clinical trial, I was able to lead a lifestyle group in that translational working group that NCI assembled for 18 months, and we developed a whole research strategic plan and the like, and so lifestyle sat there at the table with all the other, more traditional sciences and disciplines. And in fact, as a joke, but not really as a joke, I coined the term "behavioromics," so that we could compete with genomics and proteomics, and every other -omic that's going on. And it got a lot of laughs, but I've heard quite a few people refer to Ellen's behavioromics movement.

ROSOLOWSKI: (laughter) Just another question I had, because all of your research has been very data-driven, it's very quantitative. And I'm wondering how more qualitative research in behavioral science is faring at the same time? If there's a lag time with that being taken seriously. And one of the reasons I'm asking is because I've got a friend working in that area, and she knows that a number of women get drawn into the quantitative field. Anyway, you're obviously recognizing what I'm talking about.

GRITZ: Yeah, I think qualitative research is more exploratory research, it's more before you get to the stage of hypothesis-driven studies, it's harder to get funded. It more often occurs in a traditional university academic setting, and -- or in say schools of public health, there's a whole other technology for analyzing qualitative data, and it's very fascinating, but it's not -- we often do it at the beginning of studies, in the preliminary phases, in focus groups, or qualitative interviews. So it is integrated into our research, but it would be very unlikely that we would have an entire grant that would be a qualitative research undertaking.

ROSOLOWSKI: Could you talk about the faculty health initiative?

GRITZ: I'd love to do that. As I shared with you outside of this formal interview, there are a lot of pressures and stressors, and demands in an academic medical environment, some of which lead to burnout and chronic stress, and impaired personalities and impaired functioning. And in 2000, there was a very tragic instance of a physician suicide that the institution did not formally recognize, or announce, or discuss, and --

ROSOLOWSKI: You're talking about MD Anderson?

GRITZ: At MD Anderson here. And some of my colleagues and I were discussing this, because I was shocked and appalled, I have to say, that something as terrible and dramatic as this had occurred, and there was never a single communication, or statement at a memorial service or anything, that indicated the way this physician's life had ended. And so I talked to my colleagues and learned that this was not uncommon in medical institutions, that there had been a couple of other suicides earlier in MD Anderson's history, and there was an unsolved murder actually. But that was a different -- that was a violent act. And that I felt that there was things that needed to be addressed here that had to do with depression, and burnout, and stress, and that I really didn't want to let it just go under the table, and be ignored. And so, these

colleagues and I, a psychiatrist, an employee health physician, developed a plan to found a committee called the faculty health committee that would focus on burnout and stress, as well as -- and their contributors, as well as the more positive aspects of work life balance, of learning how to balance your life and avoid -- and prevent impairment of any kind, and if there is impairment or depression, to recognize it and not be embarrassed and stigmatized by it. And so, [00:10:00] we went to the president of MD Anderson, and his senior leadership committee, and presented these ideas, and we were welcomed with open arms and their response was that they really hadn't known how to deal with the situation, it was not that they had wanted to ignore it, but they didn't know how to address it. And they were thrilled with our idea of a program that would improve faculty life, and that would address and try to seek the sources of these very negative influences, and therefore in a sense contribute to the welfare and health of the entire MD Anderson faculty, both researchers and clinicians. And so, we did that, and we founded that program in the beginning of 2001, and it's eight years now, and the program has thrived. We've been given a faculty level position in my department, to serve as the director of faculty health. And we have a private,

confidential, off-campus counseling activity where the names of the people who seek the counseling are never reported to MD Anderson. We support financially those counseling sessions, but we don't know who goes. We have four mental health practitioners who do that. We have experiential kinds of activities, like meditation or tai chi, yoga. And we have lectures and seminars and panels, and we have an array of wonderful entertainment events which range from Indian classical dance to the Houston Grand Opera.

ROSOLOWSKI: And about how many people take advantage of this program every year?

GRITZ: That's a little difficult to capture, because for the experiential activities like meditation or tai chi, it's usually a quite small group of say 10 or under. But for some of our larger events like the entertainment events, we'll get several hundred.

ROSOLOWSKI: I don't -- let's see, I'm trying to remember the year where you were named to the Institute of Medicine. Maybe you could talk about how that -- about --

GRITZ: That, I was formally elected in 2007, and 2008 just this past October, was the installation. The Institute of Medicine is a marvelous national think tank, it's very highly respected, it's very highly regarded, it's very

difficult to get into. The nomination and election process is not one that's open to the general public, it's done by members. And it's quite a rigorous selection. And I had been involved in the Institute of Medicine since the early 1990s where I sat on a committee to write a report on youth smoking initiation, and it was called "Growing Up Tobacco-Free" and it became a very important national policy leading document. And then after that, I was named to the board on population health, and was a member of that for 10 years. And that board dealt with a variety of population issues that would range all the way from other studies on tobacco to the Persian Gulf War, to Agent Orange, to vaccine development, to poverty and housing, and the board itself debates topics and decides what critical and crucial needs are, and it also responds to commission events from outside, from say the CDC or the VA, or other government agencies. It's independent of the government. And it's considered sort of the highest level of national think tank. And so, I had always been really interested in becoming a member of the IOM, because on the boards that I sat on, I also sat on the National Cancer Policy Board for two years, another fascinating experience, there were many IOM members. And I thought, how does one get into this very elite group of individuals? And what happens is, you

have to be nominated, and then the election by someone who is an IOM member, or more than -- by two persons who are IOM members. And then, there are elections, several layers of elections within those sections, and then across the IOM. And in the fall of 2007, I had just returned from a scuba diving trip, and I opened up my email and there was a congratulatory email. And since I read my email from most recent to going backwards, there were something like 4 or 500 emails waiting for me, I saw this congratulations from someone at the IOM, and I wrote back and said, this must be a mistake. (laughter) I'm not a member of the IOM, how did this happen? [00:15:00] And then eventually, when this person wrote back to me, and said oh no, you are a member of the IOM, you just got elected. And I was so embarrassed, because I basically said this didn't happen. But then it was, so it was fabulous, it was very exciting, and a tremendous recognition, and a tremendous honor for me. And interestingly, at MD Anderson as well, because only our president, Dr. John Mendelsohn, is the only other IOM member. So I was the first woman at MD Anderson to become an IOM member, and also the second faculty member after our president. And so this obviously created a few nice waves here, yeah.

ROSOLOWSKI: Well congratulations on that.

GRITZ: Thank you.

ROSOLOWSKI: As you look back, we talked about some of the high points, are there certain things that you really tried to accomplish but were not able to, some things that were really big disappointments for you?

GRITZ: I suppose one tries to suppress those. (laughter) Well when I first came here, I thought I was going to do clinical practice, the way I had at UCLA, where it was about a half a day a week, and it was integrated into my professional appointment. And interestingly, the way MD Anderson was structured, and remains structured, was that psychologists don't practice here. The only psychologists who do practice are those who work in neuro-oncology with brain tumor patients, and are doing neuro-psychological assessments in cognition, and memory, and learning, and attention, and the like. And so, they worked very closely with the clinicians with that population. And mostly psychiatrists and nurses, and social workers who do the counseling of patients, which I thought was very unusual. And for a while, I tried to fight it, and then I finally said well, I can't do everything. And so I stopped, but it's very interesting that to this day, we have a very unusual situation where we don't have a clinical psychologist doing therapy with patients. And except, well

in the areas I mentioned of neuro-psych, or now some in pain control. And I -- my department is still trying very hard to build such a program, and to figure out what our place in the institution would be, and how we as researchers are not clinicians per se, would be ale to work out something that would be beneficial to everybody.

ROSOLOWSKI: You work in so many different areas, and I've gotten the feeling, and correct me if I'm wrong, that there are certain areas that excite you intellectually, but there are some other areas that you feel very passionate about. And I'm wondering if that -- is that accurate, that you have different reasons for working, or different motivations for working in different areas?

GRITZ: Well, I think that I feel passionate about any study that I do. And when a new area catches my eye, or I get yet another grant in a similar area, it's because there's an exciting opportunity for doing some work in it. And I think the most exciting at the moment remain to me working -- doing research in smoking cessation in cancer populations. And the work in persons living with HIV/AIDS.

ROSOLOWSKI: Interesting. We -- when you were talking about the faculty health initiative, you mentioned that issue of balance in life. And I'm wondering if you could talk about how you have been able to sustain an amazing level of

energy in your own professional life without burning out, and what that balance is like for you?

GRITZ: Well I think now, when you just mention the faculty health committee, I had interpreted your last question as referring to research. But if you talk about topics other than research, I am certainly passionate about the question of faculty health, and all that remains to be done in it, as well as women faculty and pushing forward the agendas of equality of numbers and percentages in promotion, tenure, recruitment, retention, etc. As well as finding out what some of the dynamics are that we still have to deal with. In terms of my own life, I have to say that I was brought up to do many things, to participate in and sample many different aspects of the real world. Not just to be a strict academic in a sort of almost religiously focused fashion. So, from my youth, my father was a wonderful athlete, and I was the one in the family who joined him in swimming, and canoeing, and hiking, more than my [00:20:00] brother or my mother did. I mean, they enjoyed those things, but I was the one who went out and did it with him all the time. And when -- and took up skiing as I got older and had the opportunity, and tennis, and it just -- because to me, physical enjoyment through athletics and the natural world is every bit as valuable, as intellectual,

and culturally emotional enjoyment. So when I got to California, there was now the opportunity to do scuba diving, as well as body surfing and swimming in the ocean, instead of in swimming pools. And I'm really a water person. I love the water, and I love my -- when I do relaxation and meditation, it always involves a water experience. And being underwater in the world of the fish is one of the most beautiful and relaxing things I can imagine. And so, my husband and I go twice a year, religiously, to Indonesia or some other part of the world where there are pristine coral reefs that are left, and we're very dedicated to the nature conservancy, and to conservation, the nature conservancy, and the World Wildlife Fund. But particularly marine conservation. And I could have been an ichthyologist. I mean, when I get out onto these boats, all I do is study my fish books, and I love to identify the species, and every time I come up from a dive, I have to try to remember every fish I saw. I don't photograph them, I leave that to Mickey, but it's -- I try to remember them, and to make mental images and movies of these fish. So we have traveled around the world a lot. We have traveled to the Himalayas, we've hiked in the Himalayas. We have been to many, many countries in Asia, and I love folk art, I love collecting folk art, and

so every time we come back, we come back with at least one suitcase or shipments, huge shipments from India, or Indonesia, or wherever, of the things we have accumulated. And our house is -- it's a big house, but it's getting very full. In addition to which, once we -- my husband and I married, pets came into our lives in the form of cats, and I think we decided on cats because dogs were too much work, and when we were traveling, we didn't know what we'd do with the dogs. And so, we have always had cats in our home, and I treat them like people, like members of the family. And so, opera, ballet, chamber music, other forms of modern dance. The zoo, there are many, many, many things, the Museum of Modern Art, its Asian art collections, those are all the kinds of volunteer activities and cultural activities that we attend.

ROSOLOWSKI: And do you see any links between those different areas of activity and what you do in your professional life?

GRITZ: Well, there are some links that come up, that jump up every now and then. For example, I became very interested in the fact that many dancers, ballet and modern dancers, smoked. And smoke to keep their weight down. And I have volunteered my services to the Houston Ballet to help any dancers who smoke quit smoking. And whenever I'm in a

social situation with a reception for dancers, I always make inquiries about smoking behavior, and how they've dealt with it. And I've learned quite a lot. This is another one of these hidden problems that the dance community doesn't want to talk about. It's -- I guess it's embarrassing to them. Because the dancers are models of physical beauty, and the fact that they might be engaging in addictive and health deleterious behaviors is not something they want to advertise. So it's sort of swept under the carpet. The fact that we've traveled around the world so much, and in so many different contexts, in both recreational and professional, helps me identify with the policy issues, and the needs for -- in underdeveloped nations for health services, be they tobacco or cancer related. So there are a lot of threads that go through it. Oh, and there's one more that's rather -- I just thought of that's amusing. We've gone to, as I said, the Asia Pacific area many, many times. And chewing betel nut is an addictive behavior that's extremely prevalent there. If you remember Bloody Mary chewing betel nut, she was always spitting red. Well red is the juice of the betel, it's a very strong dye, and when you're in Micronesia or India, you will see red everywhere. And it's not blood, [00:25:00] it's betel nut, it's people spitting it out,

it’s actually rather disgusting. But it causes oral disease, it causes serious dental problems, and gum problems. And it also, when mixed with tobacco and slaked lime to release the chemicals, it can also lead to oral cancer. Oral cancer, the number one cancer killer in India. Not lung cancer, oral cancer. So, there have been research interests and public health interests that, you know, arise from these travels, and arise from being an observer and a participant in the cultural activities.

ROSOLOWSKI: Since we’re talking about some of these activities in your personal life, I wanted to just turn to a more direct question about that. Do you feel that you have a public face that’s different from your private face, or how do those two relate? And if so, who is that more private person?

GRITZ: Well, as I mentioned before, I’m an extrovert. So a lot of my private person comes out without my realizing it’s coming out. Or when I give a lecture, I will share details from my family life and my personal life that other people might be very uncomfortable sharing, like the fact about my husband’s having cancer back in 1981, and what that did for me in terms of our lives and our career. I have a very, very strong network of friends that I don’t want to omit, that those friends are here in Houston,

they're in Los Angeles, and they're around the world. And one of the great benefits of being a professional at this level is that when you go to conferences, when you travel anywhere, you get to see these wonderful friends. And because of technology and email, far more than telephones, we remain in tremendous network contacts with one another, which is very helpful professionally as well as personally.

ROSOLOWSKI: Well what's the significance for you personally?

GRITZ: Well, it's my family. I mean, not having children, and having raised children, it's a very close, personal supportive network. And it's one that has been critical to me throughout my entire life, and one that will continue to be critical to me.

ROSOLOWSKI: And are they more men than women, or women than men?

GRITZ: It's both. It's both.

ROSOLOWSKI: Do you get different things from --

GRITZ: Do I -- have I ever counted? No. But I have very strong friendship relationships with both women and men.

ROSOLOWSKI: And are they -- what kinds of fields are they from? Are they -- do you gather them from many disciplines, or?

GRITZ: Well, most of them have been met through academic and medical contacts, and then turned into personal friends,

which often starts by the dinner after the conference, or a glass of wine in the bar, you know, after a long day or something. And the personal friendships have grown up out of that. I mean, it definitely takes work, and it takes time, because you have to work at such friendships. Everybody has multiple lives that they're living at the same time, but I think it's very important to keep up with friends. I try to send birthday cards, sometimes they end up being birthday emails, to acknowledge losses in people's lives, to developmentally watch as we change, as we get older, and our families evolve in one way or another. So I would say that my friends are an absolutely critical part of my life.

ROSOLOWSKI: Well you mentioned changes as people get older. And you've spoken about your husband's cancer. I'm wondering if there are other moments when events in your personal life kind of broke through, and had an effect on your professional life, or vice versa. You know, that's the issue that many women raise, is what is that conflict -- how to negotiate that conflict between personal and professional life. So I'm just asking for more elaboration on that.

GRITZ: Well, I think because I married later -- I was 32 when I married -- and my husband was already mature as well,

that a lot of the -- that some of those kinds of changes that come when people haven’t yet established careers, and they end up going in different directions, and I was fortunate enough that my husband was a management consultant, and his career could meld any way he wanted it to, so we didn’t have -- we’ve never had career conflicts. And the fact that I continue to work, and enjoy working, and when I could technically, at any point I choose to, retire as well, we’ve lead a very flexible and collegial marriage as well as [00:30:00] our personal relationship. So when I travel a lot, my husband has his own -- has friends of his own, his own philanthropic activities, and he’s always busy. And when he travels, the same is true with me. He doesn’t travel professionally anymore, he’s retired now. But it certainly was true, I mean I would adore nights out with the gals, or my friends, or going to a concert, or whatever it was, I mean neither one of us has ever been afraid to be alone, as well as together, and we deeply, deeply enjoy taking our vacations together, which are really sort of our private times, even though they may be in a large group of people, they’re still our private times.

ROSOLOWSKI: On a more day-to-day basis, what are your favorite activities when you need to recharge yourself?

GRITZ: Well, I swim for an hour every day, and that is an absolute must -- well, nothing is an absolute must, but it's an absolute must whenever I can do it, which is -- and even if there's a meeting at seven o'clock in the morning at work, I will see if I can dash out at lunchtime for a quick swim or something. So to me, that physical and mental balance is critically important.

ROSOLOWSKI: And what would be your perfect day of rest and recharging?

GRITZ: Well that's known as the weekend.

(laughter)

GRITZ: But it's never rest and recharging. I mean it -- you know, there's always the swim in the morning, and then I have to take care of my orchids, I grow and cultivate orchids, and so that's several hours during the weekend. And then there are endless errands to do. And then there are, of course, the cultural events, or social activities with our friends that occur on the evenings.

ROSOLOWSKI: I'm getting the feeling that there's no downtime for you.

GRITZ: There's very little downtime, it's called sleeping. (laughter)

ROSOLOWSKI: But tell me about the orchids. Because we haven't touched on that, and in one of your talks --

actually in both of the talks I've seen you deliver, you had some wonderful photographs of the orchids. How did that all start, and why?

GRITZ: Well that's a great question. When Mickey and I got engaged in 1975, one of -- still a remaining and dear friend who lives in Malibu, in California, went to an orchid nursery and got me a beautiful orchid plant. And that really spurred my interest. I was never much of a horticulturalist. I mean yeah, we grew a few cherry tomatoes and the like, but I wasn't a flower grower. And it stimulated me to learn about orchids. And so I had a few plants, and -- but California, Los Angeles, really is a desert atmosphere. Unless you have a greenhouse, and you can mist and humidify the air enough, you're really not going to be a terribly successful orchid grower, unless you're raising cymbidiums, which are temperate orchids, but I'm not going to get too technical about this. So, all the time we were in Los Angeles, in 22 years, I had less than 10 plants, and they would sit in window sills in our home. And I was happy if they'd flower once a year and I figured out how to fertilize them. Never went to meetings, never took any classes or anything. But this woman friend and I in Malibu, we shared this -- and another woman as well, we shared this love of orchids. So when we moved here to

Texas, I brought my 10 orchids in boxes, they flew on the plane with us, and -- in the cargo compartment. And then, I joined the Houston Orchid Society. And that was really a revelation, because we didn't initially have our house. We lived in an apartment for a year and a half while we looked for property, and then built a house. And when we built the house, we acquired a large lot, and I was able to put a greenhouse in it. So in that interim year and a half, I was building up my orchid collection, but they all lived outside on balconies, and in the winter they took up one of the spare bedrooms. I mean, it was a pretty crowded situation, I have to say. The third party, the guests were the orchids living in the third bedroom. So finally, we moved into our home, and I had my greenhouse, and I distinctly remember an orchid cultivator friend saying to me ah, you have 20 or 30 plants, that won't last long. So, I now have over 100 plants. And I'm not, by any means, a true cultivator, there's a term called hobbyist, and that's what I am, an orchid hobbyist. I'm thrilled if I can get my plants to grow, to flower, so that there's always something in bloom, and I go to Orchid Society meetings when I can. And one is endlessly buying more plants, because then it's an addiction, if you ever have heard of the book *The Orchid Thief*, it's a wonderful book, and it

tells all about the history of orchid culture and orchid growing, and bizarrely enough, in the Victorian age, when people would be so astoundingly competitive that [00:35:00] if they went to the forests of South America and they found a rare orchid, a new orchid, they'd burn down the forest after they took the plants, I mean it was horrible, just horrible what they did. But it's a fascinating subject, and there are thousands of orchid species. So every -- the Houston Orchid Society meets once a month, and they always have speakers, and you just learn endless amounts, and you can always buy more plants. And then there's the American Orchid Society, but I have not gotten to the point of activity, or even membership in that. The Houston one's good enough. So, orchids are another passion.

ROSOLOWSKI: Yeah, I was just going to use the word passion in connection with that.

GRITZ: Right, right.

ROSOLOWSKI: What are some of your favorite places, and why do they mean something to you?

GRITZ: Well, I think that Mickey and I both adore Indonesia. And we adore the places where we go scuba diving in Indonesia, which is -- one of them is the area of Papua, Indonesia, which is part of the same island that Papua New Guinea is on, but it's owned -- that part of it is owned by

Indonesia. And there are areas called [Raja Ampat?], the four kings, and [Ambone?], and Ambone is where the Spice Islands are, which we visited for the first time on our most recent trip, where nutmeg and mace, which is the shell -- mace is the membrane around the nutmeg, and the nut in the nutmeg. And the history associated with that, the Portuguese and the British, and so things -- places like that, places of great peace. Bali, we always go to Bali as an entrance and exit gateway to Indonesia, and Bali is exquisite. And we have friends there, and the art, and the dance, it's a really synesthetic culture, a culture that blends religion and dance, and music, and creativity, and gentleness. So, and we have been to many other wonderful places for diving, but I would say being on the ocean in a totally peaceful and quiet inlet at sundown, with exquisite soft hills and mountains surrounding me, and absolutely flat, clear water, is the most beautiful thing that I can think of in the world. And sure, I love Europe, and sure I love cities, I'm a New Yorker, absolutely. But I think seeking inner and external peace, these places where we go scuba diving attract me the most.

ROSOLOWSKI: Well, I'm interested that you mentioned Bali, and the synesthesia of that particular space, and connecting it up to the spirituality, because I wanted to ask you, do you

consider yourself a religious or a spiritual person? And if so, I mean does that affect your work?

GRITZ: Well, I've always felt deeply embedded in Jewish culture. But over the years, I have practiced less and less of the formal religion. And I certainly have, when we hiked in the Himalayas in the early 1980s, I became fascinated by Tibetan Buddhism. And Buddhist practices, and universality, and equality, and ways to calm the mind and the great scriptures and great artworks that come out of Tibetan Buddhism. And I read many books on the lives of the Dalai Lamas, and on the structure of Tibetan culture. And then of course the tragic problems that have arisen since China invaded Tibet, and has totally dominated it, and drove the Dalai Lama out. So, I consider myself a spiritual person. Do I practice a lot? No. Do I wish I had practiced a lot more? Yes. And I see that as something that is endlessly evolving in my life, that at some point, I will. I mean, I've taken a number of meditational programs, I've done yoga periodically, and I think it's one of the most valuable things that I could do for myself as well as others could do for themselves, but you have to find the time in your life when you're ready for it, and when you're able to commit to the practice that

it really takes to gain proficiency and the mental states that come along with that.

ROSOLOWSKI: Is there some dimension of your spirituality that informs your work in the professional sphere?

GRITZ: Well I think in the sense of valuing all human beings as unique and as having important things to contribute, and removing the sense of hierarchical structure, and of control, and of dominance, trying to do away with that.

ROSOLOWSKI: How do you feel about getting older, [00:40:00] and as a woman getting older?

GRITZ: You know, in my mind I'm still 32 years old. I don't know why, but that was the year I -- that was my age when I got married. And I never seem to grow any older. I mean physically and obviously chronologically, the calendar turns once a year, but I don't feel that way. And I think swimming keeps me more flexible and more alive physically than I would be if I were sedentary. And I surround myself, or find myself surrounded by much younger people in the pool, and in the gyms, and they're always a lot of fun to talk to, and occasionally I tell them what my true age is, and they're shocked beyond belief. So, I think my mother is about to turn 101 next week, and we had a marvelous party for her when she was 100 last year, with a party planner and 100 balloons, and it was a spectacular

party, I wish I could have such a good party myself, but it was wonderful. I actually am planning a big birthday party for myself in two months. But, so I think there are some genes for longevity in my family, my father died at the age of 86 of prostate cancer, but if he had not died from that, he'd still be going strong. I mean, he was swimming in the ocean in La Hoya up until the time that he really took to his bed. And so, you know, I think I accept the changes with age, sort of not reluctantly, but I accept them. For example, when I used to dance, I was far more flexible than I am now, but I still try to do the best I can. And I've tried -- you know, I think fortunately, knock on wood, I've not had any serious illnesses. And our family, except for the illnesses that I've mentioned, have been relatively lucky, there is not a preponderance of chronic disease, or debilitating illnesses in my immediate family. And that -- or in myself, and that's very wonderful. And we try to stay as healthy as we can.

ROSOLOWSKI: Do you think that the cultural view of older women has changed in between say, the '70s and now?

GRITZ: Well probably. I think older were dismissed much more in the '70s, and now many are viewed as mentors and leaders, and setting a path, and setting examples. And so here at MD Anderson, we have a number of women who are

older than ’65, who continue to work. And just as we have many men who continue to work, and it’s seen not as an issue of well, it’s time for you to retire, but when you decide -- for me it will be when I choose to change my focus of orientation, not something that has to do with age, per se.

ROSOLOWSKI: And what point did you realize that you yourself were serving as a role model for other women, and could mentor other women?

GRITZ: I think that really happened since I’ve come to MD Anderson. That when I was at UCLA, even though I was the director of the division of cancer prevention and control, it was, as I said, a matrix organization. So we didn’t really have any students who worked with us. We were in essence a research group. And so when I came here and had -- and started to have faculty whom I had to mentor and grow, and students, and be on national panels that had a broader scope, then I think I started to assume the mentoring role and posture.

ROSOLOWSKI: Now you’ve mentioned a number of individuals that served as informal mentors to you. Are there things that you wish you’d gotten from mentors, over the course of your career, and how does that influence the kind of mentoring that you give younger people now?

GRITZ: Well, absolutely, yes. There's no question about that, I mean I wish from the day that I had assumed my first faculty position, there was someone older and wiser, and more accomplished who had sat down and said, this is how we're going to chart your career. Or these are the things you need to think about. Or these are the other areas in which you need to develop expertise, and sort of instead of just stumbling upon all of these forks that I have mentioned. And that's why with my own young faculty and students, I try to do that with them very consciously, instead of letting them stumble around and see what happens. Try to make connections for them, introduce them to [00:45:00] others, mentor them even in professional meetings and the like.

ROSOLOWSKI: As you look back over -- as you look into yourself, and then as you look at other women who've been as successful as you have, do you see certain commonalities, or things in common between and in their personalities, things that have enabled them to be successful?

GRITZ: I think that all of us who are in this decade, or this generation of women leaders, many of us have felt that we've done it on our own, that we didn't have a formal helping structure, certainly nothing like Liz Travis's

program for women faculty. And that we had to always strive to be the best and the brightest, and that we didn't have a support network. So, I think if you -- and Liz has conducted interviews around this topic, and I think it's -- that's probably characteristic as we felt we had to develop our individual strengths, and to go out and to seek opportunities, and that nothing was -- we had no sense of entitlement, that nothing was coming to us that we had no right to anything specifically, because we were women, or anything else. If anything, it was probably the opposite, we had less right. So that's, I think, one big difference. Also, the women that I know who are my age colleagues are also very hard working. Very hard working. Whether they had families or not, they all worked immensely hard, and continued to publish and produce, and not many of them took time off. Not many of them came back after a period of child rearing. Most of them just stayed right through, worked right through, and had help in the home, and sometimes didn't have help in the home.

ROSOLOWSKI: That time out, particularly for a research-based career, is the kiss of death.

GRITZ: It's very difficult. It is definitely very difficult, yeah, yeah.

ROSOLOWSKI: Yeah. Speaking of strengths, I'm wondering how you would characterize, on the one, your strengths, and also if you could list what you consider to be some of your weaknesses.

GRITZ: Well, I think the characteristics that I describe as risk factors for burnout, many academics, I certainly am not without them, I am perfectionistic, I am obsessive compulsive about my work, and about everything else in my life, too. And I have learned to delay gratification in terms of research and other rewards that you're not going to get anything today, you're going to have to wait for it. So I think I have perseverance, resilience, a positive attitude, it's easy to get overwhelmed when something bad happens to you, when you don't get a grant, when you're not selected for a position, when somebody chews you out for something, but I think I have resilience in that I bounce back from that. I seek support from my social network, my network of friends. I'm not afraid to share with them the gruesome details of what actually happened, and to seek solace and support and rebuilding from that. And so I think those are -- and I am blessed with a lot of energy. So, and I like to multitask. I enjoy multitasking, it's rare, maybe that's why those scuba diving trips are so fabulous, because I only do one thing, I dive, and I look

at fish, well I read a lot of books too, but that's -- but it's not -- there's no work involved in that. I do know when to put my work aside. I mean, I do not work 24/7. When I need to recharge my batteries in the greenhouse or something, I'm not thinking I'm not going to do this today because I have a grant application due. If I need to stay up later, I'll stay up later. So, I think those are some of my strengths, including the tremendous value I place on balance. And inner knowledge, I think I'm very introspective. I've examined myself, I know the areas that I had to grow in, and the areas that needed work. And what were some of those? Well, I was very insecure when I was younger, and I don't know if you'd call that a weakness, but I was immensely insecure, which I think was maybe a little bit of just the neurotransmitter imbalance of having a lot of anxiety, which was directed towards work and toward career growth and the like. [00:50:00] But -- and that I've dealt with, I think pretty successfully over time but, you know, long time personality traits crop up. They don't ever go away together, but you learn how to deal from them. And what other weaknesses? It's hard to talk about your weaknesses, because you usually suppress them. (laughter) You know, I never feel I'm good enough at what I'm doing, good enough at mentoring, I should devote more

time to it. I should take on more responsibility, so there's always that little nibble in the back of your mind, saying there's those things undone, and you need to get to them, when probably a strength would be to say hey, you can't do everything.

ROSOLOWSKI: I wanted to get your opinion about some general issues, about women in professions, and your observations about where we come, and where we need to go. What impact do you feel women, including yourself, had on the field when you first entered in the '70s, in the '60s?

GRITZ: I really don't know how to answer that. How women as a whole had an impact? I think maybe since women are more prominent in the social sciences, in public health today, some of the psychological sciences, that maybe they brought more sense of the need for balance, of compassion, of emotional overlay of issues. And the need for equality. But I don't really know how to answer that question in an intellectual way.

ROSOLOWSKI: What about in an emotional way?

GRITZ: Well I think I just answered it emotionally.

ROSOLOWSKI: OK. What about how if you feel -- I mean, you were speaking in general, but when you think back to the context that you entered, do you feel -- I mean you certainly had an impact intellectually, and as a

researcher. But do you feel that being a woman in those spaces made a difference to the people around you?

GRITZ: I think that being a woman in terms of representing the other sex makes a difference in an all-male room. And a woman who's willing to speak out, and willing to have a leadership position, and willing to work hard and carry their own weight is probably an important principle. Also, a woman who can fit into the old boy's club, and can join in the social activities, and in the camaraderie, as well as being strictly relegated to, in the old fashioned terms, the family and home sphere. So a woman who partakes equally in all aspects of professional life, as well as personal life, is very important. Also important to the young women who are coming through the pipeline, to show that it is possible to get to a senior level, and to have made a mark and also to continue to enjoy one's life, and have the things that are the life balance that you seek.

ROSOLOWSKI: I once read in -- this was in an article by Gerda Lerner, a feminist historian, that the history of men is passed down from generation to generation, but that each generation of women has to basically rediscover the history of women. And I'm wondering if you think that that's changed. I mean, that article was written a number of years ago, and if you think that now in your field, and in

the medical fields, women and men do have a sense of women's contributions over the course of the history of the disciplines?

GRITZ: Well I certainly think that wonderful institutions like ELAM and the Foundation for the History of Women in Medicine, and there are similar -- American Medical Women's Association, and similar -- there's a group called Women in Thoracic Surgery, so they -- and I'm sure many more of these exist than I know of. In psychology, there are women's divisions and the like. And I think that has really brought being a woman into consciousness now, and to recognize consciousness, and it is much more permeating, [00:55:00] the professional world as well as the artistic world, and the social world. So I would say those professional groups in particular are, there are awards at the NIH that are named after important women like Rosalyn Franklin, who was one of the Nobel Prize winners. And so, well if she didn't win a Nobel Prize, she almost won one. And I can't remember, but Rosalyn Franklin, there's an award named after her at the National Institute of Health. So, and I think those are very important, demonstrable products and demonstrable organizations that continually bring the history of women and the accomplishments of women into consciousness.

ROSOLOWSKI: What needs to be done to keep women in medicine, and in leadership roles, and also in research, and in the sciences in general?

GRITZ: Well I think the -- some of the kinds of things that we are doing here at MD Anderson, the -- as long as it isn't automatic, that women are sought for as highly and strongly as men, that you still have to say that a woman must be on the final recommendation list to the president on a department head search. As long as you still must consciously make those actions, we aren't there yet. We need to continue to change old fashions, attitudes, and beliefs, and we need to challenge, I'm sorry to say, we still need to challenge some of our male colleagues on some of their implicit beliefs, where they -- where an extreme example that I will make up might be that say there isn't a woman full professor in the department, and all the women are stuck in non-tenure track assistant professor positions, and the department chair says, oh, I'm as egalitarian as everybody else, I -- you know, I think the world of women. And yet the demonstration is that, that man might not have a gender balanced department, etc. And actually have attitudes that he's unwilling to admit. So there's a lot of hidden stuff that still has to be dealt with, and the unwillingness to come to programs or

presentations that have to do with improving equity and resource distribution in your department. I mean, things like do men get more space than women? Do they get bigger startup packages? I mean there's a whole bunch of fascinating metrics that can be looked at, that show this unequal distribution that still goes on, alive and well, because people don't think to ask about it. So I think yes, there's a lot that needs to be done continuously in this realm, and with a sense of advocacy and with a sense of purpose. And unfortunately, having to verbally bring it to light as well.

ROSOLOWSKI: Well you know what I am just thinking of too, because in your response here has captured a lot of what needs to be done at the level of policy making in the institution itself. But earlier today, when we were sitting in on that question and answer session with students, it's really clear that the female students themselves are going through this mental process of trying to figure out what should I ask for? What can I expect? And I'm wondering, you know, those are the same questions I was asking at that age, I'm sure they're the same questions you were asking. So what needs to happen kind of at that level to change student consciousness, so they can dovetail with the policies that are being made.

GRITZ: Well, they are very lucky, they have a formal course with three established senior women mentors who can help them answer that, and help them go down that exploratory path in their own lives, and figure out what to ask for. You and I did it by ourselves, and we didn't always come up with the right answers, or with the doors opening instead of shutting.

ROSOLOWSKI: Given the fact that these -- this generation of women who are now students are asking the same questions that you and I did, to what extent has the culture changed?

GRITZ: Well, I think it's changed a lot, because I don't even think we knew that other people were asking them. We did it alone, we struggled with it, and I think probably more often than not, we felt we did not succeed. These young women have phenomenal advantages, they have people looking out for them and putting those questions in front of them, the way I try to do for my young faculty.

ROSOLOWSKI: The final question I wanted to ask you is that you've received so many awards and moments of recognition [01:00:00] over the course of your career. Could you talk about one or two that really mean something special to you, and tell me why?

GRITZ: Well, the most recent one that has been extraordinarily wonderful was the Alma Dea Morani

Renaissance Woman Award, because it represented not only outstanding accomplishments in medicine or science, it also represented diversity of accomplishments in life. And tribute to those other accomplishments. And in my heart of hearts, I've always considered myself a renaissance woman. But the term renaissance woman is one that's often frowned upon. It's equated with a gadabout, and somebody who isn't focused, and other terms similar to that, when in reality, I've always thought that the renaissance was a time of extraordinary flourishing of the sciences, the arts, culture, personality. And that that was something that should be emulated, not decried. So when I was selected for that award, it just like blew me out of the water, so to speak. I mean it was one of the most wonderful things that could happen to me, and I will never forget the day that Wilma [Seagal?] -- Wilma Burton Seagal called me. I was in Seattle, and I was on a consultation visit to the Fred Hutchinson Cancer Research Center, and my beloved [Tensing Purball?], my beloved cat of 11 years, had just died of a brain tumor, or he was dying. And we had taken him to the vet, and he had terrible symptoms, he was reduced to reflexive behavior, and none of us knew what it was. And the vet actually didn't know, and I flew up to Seattle, sitting next to a physician who had a dog under

his seat, who he was -- he had brought to Houston to breed. And it turned out that he was a neurologist, and I said to him, this is going to be -- and we were chatting, because the dog was so cute, I had to pet the dog. And I said, "This is absolutely ridiculous for me to ask you, but I'm going to ask you anyway." And I described the symptoms of Tensing Purball, and he said "It's a brain tumor, there's absolutely no question in my mind, it's a brain tumor." And I said, "The second I get to the hotel room, I'm calling my husband, telling him to take the cat back to the vet." And instead -- well I did that, but then the phone rang, and it was Wilma Burton Seagal telling me about the Alma Dea Morani Award, so on this day that was profused with so much sadness, there was this wonderful shining light, and it was immensely meaningful to me. And so the award has kept that special emotional, as well as intellectual recognition. And there isn't any other award like it. I mean it's really astonishingly unique. I mean, I have had other awards for accomplishment from my professional societies, and they're very -- each one of them is very meaningful, the Institute Of Medicine is very meaningful, to be put among that premier group of intellects that goes all the way across the sciences, public health, and medicine, is an astonishing experience.

But it doesn’t have the roundedness that Alma Dea Morani does.

ROSOLOWSKI: Is there anything else that you would like to add before we finish for today?

GRITZ: Well I guess my wish for everyone who ever listens to any brief section of this recording is that they understand that I feel that wholeness in life, and the gestalt of life, the intellectual, the personal, the cultural, the physical, and the appreciation of the natural world, are all -- and of course, family and other social relationships all compose a fulfilled life. And that not having some of them, if you -- lacking some of them may lead to regrets later on, and that taking advantage of them and building on them, and not being afraid to devote time to them really has made critical difference in my life.

ROSOLOWSKI: Well thank you very much.

END OF AUDIO FILE

Ellen R Gritz - WIM MOR9 - phone conversation

[00:00:00]

ROSOLOWSKI: I'll have to put a little identifier tag on this, like I did before, and then we can kind of start. But I also wanted to -- hang on just a second. OK thanks, yeah (inaudible). (laughter) He's patting my hand, he's shaking your hand. All right, thanks a lot Doug. He actually turned around, he was on his way to work. And turned around, and came back. So we'll see you later Doug, thanks a lot. Just close everything up tight behind you. All right, good. So, I -- did you have a chance to look at the material that I sent you?

GRITZ: No.

ROSOLOWSKI: OK.

GRITZ: I mean I'm back at work one day, what are you expecting?

ROSOLOWSKI: Well, I expect a lot, I know, I know.

GRITZ: Expect a lot, OK. Well I'm very good on my feet, as you know.

ROSOLOWSKI: I do know. Well let me just remind you kind of what I have down, and then you could let me know if there's something that you would like to add. We had talked about

how you wanted to speak about your involvement with the American Legacy Foundation.

GRITZ: Right.

ROSOLOWSKI: OK. Let's see. I didn't --

GRITZ: Did you send anything new?

ROSOLOWSKI: I'm sorry?

GRITZ: Did you send anything -- oh, Claudia says new here. This is new.

ROSOLOWSKI: I had sent you a --

GRITZ: Something new, it's got my handwriting on it. January, three to four, February?

ROSOLOWSKI: Oh, that's old.

GRITZ: That's all I have.

ROSOLOWSKI: Yeah, that's old. OK, well I -- it may not have gotten printed out. So what -- because I had sent you a revised list, but that's OK. We can go through this now. So the American Legacy Foundation, I thought it would be nice if you could talk a little bit more about your appointment to the Institute of Medicine. Because you had said that you felt that was just an amazing event. I also thought --

GRITZ: Didn't we discuss that before?

ROSOLOWSKI: We did speak about it before, but I don't think we really, you know, talked about kind of what your

activities were once you were appointed. And that would be really important. Let's see, there were a few things that I didn't think we really covered in terms of your research focus, and just all of the activities that you've done with cancer prevention and control. You know, there's this -- you know, you were pioneering the psychology of tobacco use, the focusing on gender differences and disease. These were some things that we touched on, but you didn't really -- you know, we didn't spend a lot of time on them. We were kind of doing breadth rather than depth.

GRITZ: OK.

ROSOLOWSKI: There was ASPIRE, the smoking --

GRITZ: ASPIRE is not me, that's Alex Prokhorov.

ROSOLOWSKI: OK, so I'll cross that off. Then there's the TEP program.

GRITZ: I'm sorry?

ROSOLOWSKI: The TEP --

GRITZ: No see, that's Alex Prokhorov too, I don't know where you got this from.

ROSOLOWSKI: OK. They got the -- yeah, and then TTP, how about that? The tobacco treatment --

GRITZ: No, that's -- well that's -- I mean that's in our department, but that's Paul [Cinserpini?].

ROSOLOWSKI: OK. Now the cell phone intervention project?

GRITZ: Yeah, that's the HIV smoking cessation for us.

ROSOLOWSKI: Oh, OK. Yeah, so why don't we --

GRITZ: So I've actually -- I mean, I've just found two versions of February three, but I have nothing new.

ROSOLOWSKI: That's strange.

GRITZ: Well, let me ask Claudia. Hold on, just hold on. (pause) All right, OK. She says she doesn't recall, but --

ROSOLOWSKI: OK. Well it may have been a long time ago, and I --

GRITZ: It would have been a long time ago?

ROSOLOWSKI: I should have re-sent.

GRITZ: OK. But I don't know that we really -- well Claudia will look, but --

ROSOLOWSKI: OK. Well, you know, I think the main thing is that --

GRITZ: But you know what you want to cover.

ROSOLOWSKI: Yeah. And also, what are some of the things that you wanted to cover? I mean, you mentioned the American Legacy --

GRITZ: Oh, I see the stuff from -- I see the stuff from the February 3rd interview, I don't know how these got on here, because they were not -- they're not my primary activities.

ROSOLOWSKI: OK. I got them off of something, you know, either a letter or something --

GRITZ: Maybe a website.

ROSOLOWSKI: -- a website, yeah.

GRITZ: It could have been a website, because as the chair of the department, a lot of things are put under my name. But they're not actually my personal activities.

ROSOLOWSKI: Right. Well what of your personal activities, you know, do you really want to just get on record right now?

GRITZ: And you didn't send me a script -- I mean, you didn't send me any kind of a transcript of what we've done yet?

ROSOLOWSKI: No, no. And they won't be doing a transcript of it, most likely. They will be sending you an audio copy.

GRITZ: All right. So, the problem is I don't recall what some of the in-depth things we covered were.

ROSOLOWSKI: OK. I mean, one thing we didn't -- you know, I remember --

GRITZ: I know -- remembered the -- like I know Legacy, I know we keep talking about that. But that's the only thing honestly that sticks in my mind. I mean I can talk about the tobacco settlement fund, Claudia just found something, February 9th? [00:05:00] Attached are the running notes?

ROSOLOWSKI: Yeah, those are things that need correction.

GRITZ: OK, OK. I've looked up a number of them and tagged and read anything that remains a question. OK. Well, obviously I had not seen this before. And I can go through it with you.

ROSOLOWSKI: We don't need to do that now. I mean I thought that that was something that, you know, you could -- I mean, in fact I'm going to send you more running notes after today, and I'll put together anything I couldn't find. And that's just a matter of you looking through, making sure I've spelled things right, or --

GRITZ: Right, yeah and I do see those -- I do see a number of things there.

ROSOLOWSKI: OK, good. So, I'll append today's running notes to that, and send you a new copy. And what I had done was after -- I had just done a new little two-page list of questions. You know, on the basis of things that I didn't feel that we really, you know, covered in depth. And, you know, what we can do as just things come to your mind today, we can go into it in greater detail. We can talk more about the HIV project and, you know, the cell phone intervention, you know, how you came up with that idea. There's also the melanoma and sun protection. And then there was the genetic testing, which we really didn't talk about, you know, why you wanted to start that. And then

another question I had was the process that you went through as you shifted more into working in public health, as opposed to doing, you know, research, clinical research, or research in the lab. And I just thought that might be interesting. Do you think that's a relevant question?

GRITZ: Just wishing my assistants would pick up the phone. Yes, OK they got it. Yeah, I guess it could be. It's not one that clutches at my heart. Because I never was -- well, I was at the very beginning of my career a lab investigator with animals. But as soon as I switched to humans, then it became more clinical, and you know, I still don't really think of myself as a public health researcher. Sort of cancer control, and cancer prevention, but that's different from people who go out and do large population-based (overlapping dialogue; inaudible). You know, like in the sense of eradicating tuberculosis or something that.

ROSOLOWSKI: OK. Well that's -- OK, well I mean that's relevant. So, you know, maybe I could just remind you of that, and we could --

GRITZ: OK.

ROSOLOWSKI: You know, all right. Now we're starting to get into the interview, so let me just record the identifier for this particular disc, and then we can proceed with questions, OK?

GRITZ: All right, that would be fine.

ROSOLOWSKI: All right. So now I've got the recorder on. And I'm making sure everything is -- yes, we do. OK, so here are, identification. I'm Tacey Ann Rosolowski, interviewing Dr. Ellen Gritz. This interview is being conducted for the Renaissance Woman Oral History Project, run by the Foundation for the History of Women in Medicine. In 2008, Dr. Gritz received the Foundation's Alma Dea Morani Renaissance Woman in Medicine Award. This is a telephone session conducted to supplement our previous interview, conducted in Texas on 3 and 4 February, 2009. Today is the 17th of March, 2009, and it's about 11:20 in the morning. OK. So, I'm really glad that we were finally able to schedule a time when we could talk in real-time.

GRITZ: Yes, so am I. Thrilled.

(laughter)

ROSOLOWSKI: With two schedules, yes. OK, well we've -- before we started formally recording, we talked about some areas that we wanted to do follow-up on today. And do you have one of the areas that you'd really like to start speaking about first? Or would you prefer that I just ask you some questions?

GRITZ: Why don't you set the pace?

ROSOLOWSKI: OK. Well I know that the American Legacy Foundation was one area that you really felt you wanted to talk about after we concluded our interview last time. So, why don't we begin with that? If perhaps you could speak about how you came to be involved and what that involvement looks like?

GRITZ: That would be a pleasure. I think it was back in 2002, I was nominated for a seat on the board of directors of the American Legacy Foundation, and this is an extraordinarily unique and prominent public health foundation. It was established in 1998 as a part of the master settlement agreement between 46 states and several territories, and the four major tobacco companies to pay for the death and disability caused by tobacco over [00:10:00] many, many years. And so as part of this settlement, which was to go to the states and the territories, there was this very large sum of money set aside for smoking and tobacco use prevention. And eventually, cessation has been included as well as the largest public health foundation that has anything to do with tobacco. So, back in 1998, the first board of directors was nominated, and there were some rotations that started to occur around the time that I was being nominated. So I was therefore nominated to fill an open

position. And the board has I believe 12 seats on it, and several of those are public servant members, there are governors, there are attorney generals, and there are state legislators. So two of each, and then there are six members of the public health and scientific community, so it's considered extraordinarily prestigious and also a great responsibility to be on the board of this foundation, which is in a sense directing the largest public health anti-smoking activity in the nation. And the particular campaign that Legacy developed and has really successfully propagated is called the truth campaign, and it's aimed at high-risk youth, and it spreads through viral networks is the terminology, spread through the web and all sorts of networks that youth use that -- and YouTube now and, you know, all of these very amazing high-tech communication devices that many adults, including myself, are not tremendously familiar with. And it was a very, very large budget. So to be able to do national level counter-advertising against the tobacco industry, And in a number of manuscripts that have been published today, it's been shown that the truth campaign effectively prevented some significant proportion of teenage initiation, I think it was maybe up to a quarter, that would have occurred in the time period that the truth campaign has been publicized and

implemented. And so, when I first joined the board, Christine Gregoire, who was the attorney general of the state of Washington, and the -- one of the primary authors of the master settlement agreement, was the chairperson of the board. And she is currently the governor of Washington state, after she finished her term on Legacy and also as part of AG, she ran for governor and has just been successfully reelected to her second term. Just an extraordinary woman, an outstanding woman. I mean a leader beyond par. Just I've never seen someone with such extraordinary competence, and dignity, and a brilliant mind. And AGs, attorney generals, are extraordinary. I mean they're the lawyers supreme in a sense, they're the lawyers of the state. And we in academia don't come in contact with those kinds of ways of thinking, of minds, of sharpness and acuity, and clarity. So, the nomination -- so the interview process for this position was, we were brought into a room, and the whole board interviewed us, and -- one at a time, we didn't know who the other candidates were. And I believe there were maybe something like four candidates for the position. And you had no way of knowing how well you did, and then I was selected for the position, this was back in 2002, and I was just thrilled. So I joined the board at that point, and after

three years, you can have two three year terms, I became the vice chair of the board. So I served as a board member for three years, and then as vice chair for three years. And just the combination of the scientists and public health experts with corporate individuals with state legislators, with governors and with attorney generals has just been an extraordinary experience. I mean amazingly creative, amazingly decisive, amazing amounts of interaction and communication. And then of course, the foundation itself, which is headed by Dr. Sheryl Healton, who came from the world of public health, and was at Columbia University, and had worked in HIV prevention and other areas of public health. And is a phenomenal woman leader, and leader of either gender. And so, she has built up this magnificent [00:15:00] staff at Legacy which does these phenomenal advertising campaigns, which has a research department, which has -- which keeps on top of everything that's going on, and Legacy is not allowed to lobby, because of the way the master settlement agreement is written. So everything is educational, and we have now, after many years now of doing the truth campaign, Dr. Healton has created another campaign called X, which is a national smoking cessation campaign, an attempt to be state of the art, to reach any smoker who can -- who wants to

quit and can. So, but the goals of the foundation are to prevent smoking initiation, and to enable cessation for any adult who smokes and wants to quit. So I have to say that this has been one of the most unique experiences of my entire career, and a very broadening one, and one that makes you feel you've stepped out of the range of being an academic in a hospital or a university, and into the true national public health scene.

ROSOLOWSKI: That's really -- that's a really wonderful narrative. What an experience. And I was struck, as you were describing it, that -- how many women are involved. Did you feel that when you became involved with the American Legacy Foundation, that there was an unusual degree of women represented in this nationally powerful organization?

GRITZ: Well I think one of Legacy's goals is to maintain diversity and gender equity. So, when we search for new members when there are vacancies on the board, we examine a number of factors, including of course the very important one of who is the best qualified candidate. But we also specifically will look for women, for people of color. And Legacy has done very well in that regard. And I think it also reflects the leadership of Dr. Sheryl Healton that she has taken the same kind of position in regards to the

staff, because many of those who continue to smoke are underserved populations, they are lower socioeconomic status, they are people of color, etc. And so, we are always extremely conscious of that at Legacy.

ROSOLOWSKI: You mentioned that there was an individual, as part of Legacy, that was interested in HIV, and that reminded me of your own work with HIV and some of your -- the prevention project that you developed. Would you talk a little bit more about how you got involved with HIV patients, and then what you've done to help alleviate suffering from that disease?

GRITZ: Yeah, it's a very -- it's actually a very fascinating topic, because as my career has progressed, I've become more and more interested in what we would call special populations. So, while it's important that no teenager starts smoking, and any individual who wishes to quit be able to do that, and receive all the help that she or he might need. There are underserved populations who are particularly vulnerable to the effects of tobacco smoke. And even after they may have, for example, in medical populations, a given disease. So, early in my smoking cessation career, I had worked with pregnant women, a vulnerable population, and then as I -- as I think we talked about earlier in the interview, my whole involvement

with the world of cancer and cancer patients, and psychosocial aspects of cancer, it occurred to me that the behavioral and lifestyle aspects of cancer patients and other vulnerable medical populations are often ignored. So the focus will be on their disease, and treating their disease, and whether it’s curable or not, doing everything you can in that realm, but in terms of their lifestyle behaviors, and for me, that has mostly been focused on smoking, but of course diet and physical activity, screening behaviors, sun exposure, all of those are part of cancer prevention and control, where I’ve really focused in my career. So, it’s a long way of getting around to HIV, but -- so the first population that I worked the most closely with, as I believe I described earlier in the interview, were cancer patients who continued to smoke, and in particular head and neck cancer patients who are ravaged by tobacco. And there is a literature that shows that these individuals have poorer prognosis, and poor response to treatment, and poorer survival and all, if they continue to use tobacco. Well, it turns out then that -- oh, I guess I started to work with head and neck [00:20:00] cancer patients in 1986, so here coming to MD Anderson in 2003, a couple of years later, I met a colleague who was a professor of infectious disease at the University of Texas

school of medicine, Dr. Roberto Arduino. And he heads a large clinic for the treatment of HIV/AIDS patients who are indigent, a county clinic. He heads one of the clinics in there, the Thomas Street clinic. And we became colleagues and were talking about our research, and suddenly I said to him, Roberto, is there a high rate of smoking among HIV/AIDS patients? And he says, "Oh it's terrible, you know? And we don't know what to do about it, we don't know -- no one pays any attention to it, it's terrible, and it's terrible for their health." And so we -- I said well, I'm just the person for you then to collaborate. And so he didn't know much about tobacco and smoking cessation, and I didn't know much about HIV/AIDS, but as colleagues and friends, we had sort of attacked the literature together. And we found that there's a very significant and growing literature on the adverse effects of continuing to smoke in individuals who have the HIV virus. And even those who go on to develop the full-blown AIDS syndrome. And this is, again, all in terms of potentially progression of their disease, of complications, of side effects, of dealing with some of the potential complications of long-term anti-retroviral treatment, the drugs that are used raise the lipid profiles and make -- give people additional risk factors for cardiovascular disease, and especially because

now, with the very successful advent of the anti-retrovirals, individuals a living a long time and have much more of a semblance of a normal lifestyle, and a normal lifespan. Well with very elevated cardiovascular risk factors, and smoking is one of the major causes of cardiovascular disease. So we -- so I involved some of my colleagues in my department here at MD Anderson, in particular Dr. Damon Vidreen and Dr. Amy Lazif, younger colleagues, and we built a small group that did, with Dr. Arduino, a series of pilot studies on, well, do these patients at this clinic, are they interested in smoking? Is it feasible to do an intervention with them? Many of them are indigent, as I say, and didn't have their own transportation. They don't have stable homes, they don't have telephones, they don't have privacy. And so, the group itself, I'm not going to take credit for it myself personally, came up with this idea of using a cell phone intervention. Because -- and giving cell phones to the patients. So what we did was we adapted a state of the art smoking cessation intervention to a telephone counseling mode, where we would enroll the patients at the clinic, at Dr. Arduino's clinic and other clinics eventually in Thomas Street, and of course there was a randomized control trial, but we did feasibility studies, we did qualitative studies,

we did a whole range of initial pilot studies until we determined that yes, these people were very eager to stop, they really needed help, and they were willing to do the treatment program. They were -- you know, if you gave them the proper tools, like a cell phone and the time, they were very eager. Which is the same thing that I found with cancer patients, that people make generalizations, that people with illnesses, and poor people are not -- you know, are somehow resistant to treatment, or do poorly in treatment, and this just isn't true. And I think it's one of the stigmas, and the barriers that we have to get over in our approach to dealing with vulnerable populations. So, we wrote a grant to the national -- well it's actually to the NIH, and we were funded through the AIDS study sections, the AIDS branch of the government, the agency. And we are now in the fourth year of our randomized control trial, where we have 500 individuals who we are enrolling and giving this proactive smoking cessation treatment to, with a one year follow-up. And so, we -- and collecting a whole variety of data, quality of life data, as well as all the data that surround their use of tobacco, their ability to quit, their ability to stay quit, etc. And it's been a fabulously interesting experience, and about -- I think it goes back to 2006 now, [00:25:00] maybe it was 2007, you

can look it up on my CV, there was a state of the science conference on tobacco, at the NIH, and many program officers from around the different agencies at the NIH, or institutes of the NIH, came, and I was asked to give a talk on smoking in co-morbid populations. That is, populations with medical diseases. And so, I selected not only cancer, but chronic obstructive pulmonary disease, cardiovascular disease, asthma, diabetes, and HIV/AIDS. And we covered each of these in terms of the extraordinary adverse affects of continuing to use tobacco, and whatever smoking cessation research had been done in these populations, which is usually not very much. Underfunded areas. And there was a program officer from the National Institute of Drug Abuse who was in the audience, and she heard my segment on HIV/AIDS, and she got extremely excited. And she contacted me afterwards and said, I want to do a conference on this, would you be willing to be a conference organizer and planner, and then to be one of the special editors of a journal, an issue of a journal that we will produce? And so, we did that. And the conference was, I believe it was October ’07, yes. So the NIH conference was probably in ’06, and then about a year later was the conference, and we now are about to have the special issue published. And so, this was -- so we selected the

speakers, and it was a day long conference. And then, the papers were submitted, and there was a formal review process, and now there's a special issue of a journal, and myself and two other guest editors have written an introduction to it. So really, launching a whole new field in a sense. And because now those clinical researchers who do HIV/AIDS treatment research are really worried about the potential side effects, the cardiovascular and other side effects, and realize that persons on anti-retroviral medications are going to be developing more cancers, because they're living longer, not only cancer association with AIDS, but cancer associated with tobacco, lung, etc. That this is coming into national prominence. And so, we're hoping that the big treatment trial groups that have up to now focused really only on medications for AIDS treatment will now be interested in moving into this area as well.

ROSOLOWSKI: I'm really struck, as you're describing this, I mean you're talking about, in a sense, a whole new role for the doctor. You know, looking at these underserved populations and then looking at disease in the context of a much broader life. And I'm just -- I'm wondering, I mean over the course of your career, have you noticed that the role of physicians that you work with has changed, or that

as involvement in -- as the involvement of individuals who are doing psychosocial work, such as yourself, you know, becomes more and more important, that that's helping to change medicine in a certain way?

GRITZ: You know, it's a very fascinating and challenging question. Because if you think about the way physicians are trained, they have a vast and ever growing body of knowledge that they are commanded to absorb in medical school, and in their residencies and fellowships, and all of those other sub-specialty trainings they undergo. And just about 1% of it maybe would be behavioral, or psychological. And we know that psychiatry is not one of the highly prioritized areas in medicine, that the more eclectic you get, and maybe a neurosurgeon is on the top or something. But, so basic science, clinical medicine, technical specialties, and high-tech medicine in terms of molecular medicine and a variety of extraordinary equipment advances have really, in a sense, pushed behavior and lifestyle into areas that are not considered very sexy. And so, physicians are under great demand to learn everything else. And while we say they need exposure to lifestyle and behavior, starting from medical school, it really honestly isn't adopted a lot. And when -- there's another amazing statistic, which is that 35% of all cancer

deaths are attributable to tobacco. And another 35% to diet, and probably diet combined [00:30:00] with physical activity. So we're talking about preventing 70% of all cancer deaths, and I'm certain that there are significantly other relevant statistics, if you look at other kinds of diseases. Chronic obstructive pulmonary disease is almost entirely caused by smoking. Cardiovascular disease, smoking, exercise, and diet are a huge proportion of the causal effects. So, we know that these kinds of emphases are tremendously important, but the physician isn't really reimbursed for doing preventive medicine. Preventive medicine is not a national priority, it should be, and people pay lip service to it, but the way our nation's healthcare system is set up, it isn't. So, the role of the behavioral scientist and people in public health, but behavioral scientists most of all are really to try to share the skills, impart the knowledge and the skills to physicians, but to be there as a partner mainly because you have to admit that very few physicians are going to be able to adopt and embrace this kind of specialized knowledge, and spend the time with patients that it needs, that is necessary to really, to do a teaching and behavioral change intervention. Does that address your question?

ROSOLOWSKI: It does, and I'm also thinking back to our discussion about the American Legacy Foundation and, you know, if I'm sort of putting these two things together correctly, it seems that one of the joys of that experience was that here you were, working with people from many, many different disciplines, and you were really all on the same page with thinking about how health issues are contextualized in the broader context of life.

GRITZ: Well yeah, and I'll give you that's a really good point, two more examples. So one of them is that the first chairman of the board when I joined the Legacy board was Christine Gregoire. The AG of Washington state at that point, and then when she rotated off, Dr. Steve Schroeder became the second chairman of the board during my tenure. And he is a very, very well-known internist and public health physician. And he was head of the Robert Wood Johnson Foundation for some time. And he, as part of being on the board, really became taken with the importance of the role of physicians in tobacco cessation. And when he rotated off the board, he now is at UCSF, and he has an institute which is entirely devoted to trying to involve physicians, and make physicians leaders in tobacco control. And that means adopting the five As that have to do with tobacco advice and cessation with your patients, ask,

advise, assist, arrange, there's five of them, I left one of them out. But these are sort of the bastions of what the gold standard is for healthcare professionals and others in intervening on tobacco use in the patients. And so, he's taken that on as his very major career goal at this point, to make physicians more aware and more involved, and more leaders in this area. And the second point, in relation to that, is when I first came here to MD Anderson in 1993, I said we really need a program to help cancer patients stop smoking, because, you know, I've just done this research study with head and neck patients, I know how important it is, I know how well they comply, I know what the benefits are. But nobody was willing to develop a program, or to give me the resources to develop a program at that point. Well as a result of the master settlement agreement -- well actually, Texas was one of the four states that settled separately with the industry, but that's a technicality. Still, the funds from that big -- of settling with the tobacco industry, the Texas funds, MD Anderson got a significant chunk of them. And Dr. Mendelsohn, our president, in his what I have to say, great wisdom, gave our department a significant amount of money to develop a tobacco treatment program. And as I say, this had been my vision from the day that I came to Anderson,

but I entrusted it to Dr. Paul Cinserpini, who is my deputy chair, and a brilliant clinical researcher in tobacco cessation, and several other colleagues, and they built this phenomenal program, which costs about a million dollars a year. I mean, this is not cheap. And it involves psychiatrists, psychologists, [00:35:00] counselors, APN, and what it does is, it makes available to every cancer patient who smokes, their spouse or partner, and any employee at MD Anderson who smokes, free tobacco cessation counseling and medications. And hopefully, we will be tracking outcomes, it's a clinical service now, it's not a research study. But we will be tracking outcomes to the best of our ability to see the benefits that we have accomplished, both medically and behaviorally.

ROSOLOWSKI: What's the name of that particular program?

GRITZ: The tobacco treatment program.

ROSOLOWSKI: OK. So that's the TTP.

GRITZ: Right. That's in your notes there, yeah. And it's part of what our department does, but it's a service at MD Anderson. And it is only possible because of the generosity of the institution that originally came back from the state of Texas settlement with the tobacco industry.

ROSOLOWSKI: Well it's interesting too that, you know, whereas you were not able to interest some of your physician peers in this, it actually came from a higher level of the administration, which had the vision.

GRITZ: Well I won't say they're not interested. They are interested, they are emotionally and vitally involved in it. They don't have the behavioral counseling skills, and they don't have the time. So what they really need are partners, and I mean they will write us all sorts of emails thanking us immensely for working with them, and helping them. Because basically, a physician will say you must stop smoking, and then that may be the extent of that physician's ability to counsel further, because yes, he or she can say it every time they see the patient, but in terms of doing the appropriate behavioral counseling, following the medication, the smoking cessation medication, they know the essence of it. And -- but they simply have got to be focused in their time on the cancer treatment. And then, another one of the programs that you noted, the TOEP, Tobacco Outreach Education Program, also is part of our department, and is part of the funding that comes from the master settlement -- from the tobacco settlement. And that is headed by Dr. Alex Prokhorov, one of my senior faculty members, who is focused on initiation and keeping

kids from starting, and especially high risk kids, and doing professional education through the web, and through other now technologically savvy means. So physicians can get CMEs, and other physicians, pharmacists, and other health professionals can get CMEs from using our electronic professional education. And Alex is a genius at these kinds of things, so he now is doing this on a national, and developing on a global scale as well. And one of his fanciest and most delightful programs, ASPIRE, is one of these prevention outreach programs.

ROSOLOWSKI: And that's the A Smoking Prevention Interactive Experience?

GRITZ: Yes. Right, right. And he's very artistic, and he's developed really extraordinary cartoon-type -- it's like a movie. Yeah.

ROSOLOWSKI: Well, to appeal to young people, sure.

GRITZ: And very interactive, and you know, with avatars and the like, and the kids really like it. And he has some published effectiveness data.

ROSOLOWSKI: Great. Would -- could we talk a little bit about your other two areas of work as well? There's the melanoma and sun protection arm of your interests, and then there's also your interest in genetic testing.

GRITZ: Right. So when I came to MD Anderson in 1993, this was like a kid in a candy box. And I had of course been at UCLA, and -- but my -- but I really hadn't collaborated in such an extraordinarily wide range of cancers. And so, the very first thing that happened when I came in July of 1993 was, there was an RFA, a request for applications, a government grant request, that came out. That was focused on genetic counseling and testing for hereditary cancers. And my new boss, so to speak, Dr. Bernard Levine, the vice president for cancer prevention, said to me Ellen, I'd like you to apply for this. And I said, well I don't know anything about genetic counseling and testing, but I do know things about psychosocial aspects of cancer, and the issues that are involved. And so he put me together with a team of other colleagues here, one was a genetic epidemiologist, one was a gastroenterologist, [00:40:00] we had a biostatistician, and so in a couple of months, working together in what now would be called transdisciplinary research, teaching us each other's language, and explaining things that were foreign to each other, and developing in a sense a whole new organic concept from the combined expertise, we wrote a grant on -- to examine the psychosocial and psychological aspects of genetic counseling and testing for hereditary colon cancer,

which is hereditary non-polyposis colon cancer, HNPCC, the Lynch syndrome, which is a strongly hereditary disease, and it obviously would then run in families as [oxomo?] dominant, and so people can have it outright, or they can be carriers, and there are genetic tests to determine it. And so, there's a whole range of psychological issues about do you want to know, and if you want to know, what do you do about once you have the genetic test, do you go for screening regularly? Because this kind of colon cancer is -- this type of genetic mutation, if you have it, you're of course highly predisposed to developing colon cancer, but it -- the colon cancer can be preventable by frequent colonoscopy. Because unlike some other cancers, we can't do this for breast cancer, by doing colonoscopy, you detect the colon polyp, and you remove the polyp, and that in essence removes what will be turned carcinogenic. So, we don't have similar interventions for breast cancer. So that makes this a highly behaviorally modifiable prevention approach. And we got the grant, and that started out a wonderful, wonderful collaborative experience, and the -- all of the grantees were formed by the National Institute of Genome Research. We became a grantee group, breast cancer, colon cancer, were really the two cancers that were focused on. And we met for many years. And now, my young

colleague Dr. Susan Peterson, she did this as her dissertation, she took our study, and now she is an associate professor, she's grown up. So that's one of the -- and she's the expert, she's the lead person in our department in this area. So that's been one of my joys as a department chair is to identify these incredibly bright and talented young scientists, often to mentor them through their PhDs, and then to help them into faculty positions, and now to watch them gain tenure, and to have full-fledged academic careers. So that's one of them, the genetic testing and counseling. And the other was sun exposure. So again, when I came to the department, there was a grant that was either newly funded, or just about to be funded in preschool interventions in sun protection. So this is really a public health grant. This took place out in YMCAs and other preschools in the community, and was aimed at teachers and parents for kids, little kids, preschool kids. And it was an intervention that was -- it's all skin cancer, really. Melanoma, and non-melanoma skin cancers, which are [basils?] and squamous cell carcinomas. And the components of it have to do -- well, sunscreen is the most -- one that everyone knows and talks about, but clothing and shade protection. So you in essence have to teach people about the importance of not exposing the skin, and

that's hard when it's hot in Texas a lot. And shade areas, and trying to provide shade in the play areas, and not keeping kids out in the sun in the maximal exposure hours, which are 10:00 to 4:00. And having UV ratings, so you can give people some kind of a number that they know that, well now it's -- the UV rating is very high, and so it's not a good time to be out in the sun. So we did that grant for three years and got excellent positive results, which were just published, and we're disseminating it now, and then I said, when we came to renew it, let's focus on another one of these vulnerable populations. Let's focus on patients who've had melanoma, survivors who are parents, who have children under 12 in the home. Because again, we're talking about prevention, primary prevention. And we wrote that grant, and we got it funded by the American Cancer Society. And now we are actually finishing up the intervention trial. So what we did was, we used the cancer registry from MD Anderson, and we enrolled over 200 melanoma survivors [00:45:00] who had children under 12 in the homes. And we did a mailed print and video intervention, because most -- many patients at MD Anderson don't live in the area. So, all along the Gulf Coast, and out of state as well. And we will be finding out by the end of this year, by the end of 2009 how effective our

intervention was. And then we'll be thinking, of course, about next steps, about dissemination, etc. So again, it's highly rewarding, because people are really motivated. They say yes, I want this for my family, I want it for myself.

ROSOLOWSKI: That's great. Yeah, yeah no, I just -- OK, I just wanted to make sure you were finished with your comment. I mean and what's striking me again too is just that really, a couple things. That, you know, first of all, you kind of stepped up with that moment when you were -- with that request for applications and, you know, oh I don't know anything about this, but then you kind of stepped a little bit outside your comfort zone, and really had an enormously successful outcome as a result. And I'm wondering if that's something that you see as a quality of leaders, people who are in positions of leadership, such as yourself. You were mentioning, what's her name, Sheryl Hilton?

GRITZ: Healton.

ROSOLOWSKI: Healton?

GRITZ: Yeah. H-E-A-L-T-O-N.

ROSOLOWSKI: OK. Sheryl Healton, and you were talking about her leadership qualities, and then you were talking about, you know, how your joy has been to kind of see where young

people coming up, young scholars coming up, where there strengths are. And I imagine that also involves challenging them to step outside of their comfort zones, any number of moments. Anyway, I don't want to put words in your mouth, but it was just a kind of continuity that I saw as we were speaking. And I'm wondering what you feel about that aspect in leadership, and leadership in general?

GRITZ: Well that's another -- boy, you have great questions. Let me first say that this sort of backs up, in a sense, to why I was so thrilled about the Alma Dea Morani Renaissance Woman Award, because oddly enough, I've always thought of myself as sort of a renaissance person. And that's not something that's necessarily valued in academia. Focus, focus, and focus. You know, you pick your single gene, and you work on it for 30 years of your life or something. But I have always been fascinated by diversity, and by new challenges, and by different areas, including areas that I know nothing about when I start. And so, working with different vulnerable populations, working in areas of cancer or of medicine that are miles from my training. Remember, I was trained as a physiological psychologist in animal memory. You've come a long way, baby, as the saying goes. So this has been a great joy to me, and it's been a constant motivating factor, and it's -- I find it

fascinating, tremendously interesting, to keep expanding spheres of knowledge. And I -- maybe it gets harder and harder as time goes on, because things are so much more detailed now. And so much more molecular, it's harder to -- you know, in some sense is it's harder to go abroad from where your training has been. But I have always found it to be fascinating and tremendously rewarding. And that people have been very kind, they've been very inclusive, they've been willing to do this, and that goes again to this quality of transdisciplinarity that has become so important at the NCI, in recent years. And so, the same is true for challenging young mentees. Because people still come out of pretty classical academic backgrounds. So, most of the post-docs, and even some pre-docs that I've worked with, or my young assistant professor faculty, will come out of straight academic programs. And they are either psychologists, or they have degrees in public health. But they haven't been involved in this world of cancer research and cancer control, because, you know, we are not in ourselves a primary training institution. So that has been really fascinating, and I mean Dr. Vidreen, Damon Vidreen came from the school of public health, Michelle Fingerette worked in body image and psychology, Amy Lazif was a clinical psychologist, and all of them, I

guess I preselect, and those people I interview are those who want to venture into this new area, and want to take what their primary interests are, and expand it into a different population.

ROSOLOWSKI: Yeah, that phrase, the transdisciplinary and translational comes up over and over [00:50:00] in relation to your career and I mean, I think it is -- it's a fascinating word, and it's also something that resonates with me, I mean I think I am a sort of thinker across disciplines as well, and I think people who do that find each other, and the synergy that can happen, I mean as it did with your experience with the American Legacy Foundation, when you really have interactions and network setup between people who are willing to teach one another the language of their own disciplines, I mean you suddenly can tackle problems in a completely new way. I mean really, because they become different problems, you simply understand them in a new way. I mean --

GRITZ: Right, absolutely, absolutely. And the whole -- the word transdisciplinary is an invented word, and it was invented by a group out at University of California Irvine, and the name Sokolov or something like that kind of pops into my mind. But about more than 8 years ago, maybe 10 years ago, NCI issued a big RFA, request for applications

for transdisciplinary research centers in tobacco. And it was taken from this original -- these articles, they -- so to make new inroads in tobacco research from primary basic science up to intervention, by combining disciplines and so they had two rounds of these RFAs, well I guess it was 10 years, 5 years each. And I was on the advisory committee to the first set of grantees, I think there were eight grants given. And so -- and we met regularly, and it was phenomenal to watch the new science that developed, and people's ability to collaborate, and make advances in the field where we thought we'd come as far as we could go at the time.

ROSOLOWSKI: You know, I don't mean to, you know, take us into a line of thought that may be oversimplifying, but I'm just wondering if there are some connections between this thinking across boundaries, or traditional, you know, differences if you will, and gender. I mean, we always think about women being able to multitask, and I'm wondering if women bring something to transdisciplinary conversations that may be unique, or different than their male colleagues?

GRITZ: I honestly have to say I'm not a specialist in gender research, and so it's hard for me to know -- I mean I think that -- and what I may say is sort of prejudiced by my own

ruminations on this, that maybe women are more intuitive and emotional in their thinking, instead of abstract logicians. That that is encouraged from their socialization process. And I don't know if this is substantiated in any kind of literature, but I think it's one of the ways that I function. And it may facilitate this ability to link to others, or to other disciplines by, you know, a willingness to reach out on sort of not only the abstract level, on many levels. But I couldn't tell you if those people who are experts in gender differences and gender sciences would agree with me or not.

ROSOLOWSKI: You also, I mean to change the subject, you -- we talked the last time, in our last interview session, about your appointment to the Institute of Medicine of the National Academy of Science. And -- but I thought we kind of skimmed over maybe some of the importance of that particular moment, and certainly your -- the activities that you undertook after that appointment. So I'm wondering if we could return to that, and if you could tell me a bit more about that experience?

GRITZ: Well, I don't want to be repetitive, so I can't quite recall everything we said, but did I talk about how I've been involved with the Institute of Medicine from the early 1990s?

ROSOLOWSKI: I don’t believe so.

GRITZ: Ah, OK. So when I was at UCLA, and I was doing research in tobacco prevention and cessation, a committee, which is a committee at the Institute of Medicine is a group that gets together to, in essence, study a problem, to review the literature, and to write a monograph, which usually has policy recommendations in it as well. And there was -- the study was commissioned to do a report on tobacco initiation, and I was nominated and selected for this committee. Now, how that happened, I don’t know. But it’s a very [00:55:00] -- again, it’s a very rigorous process where potential members of the committee, their CVs are vetted, and they are selected. But that was my first venture into the IOM. And the report that we wrote was called “Growing Up Tobacco-Free.” And it was in the ’90s, it’s on my CV, you can find it as a monograph. And so the whole committee, it’s a committee writing process, people all write different chapters, and it gets edited and put together, and it’s a group effort. I mean there are no -- the chapters are not by single individuals, but again it was an astounding experience with other brilliant people in tobacco prevention and control, the staff at the IOM are extraordinarily talented writers and scientists. They’re able to go into a topic that they know nothing about, and

grapple the whole literature, and work with the scientists and academics to write such a report, and to develop policy recommendations and decide what needs to be done. So that "Growing Up Tobacco-Free" was a landmark report in the early '90s. And after that, one of the IOM staff members recommended me to -- for membership on the board on population health. And it had a different name at the time, it's been renamed in the past several years. And that -- so a board is a standing body at the IOM, and there are a given number of boards, and they each have defined areas of expertise. And the board on population health was -- the area was public health and behavior. And it's the only one in that area, there's a board that deals with neuroscience and psychiatry. But it's the most behavioral, this board on population health. And so, I was on that for 10 years, which was a marvelous experience, because again, the board members and the boards are pretty big, they're at least 20 people, I think. And all areas of public health. So you would have people who work at the state level, people who work at the national level. You know, different areas of expertise, and I was pretty much the only behavioral scientist on it for much of the time. And the boards then take on topics, which are commissioned by outside groups, and do the reports, but the board members

don't often sit on the committees themselves. But you get to see a tremendous range of topics selected, and learn about updates about them all the time, about the reports that are coming out. And I was the board liaison to a report on alternative and complementary medicine. And so, I got to be on that committee as the board liaison, a whole world which was incredibly fascinating, and watching, you know, as an area that goes from things that are totally unproven and considered alternative in the most extreme sense, to even the uses of vitamins and minerals, and things that we know a great deal about, integrative medicine. So that was wonderful, I -- we did two projects on tobacco, which I was deeply involved in. One was a white paper -- I was also on the national cancer policy board, so I was on two different boards. The national cancer policy board doesn't exist anymore, its mutated into another IOM type structure called a forum, but that was amazing, with the top people in cancer on that, and I was on that for two years, and then also the board on population health, and they did some other reports on tobacco, as well. And so, when you're on a board, you can argue strongly for a report being done, and its importance and the like. So that was a terrific experience. And then most recently, I was a member of the committee that's doing

a report on tobacco use in the military, and the -- yeah, the military and the veteran population. And we are in the middle of finalizing our report, which should be completed sometime this spring. And that has been again, putting together scientists, legal authorities, legislative and public health authorities, etc. And people who've been involved in the military and the Veterans Administration health systems. So, each one of these becomes a whole world unto itself, and a whole incredibly intense intellectual and cognitive experience. And so, I always had thought it would be absolutely splendid to be a member of the Institute of Medicine, because people who are on the boards and the committees either are or are not members, it's not required one way or the other. And -- but you get to see just who the incredibly [01:00:00] stellar people are who are members, and it's a very rigorous and rather secretive screening process, where you're nominated, and letters are written about you, and there's an application form, etc. And you're elected by the members of the Institute of Medicine. And so, to my extraordinary surprise, I was elected in 2007, never expected to be, it just came, I was returning from overseas, and I got a congratulatory email from one of the IOM staff, who I knew, and I wrote back saying are you sure, is there some

mistake? You know, I didn’t realize that I was nominated. They said there’s no mistake, you were elected. So that was in about October ’07, and we were formally inducted last October, October ’08. And so, what an incredible weekend of science, and policy, and you have a class. So I’m in the class -- I’m in that particular class, and you stick with your class for various events for I guess the rest of your tenure in the IOM, and it’s a lifetime membership. So I’m now able to participate in nominating others, and in trying to enrich the number of members who come from behavioral science and psychology.

ROSOLOWSKI: Yeah, and there’s stepping above a ceiling and then helping to change what comes next.

GRITZ: Yeah.

ROSOLOWSKI: I mean, that’s part of that, you know, nurturing the next generation and even deciding who’s going to have power in that next generation.

GRITZ: Yes, yeah.

ROSOLOWSKI: Yeah, yeah. I was wondering if there was anything else that you would like to add at this point on your career? Anything that you feel we haven’t covered in adequate depth?

GRITZ: Gee. We had this long, wonderful, endless conversation.

ROSOLOWSKI: (laughter)

GRITZ: I -- there is nothing that is jumping out. But did we talk -- have we talked enough about the things outside of science, the sort of activities and cultural interests, and --

ROSOLOWSKI: We haven't. We didn't touch on that really to speak of. I mean, you did mention your involvement with the arts in Texas, but what's in your mind, and what is it that you would like to pursue at this moment?

GRITZ: Well the things that I find so fascinating and renewing, world travel and scuba diving, so both under the water and above the water, my totally right brain activity of orchid cultivation, and then the endless fascination with the arts, with dance, with fine arts, with opera, all of those. So -- which to me are also part of the renaissance definition. But I wouldn't consider -- I mean I can't -- I wouldn't consider myself worthy of the renaissance title if those other non-scientific aspects of my life weren't there.

ROSOLOWSKI: In what way do those activities add to what you do as a scientist? I mean, do you see a connection between them?

GRITZ: Well they often interact with it. For example, I'm endlessly trying to get scuba divers to quit smoking.

(laughter)

GRITZ: And the staff, because men in Asia have very high smoking rates, and they're always laughing at me and sort of benignly patting me on the back and saying oh, we'll think about it next year, etc. So I'm very aware of health issues in my fellow divers. And my husband and I are both very involved in environmental conservation, particularly marine conservation. And if you've ever seen discarded packs of cigarettes on the bottom of the ocean, it's pretty gruesome, it's just disgusting. So in other words, I can't escape who I am intellectually. But I think it's really important to relax, and to have really deep, I mean they're almost meditative experiences when you're scuba diving, and because we are so focused as intellectuals and academics, and so performance-oriented, and so I think it's critical to have things in your life, whatever they are, that take you away from that, dramatically away, physically and mentally. And exploring other cultures in the world, maybe that's a parallel to looking at a wide diversity of interest in medicine and research. We just came back from India, where we explored the marvelous [Kalinga?] temples of [Urisa?], and going back to the world heritage site at Urisa, the sun temple at [Konark?]. [01:05:00] And, you know, side by side with that is the fact that there are all

these horrendous forms of tobacco use, and terrible tobacco-related diseases in India. So, it’s like an entire picture. And then, I’ve been cultivating orchids since -- basically since my husband and I got married, which is just about 33 years now, because -- ago. Because we got one wedding gift of an orchid, and that started the whole thing off. And now, I’ve been growing orchids for, you know, as I said, almost 33 years. Which is again, a very right brain kind of pleasure, to wake up in the morning and look at these beautiful flowers that you have to work very hard to get, and then they’re only there once a year. And so, and doing those -- and you actually feel, when you go out to do activities like that, out to the greenhouse, that you can feel yourself relax in a way that you couldn’t do just from picking up a book or something of that sort. So I think it’s very important for everybody to have things that take them away from, you know, what their work focus is.

ROSOLOWSKI: What kinds of legacies do you feel that you are leaving now, at this stage in your career?

GRITZ: Well, I’m hoping that for the faculty that I lead, and the young people whose careers I’ve helped to start, and facilitate, that they will see that balance in life, and that quality of life are very important components, and that success is not defined only by what’s on your

curriculum vitae, and your number of publications that you need to focus on your entire life, and life is much bigger than only your career, even though the career may be your primary work focus. So I believe very, very strongly in that, in mental and physical balance, and relationship balance, and work life balance. And so, that is one, and I think I mentioned earlier in the interview the whole faculty health program that I helped found here at MD Anderson as a legacy. In addition, I hope that I have helped show people that -- how much work can be done, and how important it is in terms of what can be done in preventing cancer, an in ameliorating its sequel, and any disease that someone chooses to be their focus, to look at it from a broad aspect, and to try to see how they can make a difference. And I have found it marvelous to associate with people whose training is tremendously different from mine, from basic scientists to highly sophisticated physicians, and I feel it's a growing experience for everybody. So I think that's the kind -- and then in the arts, it's very interesting to be a scientific professional in the arts. Because you bring to those kinds of dance and opera, you bring to it a sort of a different eye, a different kind of way of approaching it, and you -- and then you also can help gather groups together. You can

start support groups, and I've done some of that in a number of areas, working now on one in opera and medicine. So, you know, it's sort of putting your own personal touch on these wonderful fields that you get interested in.

ROSOLOWSKI: If you could imagine a class of students, or young physicians seeing you speak, and I've had the pleasure of hearing one of your lectures, you know, and as you've demonstrated in this interview, you're a very articulate person, what legacy do you think those individuals would sense, adding into all of your accomplishments the fact that you're also a woman?

GRITZ: Well I think that in the particular experience you're talking about the school of public health, I think that for these young women, seeing that a woman is able to do this, and is able to assume a leadership role, and an established role, it has a role model function for them. Because it's a very -- we're still in a very gendered world in academia. And that in itself is important, and I think also talking personally about your life, and about the barriers that you've come across, as well as the things that have facilitated your growth and your career, and coming across as a person, not only showing scientific facts and accomplishments, I think really helps make [01:10:00] the connection.

ROSOLOWSKI: Do you think that you have a related impact when you interact with your own colleagues and peers as a woman?

GRITZ: I try to. It's -- I'm sorry. Give me one second, Claudia just needs me to sign something. Yeah. OK, sorry. So, it's interesting, because you don't want to say this was done specifically because I was a woman, or I was prevented from doing these things because I was a woman. But over the course of years, you know, it's possible to go back and reflect upon the -- some of the experiences you had, and how it might have been different if you were a man versus a woman. But I think when I entered the academic world, and my career probably among the group, we were not mentored to be leaders as women. You know, we were -- there were no associate vice presidents for women programs. There was nobody saying this is a scholarship just for women, or we are now doing a diversity or a gender-balance analysis, and we're looking specifically for women candidates. So, like a whole group of my peers, many of us feel in some personal sense that we had to do it on our own, and you had to be the best and the brightest, because otherwise if you weren't, you'd be passed over. So I try to move somewhere between that very individualistic mode, and also saying that there are automatic, you know, there have got to be automatic equity and so we're going to take

two of one, and two of the other. So -- and I don't know, it's not very coherent what I'm saying, I guess what I'm trying to say is I came from the generation where people -- where women did it on their own with individualistic, and now we're in a very different phase where we produce ELAM programs for women in leadership, and I think those are fabulous, and they help give a lot of perspective on what we thought was our individual struggle, and that everybody else -- many other women were going through it at the same time, and I'm very grateful for this new approach. And try to participate in it, and give to it as much as I can. Even though I didn't have the benefit of it myself. Does that make sense?

ROSOLOWSKI: It does make sense. It does make sense. And I'm wondering if there's anything else that you would like to add at this point?

GRITZ: Well I want to thank you, Tacey, for your extraordinary interviewing skills, and your ability to draw things out that were deeply buried, or totally forgotten about. And to make relationships between a whole number of seemingly unconnected topics.

ROSOLOWSKI: Well thank you, that's a very nice compliment. (laughter)

GRITZ: Well, it’s totally deserved. But I think unless you can think of anything else, I know nothing spontaneously dropped -- comes into my mind.

ROSOLOWSKI: OK. Well then maybe we should say this is the end of the interview, and I will thank you very, very much for giving me not only the time in February, but also this additional time, which I know your time is very, very valuable. So thank you for spending the time.

GRITZ: Well no, it was a great pleasure and actually, I requested it, because I didn’t think we’d gotten to all the topics then, and so thank you so much. You would like -- so I will go through these running notes and make -- you just want corrections, right?

ROSOLOWSKI: Right.

GRITZ: Right, OK. You know what these -- why the terms are mentioned.

ROSOLOWSKI: Absolutely. And I just need to know the connections. Let me just note that I’m turning off the recorder, and it’s 12:23. So --

END OF AUDIO FILE