

# FHWIM Renaissance Women Award Oral History Project

## Ellen Gritz Interview: Segment Summaries

| Clip # | Topic  | In Point | Out Point | Duration  | Clip Label                             | Notes   |
|--------|--------|----------|-----------|-----------|--|---|
| 186    | Career | 0:00.000 | 24:29.072 | 24:29.072 | SEGMENT: Family History and Early Life | <p>Introductory identifying remarks by interviewer Tacey Rosolowski. Dr Gritz opens by listing the positions she holds at the time of the interview. Born April 9, 1944 in NYC. Family lived in upper Manhattan's Inwood neighborhood. Fleeing persecution, her grandparents immigrated to the U.S. around 1900 from Russia. Dr Gritz references Irving Howe's "World of Our Father's" as epitomizing that era and her recent familial heritage. Her mother, Isabelle Feldman, and father Phillip Gritz, came from large families with traditional backgrounds of a male-dominated world. He, without a college education, became a stock broker, and her mother worked as an executive secretary to support Gritz's uncles' college education. Dr Gritz was the first in her family to attend college (viewed with surprise by her aunts and uncles). She and her brother were fast tracked from the third grade on. Junior High (grades 7, 8, and 9) was done in two years. Both then attended the Bronx H.S. of Science where Dr Gritz reports experiencing NO gender discrimination from any of the faculty. This was shortly after Bronx Science began admitting girls. The family vacationed in the Catskills where she was introduced to farm life and animals, adored by her from early on. Pets were not allowed at home, accounting, in part, for her early aspiration to become a veterinarian. She did become a member of her high school's "Animal Squad", caretakers for the lab animals used in research. Her Biology teacher was her favorite but she also likes foreign language studies. Although competent in physics and math, they did not appeal to her emotionally. Any extended family resistance to her higher education, she believes, was diverted by her mother. Growing up, the family visited all the museums in NYC. She loved to memorize breeds of animal species, their biology, and anatomy. It was her "obsession". With a college boyfriend she regularly attended the Metropolitan Opera and maintained an appreciation since then. She considers herself to be an "immense extrovert". She recalls that getting to her area of expertise in smoking cessation and cancer research was due to (in Yogi Berra's parlance) taking the fork in the road, i.e., coincidence and random opportunities. Her first mentor, Dr Murray Jarvik, introduced her to the field of tobacco and disease. She also recalls (at age 19) her first encounter with cancer and mortality connected with her family.</p> |

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| 187    | Career | 24:28.770 | 45:10.567  | 20:41.797 | SEGMENT: Barnard, Then Work | <p>Due to grade school and high school advancement, Dr Gritz graduated 12th grade at the age of 16 years. Her mother, therefore, would consider no other options for a young girl than Barnard College (at that time, NOT co-ed). Influenced by family pressures, she chose Psychology as her major course of study. She relates her interest to human behavior and the brain in order to best understand human beings. In addition, she baby sat for her neighbors, a clinical psychologist and social worker, who told her of the field, influencing her eventual choice. She relates that attendance at all-girl Barnard did not further her already under-developed social skills, especially since she lived at home. "It was like a job" and she was "far from liberated" at that time. She attended events on the Columbia campus for access to more co-ed activities. Looking back, she now appreciated the rigors of Barnard's scholarship and the high standards students were held to by the teaching staff. The Barnard camp, located near Ossining, NY, gave Dr Gritz her first experience at formal leadership. She also spent a year as a Hillel leader but expresses anxiety over the experience from her feeling that she was not a good leader. Although she had begun dating, she had also developed an "honest wanderlust" and did not want to be tied down in any way. Graduating in 1964, she wanted to experience the working world, and went to work (for a summer) at the American Nurses Association, where her mother worked. Responding to an advertisement by Bell Telephone (Laboratories) for a Senior Technical Aid (like a research assistant), she accepted a position in their cognitive psychology department studying cognition, memory, perception, and visual learning. She spent two years there, learning Fortran and machine language programming. Living away from home for the first time, she "had a wonderful social life . . . the place was crawling with . . . MEN!" Associates at Bell convinced her to go back to school and she began enrolling in classes at Rutgers, where she started with Pysiological Psychology.</p> |
| 188    | Career | 45:10.567 | 1:07:49.03 | 22:38.467 | SEGMENT: Post Grad to PhD   | <p>But she did not want to complete her studies at Rutgers, claiming it was not "prestigious" enough. Instead, she applied to UC San Diego where she was accepted on full scholarship for a Ph.D. Her interest in physiological psychology spurred her on to study there under J. Anthony Deutch who studied memory and learning. She also audited medical school classes (gross anatomy, neurophysiology, et al). For four years she "played" with the idea of going to medical school. Responding to Rosolowski's question on mentorhood, Dr Gritz comments on the extraordinary importance of mentoring, then and later in her career. She also recalls applying for positions in the financial world and for market research firms (where she could apply her psychology background) but experienced gender bias. While she only worked with men at Bell Labs, she does not recall any gender bias among them, expressing at the same time how male dominated it was. Her dissertation at UCSD is entitled "Cholinergic Mechanisms in Animal Memories". Professor Deutch was very interested in acetyl-choline's roll in learning and memory. This gave her the opportunity to have lab animals and pets! At UCSD (in the first two years) there were twelve professors and nine students. There were several women classmates and one or two women faculty. She recalls no gender bias. While there, she experienced a yearning toward the clinical side but UCSD offered only degrees in experimental psychology. Being a physically active person, she availed herself of all of Southern California's natural resources for swimming, surfing, skiing, hiking, etc., and expresses that the independence from her family led to a social coming of age there. She refers to herself as being "clinically hypo-manic" for the first six months she was in La Jolla. She got her PhD in 1971.</p>  |

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|--------|------------|------------|------------|-----------|---|---|
| 189    | Career     | 1:08:14.32 | 1:26:01.75 | 17:47.432 | SEGMENT: Post Doc and Clinical Studies              | Getting her PhD in 1971, Dr Gritz immediately went to work for Dr Murray Jarvik at his newly relocated research laboratory for the VA on the UCLA campus. She states he was the first American scientist to take nicotine "seriously". This was her initiation into smoking studies and the beginning of his role as a major influence on her career. She reports on his egalitarianism. She met her husband-to-be (Milton David Rosenau) in 1975 on a Sierra Club canoe trip. He proposed to her on the very day they met. They married six months later. She cut her work load to half-time and enrolled at University of Southern California (USC) in Clinical Psychology. She expresses a "driving desire" to understand how people's emotional structure function, and what determines personality. After the two years of course work she interned at the Brentwood VA Hospital in Los Angeles. She reports on the difficult group of in-patients, given the times: post Viet Nam, early Aids, drug abuse. She became licenced (1979) and considered entering clinical practice. However, she stayed at the UCLA, focused on family-centered therapy, and was able to start a private practice (after hours).   |
| 190    | Early Life | 0:00.000   | 17:06.877  | 17:06.877 | SEGMENT: Early Career Success                       | Dr Gritz characterizes her strategy for success as trying to be the best she could be at what she did. She recalls a lack of political sophistication at the time. Through colleagues in "tobacco and smoking" she was invited by Dr David Burns to write the behavioral sections of the first Surgeon General's report on women and smoking. She was challenged by gender differences in behavior. This was at a time when women's lung-cancer rates were rising. Her writing in the report (a seminal review of the literature) changed her career dramatically. Summoned to Washington, DC, she was invited to the Office on Smoking and Health and met the personnel, the director, and the scientists working there. Dr Burns has become a life-long friend. The two chapters (on initiation and on cessation) in the report set decades of research in motion. The Office of Smoking & Health urged her to become a consultant to the Surgeon General. This experience introduced her to a wide group of physicians, epidemiologists, and scientists, both in Washington and in Atlanta at the Center for Disease Control. This ten-year period opened many doors to Dr Gritz on the national level and led to her association (via a grant she wrote on smoking intervention) with the Department of Head and Neck Surgery at the UCLA Medical Center. She eventually became a full professor (of Otolaryngology!!!) in that department for five years. At the same time she worked with smoking interventions on patients awaiting transplants. |
| 191    | Early Life | 17:08.172  | 30:40.358  | 13:32.187 | SEGMENT: Joe Cullen & the Psycho-Dynamics of Cancer | In 1981, Dr Joe Cullen invited Dr Gritz to become associated with the Johnson Comprehensive Cancer Center. She started out as director of the research program in prevention and control. This integrated well into her participation with the Surgeon General's office, NIH committees, and NCI committees. She eventually ceased working at the VA and went full time with Dr Cullen. Around the same time, her husband was diagnosed with testicular cancer. This was her introduction to the world of the psycho-dynamics of cancer and the impact on the entire family. As a result she volunteered to run patient-family groups in the community hospital where her husband had been treated. It was at this time Dr Gritz became interested in the psycho-social aspects of cancer and this work also facilitated her becoming more intimately involved with psychiatrists. She recalls reading "Gray's Anatomy" during her husband's post-surgical recovery in the ICU. Later, she was his primary-care giver during his recuperation. The field of psycho-social oncology was simply added on to her work with nicotine and smoking. She explains how one practice influenced the other.   |

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|--------|------------|-----------|-----------|-----------|--|--|
| 192    | Early Life | 30:40.520 | 42:32.395 | 11:51.875 | SEGMENT: Mentors, Colleagues, & Collaborations | Collaborations between physicians and psychologists in the '70s and '80s compared with the present day: assessment and understanding of behavior, motivation and therapeutic interventions, and study of outcomes are all much more highly valued now than in the past. In addition, the government currently values quality-of-life research much more, including effects of drugs on quality of life in clinical trials. As to the differences between men and women as clinical psychologists, Dr Gritz tentatively expresses that women are often considered to be more intuitive and to emphasize the social more than the intellectual or individual. In terms of her own "gifts" she reports taking as a lesson for her whole life, a clinical psychology mentor's advice to "say it in a way that they can hear you". She further relates this to her means of collaborating with physicians and other professionals as colleagues. Responding to a question on her evaluation of her mentors, Dr Gritz notes Jarvik's style, Cullen's characteristics, Helene Brown's warmth as a "mover and a shaker" in showing personal interest in co-worker's lives as an important dimension of leadership, and Lester Breslow's technique of "hiring people smarter than I am". She succeeded the latter two named as Director of Cancer Prevention & Control at UCLA from 1986-93, where the struggle was to represent cancer control and the behavioral aspects of cancer research as critical and important in cancer itself.   |
| 193    | Early Life | 42:32.531 | 57:57.074 | 15:24.543 | SEGMENT: Breaking Through the Glass Ceiling    | When Dr Gritz came to the UCLA Cancer Center in 1984, she had been classified as a Research Psychologist (at the VA) and therefore not paid very well. Over time, learning what her peers were earning, she noticed she was making significantly less (up to 50% less) than her colleagues around the country, even though she had a strong CV and was bringing in a lot of grant money. When she went up for promotion to Associate Professor, she was not promoted. The evaluation did not recognize her accomplishments in psychiatry at UCLA. When she went up again, she got promoted but still in the research "series" with little impact on her salary. She looked around for jobs and was tendered an attractive offer from UCSD. When she presented the offer to UCLA, they made a counter offer to keep her there. Dr Paul Ward brought her into the Department of Head & Neck Surgery. Her salary jumped significantly. But in 1992 she began to feel the strain of over accomplishment when the University of Texas MD Anderson Cancer Center offered her the opportunity to establish their Department of Behavioral Science, giving her a full-size academic department with institutional funds. She would be made Full Professor with an endowed position. They moved to Texas! Responding to a question on feminism, Dr Gritz recalls being raised in a very traditional mind set, wearing "heels and nylons to college every day". She did not challenge the status quo. But the Feminist Movement opened up a "whole new world" to her: Germaine Greer, fiction (learning about sexuality), and gender relationships. These things were revealing to her and became important, especially in terms of gender manipulation of women by the tobacco industry. She decries that the women of younger generations no longer feel they have a battle to wage, assuming the "war" is over. It has come full circle: people are making choices that are better for them as humans rather than solely as wage earners. |
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| 194    | Personal Life | 0:00.000 | 7:06.370  | 7:06.370 | SEGMENT: Feminism Over the Course of Her Career                     | Dr Gritz recaps how struck she was by leading feminist writing and learning about variations along the continuum of sexuality. Things that to that point (in the '60s and '70s) Dr Gritz had not been challenged to think about. However, she could not strongly identify with women who wore overalls and looked like farm workers, i.e., were rejecting wholly the idea of "feminine personality and appearance". Their interactions and social consciousness were "too extreme" for her. She has learned, however, over the course of her career, of the subtle nature of gender discrimination as well as the after effects of a traditional upbringing where women are taught to be emotional supporters, not leaders.   |
| 195    | Personal Life | 7:06.559 | 14:19.870 | 7:13.311 | SEGMENT: Getting to MD Anderson Cancer Center                       | In 1992 Dr Gritz began looking around the country for a position that would offer more full-time institutional support. She was recruited by Dr Charles "Mickey" LeMaistre, President of MD Anderson, who wanted to turn the Cancer Center's activities in the direction of cancer prevention. He envisioned three departments: Behavioral Science, Epidemiology, and Clinical Cancer Prevention. Dr Gritz was the first Chair recruited. She was attracted by the challenge and the lure of the power and resources of a free-standing cancer center vs the matrix center of a university. They moved to Houston in May, 1993.   |
| 196    | Profession    | 0:10.894 | 7:18.973  | 7:08.079 | SEGMENT: Establishing Her Department at MD Anderson                 | Building a vision, a mission statement, and a five-year plan, Dr Gritz educated the others in the Public Health model of "prevention", that there are prevention opportunities all the way to death. She drew up her plan and they offered her five faculty positions (besides her own), financial resources, and space resources: a wonderful opportunity to start from scratch! There was already tobacco control, mammography screening, and dietary-modification research ongoing, and she was able to take over the role of Principle Investigator. So there were a few people but not tenured faculty. She also began collaborating with the School of Public Health in genetic counseling and testing for hereditary nonpolyposis colorectal cancer. She reports applying for and getting almost every grant she wrote. She recruited from all over the country. The department is still a work in progress. Rosolowski: How did the physicians at MD Anderson view the benefits of treatment and the kinds of interventions her work offered? GRITZ: They looked down on it; they didn't understand it and how it could enhance a patient's health. They were not aware of the mediating mechanisms involved in changing behavior and that it is a science as opposed to an art. She could convince her VP (Dr Levine) but he had to convince other VPs and institutional decision makers of the value of prevention to a cancer center. Dr Gritz had the endless task of explaining how behavioral science and public health approaches could benefit the patient population or prevent there even being a patient population by eliminating risk factors that could turn into cancer. |
| 197    | Profession    | 7:18.677 | 16:12.251 | 8:53.574 | SEGMENT: Task Force on Women Scientists & Physicians at MD Anderson | Women at MD Anderson were fewer in number, fewer in leadership positions, and were being underpaid. The Task Force was formed to deal with the equity issue in promotion and tenure. Overall, it was a consciousness-raising experience for faculty, staff, and administration, right into the lunchroom. Dr Gritz reports that incoming students are more "highly evolved", with different standards and values, taking gender equality for granted, and wanting balance in their lives at the outset. With structural support for these kinds of policies, it has become an assumed part of the institutional culture.  |

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| 198    | Profession | 16:12.037 | 27:23.119 | 11:11.082 | SEGMENT: Developing the Department & Expanding Research Interests | MD Anderson's diverse patient population and faculty make it a "playground" for research opportunities, allowing Dr Gritz to address important psycho-social issues as well as strictly experimental hypotheses. Coming from her work (at UCLA) in Head & Neck cancer and Testicular cancer, she expanded at MD Anderson into Colon cancer, Prostate cancer, Breast cancer, and Melanoma. She began work on HIV/Aids in the early '90s through a colleague at the Medical Center working with an indigent population suffering from the disease (and with a 50% incidence of smoking). They completed several studies prior to getting grant funding and eventually grew it into its own field of study, nationally. Dr Gritz's Behavioral Science Department (of 8,000 sq. feet) became a model for similar departments elsewhere at Comprehensive Cancer Centers. She has a diverse faculty of 23. The model itself grew out of her vision when she began to develop the department at MD Anderson. This is still ongoing as she relates further developments she envisions, albeit within a period of financial constraint. She lists desirable leadership qualities as independence, collegiality, and aspiration toward a higher level of success. Also people-management skills and insight. She prefers a democratic, consensus-building, low-threat leadership style.   |
| 199    | Retirement | 0:00.000  | 15:41.803 | 15:41.803 | SEGMENT: Career Accomplishments                                   | In terms of the Academic Life, her research career has brought important contributions to the science of Cancer Prevention and Control, including her work on the Board of the American Legacy Foundation and its Truth Campaign and the EX Campaign (Dr Gritz has been Vice-Chair of the Board since 2005). In the area of Psycho-Social aspects of cancer she has contributed to society and the literature, particularly in the area of smoking cessation with cancer patients, including chapters in DeVita, et al's "CANCER: Principles & Practice of Oncology", and the American Society of Clinical Oncology's "Curriculum for Cancer Prevention". She also cites establishment of her department at MD Anderson as the first, most successful, and largest of its kind (nationally and internationally). In response to Rosolowski's question, Dr Gritz expresses that a department chair needs to be open, fair, and have a mentoring attitude towards everyone who is recruited. Also the chair needs to NOT wear blinders in terms of too much and too narrow a focus about what they're seeking, and to be sensitive to the developmental life phases of women and men, i.e., sensitivity and openness, rather than a rigid, demanding attitude. She reports the achievement of representing behavioral science on a national level in a way that promotes involvement and collegial interactions in large research enterprises as members who "sit at the table", not in the "second row as observers". She glibly coined the term "behavioromics" to compete with all the other "omics". Dr Gritz compares the lag time of qualitative research (being taken seriously) to her own data-driven research. The Faculty Health Initiative Dr Gritz instituted at MD Anderson grew out of a physician's suicide in 2000. Its mandate was to improve faculty life and address the sources of negative influences, thereby contributing to the health and welfare of the entire faculty. In 2007, Dr Gritz was elected to the Institute of Medicine (a national policy institute), although she has contributed to its studies since the early '90s. She was only the second faculty member (and the first female faculty at MD Anderson) to be elected to the Institute of Medicine. |

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| 200    | Retirement | 15:41.803 | 37:35.104 | 21:53.301 | SEGMENT: Reflecting on Her Personal & Professional Passions           | Due to the way MD Anderson was and is structured, there were no practicing Clinical Psychologists (with the exception of those in Neuro-Oncology doing assessments) so she could not continue, as she had at UCLA, counseling patients. Dr Gritz feels passion for any study she undertakes. She singles out research in smoking cessation in cancer populations and persons living with HIV/Aids. Balance in her own life has always come, in part, through her physicality in sports and recreation. She also collects folk art from her travels around the world, and she lists the cultural activities she and husband "Mickey" attend regularly. She has volunteered her services to the Houston Ballet to help dancers (trying to keep their weight down by smoking) to quit. From her world travels, she has identified the policy issues and needs of under-developed nations for tobacco and cancer-related health services, including betel-nut addiction in Southeast Asian populations. Dr Gritz's extroversion brings her personal, private self out through her public persona. Her circle of friends (male and female) came mostly from academic and medical contexts, then turned into personal friends. She expresses that these friendships are a critical part of her life. Her perfect recharging regimen starts with a morning swim, then orchid care and nurturing, errands, cultural and social activities. Sleeping is her "down time". Her love of orchids began in 1975 when, upon her engagement, a friend bought her a gift of an orchid plant. It spurred an interest. Upon moving to Texas, she joined the Houston Orchid Society.  |
| 201    | Retirement | 37:35.036 | 50:44.184 | 13:09.148 | SEGMENT: Spirituality, Mysticism, Aging, and Reflecting on Her Career | While deeply embedded in Jewish culture, Dr Gritz practices less and less of the formal religion. Through her travels, she has become interested in Tibetan Buddhism culture, art, universality, and ways to calm the mind. She sees the discipline of Yoga as inherently valuable, assuming one is ready and able to commit to its practice. Buddhism and her sense of spirituality has informed her professional philosophy in their sense of valuing all humans as unique and important, and in removing a sense of hierarchy, control, and dominance. Swimming and athletics keeps her flexible. Compared with the prevailing view of the '70s (when older women were dismissed), Dr Gritz believes many are now viewed as mentors and leaders, setting a path and examples for success. Since her arrival at MD Anderson, she has perceived of herself as a role model. She wishes she'd had the advantage of such counsel early in her career. As a result, she consciously tries to give career and development counseling to her subordinates. Many successful women leaders of today feel they have had to make it on their own, without a formal helping structure. Many of her generation are extremely hard working, totally dedicated to their careers. She characterizes her strengths (not without risk factors for burnout) as perfectionistic, obsessive-compulsive, she has learned to delay gratification in terms of research and rewards, has a positive attitude and resilience, seeking support from her social network. She feels blessed with energy and self awareness. As to weaknesses, she was very insecure when younger. Still, she never feels good enough at what she's doing; this spurs her on to achieve. |

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| 202    | Retirement | 50:45.363 | 59:48.645  | 9:03.281 | SEGMENT: Women in the Professions -- Where We've Come & Where We Need to Go | Rosolowski: What impact have women had on the field? GRITZ: Since women are more prominent in the social sciences and in public health, maybe they've brought more of a sense of the need for balance, of compassion, of an emotional overlay of issues, and the need for equality. Rosolowski: Do you feel that being a woman in those spaces made a difference to the people around you? GRITZ: Being a woman, in terms of representing the other sex, makes a difference in an all-male room. A woman who is willing to speak out, to have a leadership position, and willing to work hard, and carry her weight, is an important principal. Also, a woman who can fit into the all-boys club, joining in the social activity and the camaraderie, as well as her personal life, is a model to women who are coming through the system. Institutions like ELAM, FHWiM, American Medical Women's Association, Women in Thoracic Surgery, and others in a variety of fields have brought being a woman into recognized consciousness in the professional world, the artistic world, and in the social world. But we still need to challenge some of our male colleagues on some of their implicit beliefs. A lot of hidden stuff still needs to be dealt with in terms of the unequal distribution that goes on and is alive and well, because people don't think to ask about it with a sense of advocacy and purpose. Rosolowski: To what extent has the culture changed? GRITZ: The questions have become institutionalized and are part of the curriculum and advisement strategies. |
| 203    | Retirement | 59:49.142 | 1:04:36.52 | 4:47.387 | SEGMENT: Most Favored Award & Philosophy of Lifetime Success                | Rosolowski: Of the many awards you have received, which are most special to you? GRITZ: The Alma Dea Morani Renaissance Women Award represents not only outstanding accomplishments in medicine or science but also a diversity of achievements in life. My wish is that people understand that wholeness in life and the gestalt of life: the intellectual, personal, cultural, physical, and the appreciation of the natural world (including family and social worlds) all compose a fulfilled life. Lacking some may lead to regrets later on.  |
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