

Linda Brodsky MD

AAUW EVENT
UNION LEAGUE
SEPTEMBER 18, 2008

New York, New York

Prepared by: Linda Brodsky, MD, FACS, FAAP

My name is Linda Brodsky, and I am a practicing pediatric otolaryngologist, (ENT surgeon for kids). And until this year, I was a tenured, Full Professor of Otolaryngology and Pediatrics *and* Director of Pediatric Otolaryngology at the Women and Children's Hospital of Buffalo. These "*employment relationships*" (as the career I poured my heart and soul into is referred to in legal documents) came to an end after I completed a long and arduous journey as a plaintiff in a Federal Court lawsuit claiming gender based discrimination and equal pay act violations against these two large and very powerful institutions.

During my 25 year career as a physician, educator and researcher, I have given hundreds of lectures and have had the opportunity to present my work all over the world. Usually I speak using slides filled with science, hypotheses, data and conclusions. Today is different. Today I am going to share some of my life experiences that shaped my beliefs about gender roles, about my dreams, and about my achievements, and then about the harsh awakening and the cutting hurt when I discovered that I was a victim of injustice and discrimination. I am also going to speak about the positive, active steps I am taking to confront and overcome that hurt.

A typical first born, I became a highly successful high school student—editor of the school newspaper, secretary of student council, member of the elite women's athletic club, and participant in numerous other activities. I learned to juggle, to compartmentalize, to multi-task, to be a "team" player—all essential skills for any woman who seeks a career in science and medicine. In 1970, I graduated high school and entered Bryn Mawr college, during the height of the second wave of the women's movement. At Bryn Mawr it was said, "Our failures **ONLY** marry."

Fully engaged in this spirit, I had to find a way to make my mark on the world. I applied to medical school and wisely chose to go to the *Women's* Medical College of Pennsylvania. Our class was 50% women and unlike most medical schools at the time—and regretfully even today—we were fortunate to have many women deans and professors to serve as mentors and role models; women were valued leaders and participants. At the end of my third year surgery clerkship, I knew that my personality, drive, and robust energy level, were best suited for a life in surgery. I loved fixing things, the fast pace, the palpable gratification. I chose ENT. After my interview at Albert Einstein, I knew I had found my place.

Dr. Robert Ruben, the chair at Einstein interviewed me on a cold December morning. His face lit up when he discovered I had gone to Bryn Mawr, and he immediately launched into an enthusiastic appraisal of the wonderful education his daughter Anne was receiving there. Aha!, I thought, the old girl's network at work!

The Bronx was a great place to train. Dr. Ruben made time for research, and with my best friend and fellow resident and I published a paper that won a prestigious prize for our work. I had also married and I had my first born when I was a chief resident. I was living proof that women could have it all.

I left the Bronx thinking that I could do anything, and I was ready for any challenge.

We arrived in Buffalo, New York in 1983, and I took a faculty position as a pediatric otolaryngologist at the State University medical school and at the Children's Hospital of Buffalo. In retrospect, I now realize that as a woman, I was treated differently from the moment I arrived. But sheltered from my years at Bryn Mawr, the Women's Medical College, and Einstein, discrimination was inconceivable to me in those early years.

Linda Brodsky MD

At first I received no compensation except income from my clinical practice, but when I later saw that others (all males) received additional compensation from both the University and the hospital, I requested and only then did I receive what I was told was the “usual” stipend for a surgeon from the university (funny how they’d forgot to mention when they hired me that there was a usual stipend).

With Dr. Ruben’s long distance mentorship, I rapidly advanced my research, obtained grants, and participated in teaching and administrative service locally and nationally. My practice grew and soon I was the busiest surgeon at the hospital; I was also the only woman surgeon at the hospital.

In 1990, I earned tenure and was promoted to Associate Professor, the first woman in the medical school to achieve that rank in a surgical field. But soon my professional life radically changed—my former chair retired and a new chair was chosen. Our relationship was very difficult. I was harassed both in my work and in my personal life. As never before, I was demeaned and berated for my “style” and “inability to be a team player”. Yet interestingly, through this all the quality and quantity of my work were never in question. Funding to sustain our academic programs came from the income I earned from caring for patients. I was literally working two jobs.

Despite my chair’s attempts to stall me, in 1996 I was promoted by my peers and the administration at all levels of the university to the rank of full professor of ORL and pediatrics, one of only about 12 women nationally in ORL who had ever achieved this highest rank of tenured full professor.

A year later, the chair lost his NYS license to practice medicine for patient care issues and was fired from the chair’s job. Of the nine members of our department, I was the only professor and the only person with the seniority, qualifications and experience to run an academic department. I was shocked when they chose a non-university, non-academic otolaryngologist, a male, as interim chair. I protested and was informed by the new Dean that he had “no baggage” but that I could apply for the permanent chair job. I was confused, hurt, and becoming very angry. I knew I had earned what I saw was the summit of my career. Once the initial shock of rejection receded, I thought, well, if I only worked harder, I would get what I wanted. Two subsequent, seminal events woke me up from my fantasy that gender equality really existed and that I would be afforded the career opportunity towards which I had worked for the past 18 years.

With the change in leadership we underwent a residency program review. Having no experience in these matters, the new interim chair requested my guidance and help. Documentation of sources of faculty funding are part of the review and it was then that I learned that a recently hired male ENT faculty member with lower rank, no seniority and fewer responsibilities was being compensated by the university at twice my salary—yes, two-times what I was then being compensated by the university. Never mind my professorship and 14 years of service! As I dug deeper, I also learned that my male colleagues at the hospital, who had less seniority and fewer responsibilities, were compensated by the hospital as much as 5 times as was I, even though by then I had been administrative head of one of the busiest clinical services for more than a decade.

The second wake-up call came when the job description for the permanent chair was published. Their requirements that the position be filled only by a “head and neck oncologic” surgeon were so narrow that they precluded me (and almost every woman academic otolaryngologist in the country) from applying for the position.

I spent the next 2-3 years trying to resolve these issues informally and internally. During that time my only reward was escalating harassment and retaliation. It was time to get help, to take a stand, to find an attorney. In 2000 and 2001, we filed seven charges with the EEOC; eighteen months later we had our seven “right to sue” letters and in September, 2001, we filed our first claim in federal court.

How did I cope? My lawsuit became my fourth child and my next challenge. I learned everything I could about gender discrimination, especially at these two institutions. I was astounded to learn that the university had studied the status of their women since 1987 and that not only did our taxpayer-supported state university have a definable history of gender disparity, but also—by their own admission in documents as late as 2001—that they had studied it, admitted to it and admitted that they failed to correct it!

Linda Brodsky MD

During these past 12 years I have had to file at least 5 additional EEOC charges, 4 claims in federal court, I was in the NYS supreme court 3 times, the court of appeals twice and a party to at least 5 union grievances against the university, one of which resulted in a pay increase to all clinical faculty at all four SUNY medical schools costing the state an additional \$8-12 million yearly. This correction in the interpretation of the negotiated contract was particularly beneficial to women, who more often received lower salaries. And although retaliation is reputedly unlawful, I would claim more than 50 separate incidents of retaliation, including my being fired as head of pediatric ENT at the Children's Hospital after 20 years of service.

I reviewed over 40,000 pages of discovery documents, dealt with numerous expert witnesses and data consultants, and attended or read more than 30 depositions taken in 5 states. I constantly worried about how I was going to do all of this and still have time for my family, my work, my friends, and myself. The emotional toll was compounded the enormous economic toll.

In 2007, I settled with the University—this is a public document. In 2007 and 2008 the hospital and I “resolved our differences to the satisfaction of all parties” on both federal claims. The parties have chosen to keep the terms of these resolutions confidential.

A triumph? I am not so sure. By this time my national reputation had suffered. I had been branded a troublemaker. I was marginalized, demeaned, ignored, demoralized, and very alone. When I began the lawsuit, I was not prepared for how much my life would change. But I continued on the litigant's path because I thought I could make a difference and because the status quo was and is unacceptable.

But I soon learned that I was not so alone. Women physicians and scientists from all over the country began to contact me with their stories after they had heard of mine. They had heard I could help, some called me a “trail blazer”. Some of these women were in very early stages of their careers—medical students, residents, and junior faculty—others were established and successful. I started to counsel, to advocate and then to organize. Only by sharing in the stories of these other women did I begin to see a new light at the end of the tunnel.

Now I find myself channeling what could have been crippling, demoralizing and depressing into helping individuals and organizations overcome gender discrimination. The fight for gender equity is far from over—as my experiences show—and in my opinion it appears to be getting worse, as more women are beginning to speak up. As I listen to so many women's stories of injustice, I am convinced that equality will never be realized as long as the victim has to police the system, be the whistleblower and then spend an average of ten years navigating a complicated legal system at great personal and financial cost.

During my incredible journey, I learned about an exceptional organization—the AAUW—whose Legal Advocacy Fund gave me a welcome “shot in the arm” just as my spirits were flagging during my own battles. Now I am committed not only to working with them to reach our shared goals so that the educational achievements for women are not then devalued once they reach the workplace, but also to creating additional channels to help women overcome years of institutionalized bias.

Today I have spoken about my journey, my triumphs, my frustrations, my failures and my future. In closing, I would like to share with you just three of the many lessons I have learned. 1) The legal labyrinth needs change—oversight and prevention are essential. Retroactive legal remedies will not be enough. 2) Active gender discrimination **is** unfortunately alive and well. It has a new face. Instead of “women need not apply”, we are told that we “don't fit in, have baggage, or have an unsuitable “style”. And, 3) breaking through these barriers is critical not only because of individuals like me and the many others who are facing this problem so early in their careers, but also because it is our public health that is at stake. 50% of the medical work force will soon be women. If these women are cannot realize their full potential, the health and well-being of our entire society is headed for a dangerously unhealthy future.