

# Women in Pediatrics

The Past, Present and Future

Nancy D. Spector  
Jennifer K. O'Toole  
Barbara Overholser  
*Editors*

 Springer

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*We dedicate this book to the women in pediatrics and medicine that have gone before us. We stand upon their shoulders as we strive to achieve equity and advancement for all women.*

*We also dedicate this book to the generations of women in pediatrics and medicine that will follow us. We sincerely hope that they will encounter a very different experience in their careers. We hope they will have the opportunity to practice in an environment where they feel truly valued, supported, and elevated, and have access to fully equitable and safe workplaces.*

# Foreword

The first quarter of the twenty-first century has seen the status of women in medicine and pediatrics improve slowly, even if by fits and starts, only to suffer a significant negative impact caused by the ongoing COVID-19 pandemic.

In many professional environments, attitudes and behaviors identified as positive in men are looked askance and rejected if exhibited by women. While women comprise a vastly larger number of residents and practicing pediatricians than men in the USA, there are significantly fewer women pediatricians than pediatricians who are men in leadership positions such as chairs of departments. Still now, there is a noticeably diminished presence of women physicians on boards of hospital and healthcare systems, with women taking a preferentially supporting and nurturing role in undergraduate and graduate medical education, as well as part-time employment to better care for their families.

Recent data indicate that, over a lifetime of employment, women physicians earn on average up to \$2 million less over the course of their career than their counterparts who are men [3]. Women have traditionally faced decreased compensation, and delays in promotion and achievement of upper-level leadership in academic medicine.

Programs specifically designed to advance leadership skill acquisition in women, such as the Executive Leadership in Academic Medicine Program® (ELAM), have significantly contributed to help improve the status of women physicians in leadership roles. Much work, however, is still needed especially as the recent COVID-19 pandemic has placed a disproportionate burden of family care and job-related stress on women physicians, negatively impacting their careers [1, 2].

The editors and authors of this book are uniquely qualified to raise a voice and examine the disparities hitherto in place in the workplace. They clearly explain the impact of intersectionality on equity and the inordinate toll that gender discrimination has on the wellness and opportunities of women in pediatrics, which mirror those of women in medicine in general.

This book delves into the historical antecedents of the challenges affecting women in pediatrics today and presents the readers with viewpoints often stemming from the authors' own personal journeys, reflecting the fact that many of the

challenges of yesteryear continue to be mirrored today. The authors distinctly delineate with clear, certifiable, and trustworthy data historical inequities that demand repair and resolution.

More importantly, perhaps, this book constructs a positive blueprint for a brighter and more equitable future, aimed at correcting inequalities, supporting women pediatricians (and women in general) in their career development by understanding the dynamic circumstances, and developing an environment of promotion and allyship.

This book tells us that we still owe our women colleagues nothing more and nothing less than equity.

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# Preface

We were approached to write this book in late 2019 following the publication of *Women in Pediatrics: Progress, Barriers, and Opportunities for Equity, Diversity, and Inclusion* [7]. That manuscript detailed the challenges and barriers women in pediatrics face despite making up the majority of the specialty's workforce and also proposed a system by which gate keeper groups could help eliminate those barriers. However, that paper was written prior to the COVID-19 pandemic, and since that time, priorities have shifted and evolved. The initial effect of the pandemic on women in medicine has been substantial, and the long-lasting impact has the potential to set women in medicine back by decades. There is no better time than right now to tell the story of women in medicine, highlight the struggles and discrimination they face, and truly hold organizations and leaders accountable for leading meaningful change.

The story of women in pediatrics is unique and incredibly valuable. Pediatrics is a specialty in which women compose almost two thirds of the workforce. Unlike other specialties, we have overcome the challenge of getting women into the specialty; however, women are still suffering from the impact of gender segregation and systematic sexism within the specialty [5]. This has resulted in fewer women obtaining leadership roles, delayed advancement, salary inequity, burnout, job dissatisfaction, mental health disorders, and attrition. Not only are women battling the effects gender segregation in pediatrics, they also face isolation from other more senior women in the specialty (e.g., the "queen bee" phenomenon resulting from a gender-biased environment) and the "pediatrician stigma" in which they are "too nice" and falsely believed to be poorly equipped to assume high-powered leadership roles. This "triple threat" puts women in an extremely precarious position and is likely amplified in specialties outside of pediatrics.

While sharing the story of women in pediatrics may be of great value to the larger medical community, it is important to recognize that we are just one small piece of the puzzle, representing less than 10% of the total physician workforce in the USA [1]. Therefore, leaders in the field of pediatrics must align with leaders in other specialties to ensure efforts to help all women in medicine are working collaboratively and united under a central purpose. We must not exist in a silo, and it is



our moral imperative to swiftly share our learnings and progress with other specialties to benefit all women.

While this book is about *women* in pediatrics, we hope that *all in medicine* will read and learn from this book regardless of their gender identity. We speak now specifically to men in our field. In holding the majority of the positions of power and influence, your acknowledgment of the bias and systemic sexism women face and your engagement in efforts to create change are critical. Women cannot do this alone. They need your support, your allyship, and your sponsorship. You are the ones that can create true change and help fashion a workplace that truly values, supports, elevates, and provides an equitable workplace for women in the field.

We hope this book not only shares the past and present story of women in pediatrics but also inspires all of us to create a world where all women in pediatrics and in medicine can thrive. Pediatrics is in a very unique position to change the course of history and create that world. If a specialty that is predominantly women and prides itself in supporting women as mothers and caregivers cannot achieve this goal, who can? In a post-pandemic world, this work is more important than ever, and pediatrics must lead the way and create a standard for the rest of medicine to follow.

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**Part I**  
**Where We Started – History**  
**of Women in Pediatrics**



# Chapter 1

## Stories of Early Leaders/Early Days of Women in Pediatrics



Barbara Overholser, Jennifer K. O’Toole, and Nancy D. Spector

### Introduction

Pediatrics is considered a more recent specialty within the timeline of medicine. Long before Abraham Jacobi and Job Lewis Smith, the men considered to be founders of the specialty in the mid-nineteenth century, the needs of infants and children were supported by families, friends, and midwives, but rarely physicians [16]. Concurrently, Elizabeth Blackwell, M.D., the first woman to be admitted to and graduate from a US medical school in 1849, opened a dispensary in New York City in 1857 to provide focused care for poor women and children. But it wasn’t until the late nineteenth century that the importance of medical care of children was recognized by established medicine, and perhaps only because it was brought forth by men. In 1880, Abraham Jacobi and other physicians founded the American Medical Association’s section on the diseases of children, and 8 years later, their new organization, the American Pediatric Society, helped to sanction pediatrics as a definitive area of medicine [15].

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As the field of pediatrics grew, and as more women entered medicine in general, women physicians seemed to find a more viable home in this specialty than in other areas. “While women were not generally accepted in medicine, their role in pediatrics was more acceptable to men, who essentially controlled medicine” [7]. Now, 64% of active pediatricians are women [1].

There are countless interesting and important stories of the accomplishments of women in pediatrics that could be shared for this chapter. We chose to highlight three women who practiced during different eras and had varied life experiences. They each deserve recognition for their roles in the historic timeline of the field and for the inspiring lives they led.

## **Mary Putnam Jacobi, M.D. (1842–1906)**

Mary Corinna Putnam was born into the Putnam publishing family of New York on August 31, 1842. She graduated from the Female Medical College of Pennsylvania, the first medical school in the world for women, in 1864, the only student in the history of the school to write her thesis in Latin [17]. But even though a medical school for women existed in the USA, opportunities for women to obtain additional medical education and training were still extremely limited. Dr. Putnam left for Paris, France, where she spent 5 years studying medicine and science, including time in microbiology labs, studying histology and cellular pathology. She was the first woman admitted to the l’Ecole de Médecine and received the highest mark for a thesis, graduating with a second M.D. degree in 1871:

“Miss Putnam,” says a Paris paper, “the young American who has for some years been following the course in l’Ecole de Médecine, submitted her graduating thesis to the Faculty. It was read in the large lecture room of the College before a numerous audience, and was received with warm commendation. The President of the Board of Examiners found it deserving of the highest note-‘extrêmement satisfait.’ This mark is rarely given for a thesis. Miss Putnam has also received the highest mark at each of her five Examinations. She writes that one of the dedications of her thesis was as follows: ‘To the professor, whose name I do not know, who alone voted in favor of my admission to the Ecole, thus protesting against the prejudice that would exclude women from superior studies.’ [14]

Dr. Putnam returned to New York City in 1871 and opened an office in her father’s house. In 1873, she and Dr. Anne A. Angel began to attend to children brought to the Mount Sinai Hospital dispensary, establishing the pediatric service at the hospital [14]. She later opened a children’s ward at the New York Infirmity in 1886. While her new husband, Abraham Jacobi, would go on to be called the “father of pediatrics,” Mary Putnam Jacobi built her own reputation as an educator, practitioner, and leader at various medical institutions in New York City (Fig. 1.1).

She used science to prove that “women were biologically capable of being equal players in the public sphere” [2]. From the earliest days, women physicians have had to contend with fear-based resistance from colleagues who were men who “worried that female physicians would degrade the profession with their poor

**Fig. 1.1** Mary Putnam Jacobi, undated, item number p0066a. Legacy Center Archives, Drexel University College of Medicine, Philadelphia



training and frail constitutions” [2]. But within that backdrop, Mary Putnam Jacobi was able to gain a national and international reputation for her knowledge, skill, and tenacity, thus transcending that resistance, at least in some respects. “Medical men held her in high regard, seeing her as an exceptional woman of talent and genius” [2]. Dr. Jacobi wanted to see women fully integrated into the field of medicine. “She deplored the tendency of women doctors ‘to nestle within a little circle of personal friends and to accept their dictum as the ultimate law of things’” [17].

In 1872, Dr. Jacobi organized the Association for the Advancement of the Medical Education of Women which later became the Women’s Medical Association of New York City. She served as its president for almost 30 years [4]. Dr. Jacobi became the first woman fellow of New York Academy of Medicine in 1880.

Outside of medicine, she was a published author and a suffragist, and the address that she presented on women’s suffrage to the New York State Constitutional Convention of 1894 in Albany is cited as an important contribution to the subject [18]. “*Common Sense Applied to Woman Suffrage* is an expanded form of that address, and in the introduction by Frances Maule Björkman in the book’s second edition, we see the significance of Dr. Jacobi’s contribution to the suffragist movement. “The bringing of Dr. Jacobi into active relationship with the organized

suffrage movement was a distinct triumph, for the reason that she brought to the cause not only a personal and family prestige of great value, but the best of all qualifications—the practical demonstration in her own career of woman’s capacity in untried fields” [13].

## **Martha May Eliot, M.D. (1891–1978)**

Dr. Martha May Eliot was a pediatrician, policymaker, and humanitarian who devoted her career to the health and well-being of women and children, both as a practitioner and as an advocate. She graduated from Radcliffe in 1913, applied to Harvard Medical School which did not admit women, and instead attended Johns Hopkins School of Medicine where she received her medical degree in 1918. She graduated with her classmate Ethel Collins Dunham who would become her life partner [3]. She and Dunham, who was also a pediatrician, were devoted to each other and built their personal and professional lives around each other, coordinating opportunities when they could. “While Dunham and Eliot are each worthy of individual attention, their shared personal life has such an intimate connection with their careers that a combined narrative better illustrates their close relationship of 59 years. They achieved major professional positions at Yale, at Harvard, and in government, even while they were making careful career choices to maintain the continuity of their domestic partnership” [10].

In 1921, Eliot became the first women resident physician at the New Haven Hospital. She became a protégé of the pediatrician Dr. Edwards A. Park, and together they published definitive work on rickets, establishing the importance of early diagnosis and developing an economical cure that included daily requirements for vitamins [6, 10]. She taught in the department of pediatrics at Yale until 1934, and while at Yale, she was appointed director of the US Children’s Bureau’s Division of Child and Maternal Health in 1924. Ten years later, she became the Bureau’s assistant chief, while her partner Dunham became chief in 1935. Eliot was appointed head of the Children’s Bureau in 1951 where she continued to influence maternal and child health policy. “For Dr. Eliot, the Children’s Bureau was a base for her to carry out her professional role as a women physician as well as the traditions of the women reformers and the previous female chiefs of the bureau” [19] (Fig. 1.2).

In her resignation letter from the Bureau, Eliot wrote of the need to prioritize the health of children:

Those of us who are engaged in work for children are keenly aware, however, that much needs to be done. Far too many children fail to benefit from the advances that medicine, education and the biological and social sciences are constantly making. Our goal is the optimum development of every child. If this is to be attained, the needs of children must receive much higher priority in our public and personal budgeting of time, thought, and money, than they now receive. In my mind, there is no more important matter before us today. [8]

**Fig. 1.2** Dr. Martha May Eliot holding and weighing an infant on a scale. 1951. Schlesinger Library, Harvard Radcliffe Institute



Dr. Eliot had many “firsts” including being the first woman president of the American Public Health Association, the only woman to sign the originating document of the World Health Organization, and the first woman awarded the American Public Health Association’s Sedgwick Memorial Medal. She and Dunham were the first two women admitted to the American Pediatric Society. Eliot’s work with the Emergency Maternity and Infant Care program, a wartime government program that was “the nation’s largest maternal and infant care operation, providing medical and hospital care to nearly a million and a half wives and infants of servicemen in the four lowest pay grades” [6], earned her a Lasker Award in 1948, making her the second woman Lasker awardee. But while she led an extraordinarily successful and prominent professional life, she was still subject to discrimination based on her gender and sexuality. Both she and Dunham were attacked by Senator James Reed of Missouri in a tirade against the Children’s Bureau in 1921, when he called the bureau out as a place where ‘the only people capable of caring for babies and mothers of babies are ladies who have never had babies’ [12].

Eliot’s obituary in *The New York Times* did not mention her long partnership with Dunham, referring to her only as “Dr. Martha May Eliot, an unmarried woman who devoted her life to problems of maternity and child care” [20].

## **Roselyn Payne Epps, M.D., M.P.H. (1930–2014)**

Roselyn Payne was born in the segregated south of Little Rock, AK, on December 11, 1930, and devoted her career to promoting the health of children and women. Both of her parents were educators—her father, Dr. William K. Payne, Sr., was president of Savannah State College (GA), and her mother Mattie Beverly Payne was a counselor in the Savannah, GA, public schools. It was at the age of 10 that she declared that she wanted to be a pediatrician. “I was interested in a career that linked children, scientific inquiry, and helping others” [5]. She attended Palmer Memorial Institute, a college preparatory school that was founded by a Black woman physician and graduated at 16. She received her undergraduate and medical degrees from Howard University (she was one of eight women in her class, about 10% of the class) and completed her rotating internship and pediatric residency at Freedmen’s Hospital where she served as chief resident. She later received an MPH from Johns Hopkins School of Public Health and Hygiene and a Master’s degree in Interdisciplinary Studies from American University in Washington, DC.

Dr. Epps’ career spanned the gamut and included time as a practitioner, a researcher, an administrator, and as a visiting scientist at the National Cancer Institute of the National Institutes of Health. She had a 20-year career with the District of Columbia’s Department of Public Health and held positions including Pediatric Medical Officer and Director of the Clinic for Retarded Children. Dr. Epps was a Professor of Pediatrics and Child Health at Howard University and also the founding Director of the High-Risk Young People’s Project, Chief of the Child Development Division, and Director of the Child Development Center at the university. As director of the Howard University Child Development Center, she brought together physicians, community service organizations, and members of the private sector to establish a community-based facility to treat people ages 15–24. The Child Development Center was described as an “international force in pediatric health issues and preventative medical care for elementary school children” and was extremely important to the residents of Washington, DC, neighborhoods [11]:

I grew up in the segregated South, on the campus of Savannah State College in Georgia. So in a way I was insulated. When I applied to medical school, I realized things might be different than what I had known. When I went around to medical school interviews I was asked “Why don’t you just get married and have children? When was in medical school and during my internship, sexism and racism were there, though there are no particular incidents that stand out. Sometimes there were sexist jokes or statements. I was one of eight women in my medical school class. When I was asked to join a local chapter of the American Medical Women’s Association, half of the white members resigned. Maybe I should have quit, but the ones who left were the ones with the problems. [5] (Fig. 1.3)

Dr. Epps was the first African American and first woman to become president of the District of Columbia Chapter of the American Academy of Pediatrics. Outside of medicine, she was involved in numerous organizations and became the national president of Girls Inc. where she sought to expand the organizations’ cultural programs. “(I) think it’s important to have these cultural programs. If a girl has confidence in herself, she can face anything in her environment” [9].