



A History of the
Josiah Macy Jr. Foundation's
Grantmaking to Increase
Diversity, Equity, and Inclusion
in the Health Professions

PART 1

**Advancing Women
in Health Care and
Health Care for Women**

Founded in 1930 by wealthy New York socialite Kate Macy Ladd to improve health and health care, the Josiah Macy Jr. Foundation is today well known for being the only American philanthropy dedicated solely to advancing the education of our nation's health care professionals. The Macy Foundation's focus on health professions education evolved over the decades since its founding, with investments generally taking the form of grants and other programming intended to elevate and integrate the research, education, training, and professional practices of our nation's physicians—and, more recently, our nurses, pharmacists, social workers, and other health care professionals.

As part of its health-focused mission, the Macy Foundation has made various efforts to advance the particular needs and interests of women and other population groups that are underrepresented in health care—both as patients and providers. In fact, a review of the Foundation's archives, conducted during summer 2019, reveals how the threads of diversity, equity, and inclusion in health care have manifested in the fabric of Macy's work over the years—subtly and on the margins of its investments in the early years, then apparently dropped almost completely for some years, only to be picked back up later and featured rather prominently, eventually becoming fully integrated into Macy's modern mission.

While the archival review explored Macy's grantmaking history relevant to underrepresented population groups, this essay—Part 1—presents its efforts as they pertain specifically to women and health care.¹ In its earliest years, the Foundation's male leaders, interpreting Mrs. Ladd's own words, focused on funding medical research and, via several scientific meetings (the precursors to Macy's well-known conferences), disseminating the findings from this research to physicians. Given the dominant patriarchy of early 20th century America, this meant the Foundation supported male physician-researchers and research into the illnesses in which they were interested. But even then, there was a willingness—not explicitly documented,

but seemingly understood by those chosen by Mrs. Ladd to lead the Foundation—to support research into health conditions that affect women as well as research conducted by exceptional women physicians, who often were studying topics pertaining to the health of women and children.

By no means a vocal suffragette or otherwise outspoken in ways that brought attention to herself, Mrs. Ladd, according to her biographer, was open-minded and generous and she asserted, in both her person and her philanthropy, a keen intelligence, strong will, and an unflagging compassion toward those less fortunate, especially poor and working women and their families. While Mrs. Ladd was alive, the Foundation's leadership was responsive to her input and consequently a thread of support for women can be seen in the Foundation's work during those early years. Following the outbreak of World War II and then Mrs. Ladd's death in 1945, the thread appears to have been lost, but reemerges in the late 1960s and 70s, ebbing and flowing until the present day.

In 2020, the Macy Foundation, under the guidance of its new president, made an explicit commitment to “promoting diversity, equity, and belonging” in its strategic plan. The plan was unveiled as the Foundation marks several milestones: its own 90th anniversary, 75th anniversary of Mrs. Ladd's death, and the 100th anniversary of the 19th Amendment to the U.S. Constitution, which gave women the right to vote. As recounted below, this commitment is in keeping with both Mrs. Ladd's philanthropic interests as well as the Foundation's various activities over the decades that sought to benefit historically underrepresented communities in health care.

Kate Macy Ladd: A Woman of Her Time

When Mrs. Ladd endowed the Josiah Macy Jr. Foundation—named to honor her philanthropist father, who died of typhoid fever when he was 38 and she was 13—she stated that the Foundation should “...primarily devote itself to aspects of health, of sickness, and for methods for the relief of suffering. To these ends, the Foundation might give preference to the use of this fund to integrating functions in medical sciences and medical education...”¹ The review of archival materials on which this paper is based found that this particular quote, from Mrs. Ladd's letter establishing the Foundation, is the one most often used in the organization's own publications to describe its founding mission, which had been carefully thought through by Mrs. Ladd and her personal physician Dr. Ludwig Kast, whom she named president of the new philanthropy.



¹A second essay—Part 2—focuses on Macy's grantmaking history with respect to other historically underrepresented populations, particularly African Americans.

Prior to launching the Macy Foundation, Mrs. Ladd had asked Dr. Kast to survey existing philanthropies' missions as a way to inform their own thinking. Dr. Kast reported back to Mrs. Ladd that there was a need for funding to advance medical research focused on psychobiology and sociology and "to promote human welfare through assistance to scientific medicine and improved health care."²

Dr. Kast's survey was undertaken on the heels of the Gilded Age in America, when several prominent foundations focused on scientific research and social issues had been established by wealthy men, including the Rockefeller and Carnegie Foundations. Some wealthy women of the time also created philanthropic organizations, but they tended to focus on supporting the arts and cultural institutions. Two women who may have inspired Mrs. Ladd, however, were Olivia Slocum Sage, who created the Russell Sage Foundation in 1907 to "improve social and living conditions in the United States,"³ and Anna Harkness, who endowed the Commonwealth Fund in 1918 with the mandate to "do something for the welfare of mankind."⁴

Mrs. Ladd, or Kate, rejected her husband's wishes that the Foundation limit its mission to funding convalescence for women in need and instead decided to endow one of the first foundations focused specifically on health. She did so with a \$5 million gift given to support "the architecture of ideas rather than the architecture of buildings and laboratories."

It is possible to view Mrs. Ladd's particular interest in "the relief of suffering" as a result of her own life experiences. She spent quite a bit of time either ill or recuperating from illness, to the extent that, for almost her entire adult life, she was continually in the care of one or more highly regarded physicians and also employed a trained nurse as her constant companion. But the fact is that she, who had the means to access the very best care for herself and her loved ones, was surrounded by suffering, including both short and prolonged illnesses that led to the often untimely deaths of her beloved sister, mother, father, and brother as well as several extended family members and friends.³ Perhaps, aware that money did not guard against illness, she felt that a philanthropic focus on health was a way to benefit all of society.

In the biography of her life, *Finding Kate: The Unlikely Journey of 20th Century Healthcare Advocate Kate Macy Ladd* by Meryl Carmel, Kate is described as a "woman of her time." In a recent interview, Carmel expounded on this description: "Kate lived from 1863 to 1945, so we can't judge her by our metrics or assign modern meanings to her actions. Was she progressive? Was she a feminist? Probably not in the same ways that we would define those traits today, but certainly for her time and place in the world, I'd say yes, she was, she certainly was very sympathetic to the needs of others and felt a responsibility to try to improve

things for everyone, but, again, those particular words would not have been used then."⁵

"She was raised in an ardent Quaker family, which meant she was compassionate and generous," Carmel continued. "It also meant she valued education very highly—she attended school until her teen years and was supportive of education for everyone through her charitable giving. She was intelligent and independent, and had she been born 10 or so years later, she may well have been caught up in the women's movement, or at least been a known supporter, as was her beloved younger sister-in-law, Edith Carpenter Macy (a suffragette who is remembered today as a founding board member of the Girl Scouts of America)."

Throughout *Finding Kate*, several details and anecdotes support a characterization of Kate Macy Ladd as an independent thinker. As a young woman, she alone in her immediate family changed her religious affiliation. Though she embodied Quaker values (known as SPICES for simplicity, peace, integrity, community, equality, and stewardship)⁶, she preferred attending the sermons of the popular Rev. Hall at the Fifth Avenue Presbyterian Church more than practicing the quiet worship favored by the Society of Friends. She also married her husband, Walter Graeme Ladd, against the wishes of her family; employed a personal nurse/companion for much of her married life against the wishes of her husband; and launched the Macy Foundation without her husband's involvement. A sense of the patriarchal social context in which Kate Macy Ladd created the Foundation on her own is provided by a newspaper headline from the time; it announced: "Sister of V. Everit Macy Gives \$5 Million As Human Aid Fund."⁷

Further, in a life marked by illness that sometimes left her bedridden and isolated from others, Mrs. Ladd maintained many close personal relationships with modern thinkers from outside her very insular and privileged milieu. For example, according to *Finding Kate*, she counted several intellectual, influential, high-achieving women among her friends, likely having met them through her sister-in-law, Edith. These friends included Virginia Gildersleeve, dean of Barnard College, and nursing pioneer Lillian Wald, founder of the Henry Street Settlement and the Visiting Nurse Association—both of whom were active in women's suffrage and humanitarian work throughout their lives.

Women also were the focus of one of Mrs. Ladd's most well-known charitable ventures. In 1908, years before she endowed the Macy Foundation, she established Maple Cottage, a convalescent home for working women on the grounds of Natirar, her New Jersey country estate. According to *Finding Kate*, she felt a keen empathy for women who, like herself, faced difficult health challenges requiring periods of rest and recuperation. She was determined to provide women who had fallen ill the



opportunity for care and respite that they otherwise could not afford because they had to work to support themselves and their families.

As described in *Finding Kate*, Mrs. Ladd conducted an extensive search for exactly the right woman to run Maple Cottage—she wanted a “mature woman” with a background in nursing to run the daily operations, oversee staff, and coordinate basic medical services for the guests, as needed. Ms. Estelle Dudley, a trained nurse, ran Maple Cottage successfully for many years. Following Mrs. Ladd’s death in 1945 (her husband had predeceased her), her will turned the entire Natirar estate into a more expansive version of Maple Cottage and her personal fortune supported it for a period of 50 more years—allowing even more working women the opportunity to convalesce there.

While never characterized as a feminist, a progressive, or even a supporter of the women’s suffrage movement, Kate Macy Ladd, according to her biographer, asserted her independence and lived a life that valued and supported women. While this characterization does not capture her full complexity as someone who demonstrated generosity toward all people, it appears to have been a fundamental part of her that has not been generally acknowledged.

A Thread at the Margins: Women and Macy’s Early Years (1930–1965)

According to *Finding Kate* and a review of some of her letters addressed to the Macy board of directors, Mrs. Ladd was not involved in the daily operations of the Foundation—she did not attend board meetings or otherwise participate in decisions about what to fund. She did, however, keep in close contact with Dr. Kast, receiving updates about the Foundation’s work, expressing her own personal interests, and sometimes making suggestions for research to fund (suggestions that were often accompanied by additional financial donations). As noted in the foreword of a Macy archival publication, Mrs. Ladd “followed the activities of the Foundation with unflagging interest until her death in 1945.”⁸

As a result, in its very early years, the Josiah Macy Jr. Foundation made well-documented grants that supported scientific research into a variety of health issues, including many of particular interest to Mrs. Ladd: migraine, chronic kidney infection, arteriosclerosis, and aging. She also was keenly interested in the links between physical and mental health-related, expressing a desire to support research into psychosomatic medicine—the study

of how social, psychological, and behavioral factors influence health and quality of life.

Mrs. Ladd also suggested that the Foundation consider supporting a survey of social work schools as a way to advance the emerging field of social work. Since the field’s earliest beginnings, women were excelling in it alongside men. “Although men exerted predominant authority in developing other professions, in its formative years, social work was led by a coalition in which women and men, at every level of practice, played roles of equal power and significance ... women’s roles in social service [were justified] as being consistent with the social norm of nurturance, but it also encouraged women to create careers and personal lives that were powerful, liberating, and autonomous.”⁹

Of course, the vast majority of the medical and other scientific research funded by Macy in its early years was conducted by male physician-researchers affiliated with major medical schools. The minutes from one of the very first Macy board meetings, for example, captured a conversation among Drs. Alvarez and Foster and the male trustees regarding the need to identify “gifted men” whose scientific research was a “spark of genius” in need of support.¹⁰ One board member said that the Foundation could not and should not rely upon the best and brightest researchers appealing to the Foundation for funding, but rather the trustees “must go out and hunt up the men.”

Alongside this talk of men, however, was talk of one Macy-funded research grant led by a woman. Among the Foundation’s very first grants (renewed several times) was one in support of Dr. Lucy Porter Sutton’s work at Cornell Medical School and Bellevue Hospital. She was exploring a promising new treatment for chorea (a neurological disorder also known as St. Vitus’ Dance) in children. In fact, on the same page of the first board book where Macy President Kast is quoted as saying, “we have undoubtedly found the right men to support,” another board member, Dr. Kernon, states that Lucy Sutton’s work “is undoubtedly epoch making.” Dr. Sutton had recently been published in the *Journal of the American Medical Association* (JAMA) with a footnote acknowledging Macy’s financial support.¹¹

Apparently, Dr. Sutton’s chorea treatment, though not an “epoch-making” cure for the disease, brought much-needed relief to suffering children. As reported in *Time* magazine: “Dr. Lucy DuBois Porter Sutton, 40, has discovered a quick palliative if not a certain cure for St. Vitus’s Dance, a hideous childhood disease.”¹² Today, we know that chorea is a result of Group A streptococcus infection, and it still infects children in the developing world.

Another exceptional woman physician, Dr. Helen Flanders Dunbar,* began receiving Macy grants

*More women than described here may have received early Macy grants, but it is difficult to know for sure because their recorded names may not make it obvious. Dr. Helen Dunbar could have been missed, for example, because the first encountered reference to her work referred to her as Dr. H. Flanders Dunbar. Initials are used in doctors’ names throughout the archival lists of Macy grants, making it difficult to discern gender.



in 1931 for her study of the world's literature on the relationship between emotion and disease, which led to the 1933 publication of the book *Emotions and Bodily Changes*. Dunbar went on to publish numerous works exploring the relationship between physical and mental health, and Macy supported numerous research projects focused in this area that, collectively, contributed to a broader acceptance of the psychosomatic approach to medicine.⁸

Additional grants to women researchers in the Foundation's early years included several years of grant support, beginning in 1933 for Dr. Elaine Ralli's work on vitamins and nutrition at New York University College of Medicine. In 1939, the Foundation supported Dr. Agnes Fay Morgan's work at the University of California College of Agriculture on the possible role of vitamin B complex in premature aging in rats. The grant amounts awarded to the research efforts described above generally ranged from \$1,000–\$5,000 a year over three to five years, which appears typical of grants Macy awarded to individual researchers at the time.

These exemplary female physicians and researchers were no doubt part of the wave of women who entered medicine around the turn of the century, from the late 1800s through the 1920s or so.¹³ Following the example set by the first woman to graduate from an American medical school—Elizabeth Blackwell in 1849—this period marked a rise in women pursuing medical degrees. American women of the time generally attended women's medical schools, but the late 1800s saw men's schools slowly turning co-educational, including the University of Michigan, Syracuse University, Boston University, Cornell University, and others.

This means that both Kate Macy Ladd as well as the men she appointed as Macy Foundation trustees would have come of age during a time when women were being increasingly accepted as physicians. Unfortunately, for a variety of reasons beyond the scope of this paper (including the release of the Flexner Report, which had the effect of closing and consolidating many medical schools), the trend didn't last. As described in *Send Us a Lady Physician: Women Doctors in America 1835-1920*, the percentages of female physicians fluctuated throughout the 20th century. "After peaking at six percent of the national total in 1910, the percentages steadily shrank, and only in 1950 did women physicians again reach the magic six percent. It was not until the 1970s that dramatic alterations in the numbers of women in medical schools again occurred."¹³

Also worth mentioning, though fewer details are available, were grants made in the late 1930s to Sarah Lawrence and Vassar—both women's colleges at the time—for studies of personality development in children, conducted at the colleges' nursery schools. The archives don't make note of whether these grants were led by male or female researchers at these schools, but it seems notable

that work happening at these women's colleges was considered worthy of support, especially given the prevailing societal and professional dominance of men and men's colleges at the time. It also seems notable, at least as a reminder of the social context of the times, that in 1939 Macy supported a lecture series at another women's school, Mills College in California. A newspaper clipping¹⁴ found in Macy's archives notes that the lecture series, titled "The Needs of Girls and Women in the Present Day World," was delivered by Dr. Lawrence K. Frank, a Macy Foundation vice president and a man.

The Rappleye Presidency

In the 1940s, Macy, along with the vast majority of organizations and institutions in America and around the world, shifted its focus toward World War II. Anticipating America's involvement in the war, "the Foundation, in 1940, began to support projects that would have specific bearing on health problems related to national defense."¹⁵ This included work in traumatic shock, war-related neuroses, and other psychiatric disorders as well as bone and wound healing and liver injury. This shift in priorities took place under a new president, Dr. William Rappleye, who was named president in 1941 following the death of Dr. Kast. "By the time of Kast's death in 1941, the Macy Foundation had allocated approximately \$1.5 million to research projects, mostly on topics related to psychosomatic medicine and problems of aging."¹⁶

Between 1940–1945, the financial figures started telling a different story: during these years, the Foundation spent "more than \$650,000 in aid of medical research and education directly related to the topic (of national defense). This substantial sum represented approximately 60% of all money appropriated and disbursed by the Macy Foundation at that time."¹⁶

While Rappleye's presidency, which lasted until his retirement in 1965, began with a focus on the war, it eventually settled into a quarter-century period marked by notable conferences and investments in advancing medical education rather than medical research. As a board member during Dr. Kast's presidency, Rappleye had overseen Macy's scientific meetings, which had focused on disseminating to physicians the latest medical research. But, at that time, he was also dean of Columbia University's College of Physicians and Surgeons and was considered an "outspoken advocate for excellence in the training of medical students."¹⁶

In addition to early conferences related to the war effort, Rappleye's presidency saw a series of conferences, held from 1946–1953, on the topic of cybernetics, or the "scientific study of how humans, animals, and machines control and communicate with each other."¹⁷ Given the preponderance of these details in the archives, efforts focused specifically toward women—either as patients or providers—are far less evident during Rappleye's presidency.



A very notable effort, however, was made “to improve the quality and quantity of medical students in academic obstetrics,”¹⁸ which held obvious benefits for women in general. Launched in 1955 and lasting through the end of Rappleye’s

tenure, the effort included a study, in 1956-57, identify ways to attract promising young physicians to academic obstetrics as a way to advance the field, which was viewed as underperforming and considered undesirable among high-achieving, mostly male medical students. Further, in 1963, the Foundation endowed chairs in obstetrics (both of which still exist today) at both Columbia and Harvard medical schools. By the time of Rappleye’s retirement, in 1965, Macy had “allocated \$5 million to attract talented individuals to academic careers in obstetrics and human reproduction—with special emphasis on teaching.”¹⁶

In a board report on the topic, Rappleye’s successor, John Bowers, wrote that academic obstetrics had lacked “sex appeal” as an educational pursuit because faculty focused on the technical aspects of delivering babies rather than the basic science of human reproduction.¹⁸ The Macy Foundation annual report from 1966 discusses a continuation of Rappleye’s efforts to attract more talent

to academic careers in obstetrics and human reproduction, largely in response to “deep world concern over the population problem.”

This continuation included two conferences as well as awarding Macy Faculty Fellowships in Obstetrics, whose purpose “was to increase the number of men and women in academic careers in departments of obstetrics...which typically get the crumbs from the table when the medical school budget is sliced.”¹⁹ (Note that the report lists the “impressive” candidates who received the fellowships and, judging by their names, no women appeared to be among them.)

A Thread Recovered: Women and Macy’s Middle Years (1965–1996)

Dr. John Bowers served as Macy’s president from 1965–1980, a period marked by significant efforts on Macy’s part to advance both women

and “minorities” in medicine. Over the course of Bowers’ presidency, the Foundation spent approximately \$1 million on efforts to advance women in medicine and \$5 million on efforts focused around minorities in medicine.¹⁶ These efforts, largely intended to increase the numbers of people from underrepresented populations who pursue careers in medicine, carried through the subsequent presidencies of Dr. James Hirsch (1981–1987) and Dr. Thomas Meikle (1987–1996) to varying degrees. Below is a discussion of Macy’s efforts focused on women from 1965–1996 (with efforts related to other underrepresented populations discussed in Part 2).

Bowers Era

First, relevant to both topics are the comments of Dr. Bowers’ staff person, Maxine Bleich. When asked in a recent phone interview whether Dr. Bowers sought to increase underrepresented population groups in medicine in recognition of the civil rights and/or women’s movements or for other reasons, Bleich commented: “Dr. Bowers was at the Foundation toward the end of a distinguished career, and he and his peers—all the other well-known health leaders around country—made an honest determination that, while it was wonderful to have Medicare and Medicaid become law [in 1965], it created a major challenge: how to get the manpower that would be needed to care for all of the newly insured patients. Dr. Bowers and the others thought that a push to bring more women and Black people in medicine was needed, particularly because many of the new patients were anticipated to be poor women, children, and Blacks. He may have had personal convictions around it too, I wouldn’t be surprised, but he wouldn’t have talked about that—he talked about it professionally; it was a practical solution to a manpower challenge.”²⁰

In October 1966, the Macy Foundation made its first foray into the issue of women in medicine, into the issue of women in medicine—holding a conference, titled “Women for Medicine,” because the U.S. was facing “a severe manpower shortage in all areas of medicine, yet efforts to meet this need have virtually excluded women (who, at the time, comprised nine percent of all medical students—one of the lowest rates in the Western world).”²¹ The conference brought together 30 physicians and educators to “define the problems of attracting more talented women for the study of medicine, of affording them maximum opportunities for training after medical school, and of keeping them in medical careers once their training has been completed.” The result was a book, *Women in Medicine*, published in 1968, that, rather than recommending specific actionable solutions, sought to educate readers about the challenges faced by women in medicine.

Several other Macy conferences relevant to women and health care were also held around the same

A NOTE ON MINOR GRANTS

A significant effort has been made with this essay to describe the majority of Macy’s grantmaking related to women and health care, but this essay is not an exhaustive recounting of every possible grant. Some relevant grants may have been missed in the archives (e.g., women doctors identified only by their initials), while others have been left out on purpose—generally one-time, small, and/or tangential grants. But it is important to acknowledge this fact because a more exhaustive review would paint a more complete picture of Macy’s efforts in this area. One minor grant worth mentioning as an example of those not mentioned: In 1986, the Foundation provided \$10,000 for a traveling expedition to promote the publication of *Send Us a Lady Physician: Women Doctors in America 1835-1920*, which is a cited reference work in this paper (See End Note #13).



time, including the aforementioned conferences on teaching human reproduction to medical students as well as conferences focused on training midwives—one of which had an international focus while the other examined the need for more midwives in America's poorest and most underserved regions. The Foundation also awarded a handful of grants related to these conferences to West Virginia University and the University of Alaska to support the training of midwives. In subsequent years, the Foundation made grants to the University of Miami and Harvard for programs to train nurse-midwives and obstetrical assistants to work primarily in community health centers.

Also in 1966, the Foundation began funding programs intended to attract more women to careers in medicine. Its first multi-year grant supported a program at the Radcliffe Institute for Independent Study, which enabled "women physicians to continue their training after graduation from medical school."¹⁹ That first year, nine women received \$1,000–\$3,000 fellowships to help them undertake specialty training in areas such as psychiatry, anesthesiology, pediatrics, and occupational medicine. Notably, according to the program director, some of the female fellows used the Macy funds to cover childcare expenses. In total, the Macy-funded Radcliffe Institute fellowship program helped 42 women continue their medical training or re-enter the medical profession following a hiatus. Subsequent grants were made to Stanford, Duke, and the Women's Medical College of Pennsylvania for the purpose of developing programs to recruit and retain women in medicine.

A second Macy conference focused on women was held in 1976. The "Macy Conference on Women in Medicine" was held to examine the recent upswing in women entering medicine and explore ways to maintain the trend. In his foreword for the conference book, Dr. Bowers wrote: "The efforts of the Josiah Macy Jr. Foundation to increase the admission of women students to medical schools began in 1966. Our primary goal was to draw national attention to the disparity between the number of women in medicine in the United States and in other countries of the Western World. These modest efforts soon became continuous with those of other organizations and with the women's liberation movement, and there was little, if any, need for philanthropic foundations to continue to invest in the field."²² Indeed, in 1966, women comprised nine percent of first-year medical students and, in 1976, that figure was 24 percent.

The conference chair, Mary Bunting, head of the Radcliffe Institute, explained the purpose of the second conference: "It has been my privilege to chair both the 1966 Macy conference on Women for Medicine and the 1976 conference on Women in Medicine. The shift in prepositions [in the titles] is significant. In 1966, our primary interest was increasing the number of women entering medicine in the United States; by 1976, they were well-represented in our medical schools and our concerns

had shifted to the quality of their experiences, the opportunities open to them, and their effectiveness as physicians and as individuals."²² The conferees called for medical schools and hospitals to examine the roles and challenges of women in medicine and undertake efforts to reorganize their education, training, and financial programs to more flexibly support the needs and advance the careers of different types of physicians.

Also in 1976, the Macy Foundation released a report by its Commission on Physicians for the Future, which had been established to respond to the "continuing demand for more physicians and the capacity of the educational system."²³ Comprised of leaders in medical education, services, and manpower, the conferees identified nine major areas of concern, including women in medicine (at the time, eight percent of active physicians in the U.S. were women) and minorities in medicine (Blacks comprised two percent of all physicians). The Commission's report called for the creation of a national coordinating agency to study health care workforce issues and recommend solutions. The coordinating agency was not ultimately created, but this Commission appears to be one of the few times that the issues of women and minorities in medicine were part of the same discussion at Macy.

1976 was also notable because the first woman was invited to join Macy's Board of Trustees. Dr. Patricia Graham, a well-known expert on women and education, was the dean of the Radcliffe Institute and vice president of Radcliffe College. Dr. Graham temporarily stepped away from the Macy board in 1977 when she was appointed by U.S. President Jimmy Carter to serve as director of the National Institute of Education, the education research arm of the U.S. Department of Health, Education, and Welfare (HEW). She returned to the Macy board in 1979, joining another woman trustee, Dr. Mary Patterson McPherson, a dean and then president of Bryn Mawr College, who was appointed in 1977. Both women remained on the board until 2010 (and were joined by Dr. June Osborn from 1996–2007, and Dr. Judith Krauss in 2007–2012).

During a recent interview, Dr. Graham responded to a question about the significance of being the first woman to join the Macy board: "Of course [my appointment] was significant. It was contrary to the tradition of Macy, which had always been led by men. I had approached Dr. Bowers to request funding as head of the Radcliffe Institute. He turned me down, but that's when I began my relationship with the Foundation that led to my invitation to join the board. I think it was probably, at least partly, an attempt by the board to be 'au courant.' I know they were glad to have me, but it also looked like a boy's club, which was true of most foundations at that time. Pat McPherson and I used to joke that, when I left for HEW and they brought her on, it was partly so they wouldn't have to learn a new name."²⁴ (Dr. Graham and Dr. McPherson both use "Pat" as their preferred moniker.)



In 1979, Macy awarded a three-year grant to advance both women's health care as well as women working in the health care professions. The grant supported development and implementation of a master's degree program in the "Care of Women" at the University of Rochester School of Nursing. It was an effort to both support career advancement among nurses, who were (and still are) predominantly female, as well as address the unique health needs of women across their life cycles, primarily related to reproduction and family planning.

Referred to in Macy archival materials as the "culmination" of efforts to boost women in medicine during Dr. Bowers' presidency, the "Preparation for Medical Education" program was a five-year grant totaling \$685,000 to the "Seven Sisters" colleges: Barnard, Bryn Mawr, Mount Holyoke, Radcliffe, Smith, Vassar, and Wellesley. To help better support future pre-med students, the grant program followed pre-med students in these liberal arts colleges through to medical school and the start of their medical careers for the purpose of gathering data and other information on the opportunities and roadblocks they faced as well as the choices they made. Around the same time, Macy supported a similar longitudinal study of all students prepping for careers in medicine at seven Northeastern liberal arts colleges: Amherst, Bowdoin, Haverford, Middlebury, Swarthmore, Wesleyan, and Williams. Unfortunately, efforts to trace published findings related to these studies were unsuccessful, but the hope is that the schools used the data gathered to better support their pre-med students.

Hirsch and Meikle Eras

In 1981, the Macy Foundation presidency transitioned to Dr. James Hirsch, who had been serving as dean of graduate studies at Rockefeller University. The Foundation's signature effort under Dr. Hirsch was an expansion of its minorities in medicine program, which will be discussed in Part 2. Efforts related to women during Hirsch's presidency were more singular and less comprehensive than under Bowers, perhaps due to the fact that the numbers of women in medicine had been on the rise while the number of African Americans was proving more intractable. Also, under Dr. Hirsch, the judgment was made to reduce the Foundation's scope of activities and concentrate its resources in a few areas related to medical education.

In 1983 and 1984, Macy hosted conferences to address the problems faced by women pursuing academic careers in scientific research. The first, "Marriage, Family, and Scientific Publication," examined the impact of women's life choices on their research careers. The conference discussion focused around Macy-funded research on the topic at the Columbia University Center for Social Sciences, which found that "women scientists need

not forgo marriage and children to have productive careers, but they must realize that, in the present situation, conflicting demands can reduce one's life to marriage, family, and work."²⁵

The second conference, "Women's Careers in Science: Gender Discrimination," looked at the gap in research productivity between men and women scientists. "In every field at every age, women publish 40 percent less than men ... a pattern that has persisted since the 1920s, despite the changes in educational participation and career opportunities for women." A third conference, or "symposium," related to the topic of women in science was held 1986. The symposium looked at the ways researchers' choices regarding what to study affected their career paths. The conferees at these three meetings recommended further research into the issues women face when pursuing scientific careers.

For its part, from 1983–1987, Macy funded several additional research grants related to the topic of women in science, including:

- Columbia University Center for Social Sciences (\$63,584) study on women's careers in scientific research
- Harvard University (\$10,000) study on differences in research productivity between women and men
- Stanford University (\$10,000) to study graduate women in science and engineering
- State University of New York, Stony Brook (\$39,060) to study cultural and structural influences on the number of women entering the medical profession

In 1986, Macy co-funded, with the National Institutes of Health (NIH), two female post-doctoral fellows for three years to work with one of the senior female faculty members in the Laboratory of Biochemistry at the National Cancer Institute. "The National Institutes of Health are an excellent place to correct" the misperception "among many young women scientists" that there are not "many capable and productive female scientists who are raising or have raised families."²⁶

In 1987, Dr. Thomas Meikle, who had been dean of Cornell Medical College and provost of medical affairs for Cornell University, became president of the Macy Foundation. His primary achievement was cementing the Foundation's already significant commitment to advancing medical education—pointing out that it was the only Foundation operating in that space. Like Dr. Hirsch before him, Dr. Meikle also continued Macy's interest in minorities in medicine while providing some funding for the topic of women and health care—primarily in the form of support related to conferences held by other



organizations and institutions. This funding included:

- In 1990, a \$15,000 Macy grant supported National Women’s Health Resource Center to publish its final report from a symposium on “Forging a Women’s Health Agenda”
- In 1990, a \$7,500 Macy grant supported the Society for the Advancement of Women’s Health Research for a meeting that brought together women’s organizations and major health care providers.
- In 1993, a \$20,000 Macy grant supported Wayne State University School of Medicine’s conference on the science and politics of women’s health in America.

A Note on Intersectionality

The Macy Foundation funded programs in the mid-1960s through several subsequent decades to advance women and minorities in medicine. These efforts were generally undertaken and treated as separate efforts, even though Black students were likely participating in the programs focused on women and women were participating in programs focused on Black students.

From 1978–1981, for example, the Foundation supported a program at Bryn Mawr, a women’s college, to “prepare minority students for careers in the health professions.” This was a graduate-level program, and while the college’s graduate-level courses (unlike its undergraduate courses) enrolled both men and women, in reality, the majority of the students in the Macy-funded program were most likely Black women. Similarly, from 1978–1980, Macy funded a “Summer Science Program” to help prepare incoming pre-med and other science majors at

Spelman College, a Black women’s college, for college-level coursework as a means to improving their chances of remaining in science and going on to medical school. The description of this program in the Macy board minutes avoids labeling it as an effort to increase either or both the numbers of women and minorities in medicine.

These activities did not consider intersectionality, a concept introduced by legal scholar and civil rights activist Dr. Kimberle Crenshaw in a 1989 article for *University of Chicago Legal Forum* (see citation at right). In 2017, Crenshaw described intersectionality as “a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LGBTQ [lesbian, gay, bisexual, transgender, queer] problem there. Many times, that framework erases what happens to people who are subject to all of these things” (see citation at right).

Today, the Merriam-Webster dictionary defines intersectionality as the complex, cumulative manner in which the effects of different forms of discrimination combine, overlap, or intersect. For the purposes of these essays, Part 1 deals with programs that focused on women specifically and Part 2 with programs that focused on other historically marginalized and underrepresented populations. Intersectionality is discussed again in Part 2.

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Kimberlé Crenshaw on intersectionality, more than two decades later. Columbia Law Review. 2017. <https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later>

An Interwoven Thread: Women and Today’s Macy Foundation (1996–Present)

For the purposes of this essay, Macy’s modern era began in 1996. That year, the first woman was appointed president of the Foundation. It’s a somewhat arbitrary distinction given that the first female board members were appointed in 1976 and 1977, but foundation presidents represent their institutions to the world and their selection makes a public statement. Thus, let’s say that the modern era of Macy began with the presidency of Dr. June Osborn, a former professor and dean of the University of Michigan School of Public Health, who was also the third woman to join Macy’s Board of Trustees.

During Dr. Osborn’s tenure, the topic of women and health care received more attention than it had in Dr. Meikle’s era—and the attention included support both for women’s health care needs as well as support for women in health care.

Notably, in 1996 and 1997, the Foundation supported education and training related to abortion for the first and only times. In 1996, it gave a \$450,000 grant to Planned Parenthood of New York City to train obstetrics/gynecology residents in abortion procedures. In 1997, it partially supported the development of a one-hour documentary, which aired on public broadcasting channels, on “The Abortion Pill” as well as a related symposium at Barnard College.

Human reproduction more generally was also supported during Dr. Osborn’s presidency. In



1996, the Foundation awarded \$250,000 to the National Advisory Board on Ethics in Reproduction for a study on the ethical aspects of research and clinical practice in human reproduction. And, in 1997, Macy gave \$20,000 to the American Medical Women's Association to support marketing and dissemination of a newly developed fourth-year elective curriculum in reproductive health for medical schools.

In 1997, Dr. Jordan Cohen joined the Macy board and remained on it until 2009. He was president of the Association of American Medical Colleges (AAMC) and was in the process of making diversity in medicine, including advancing women and minorities, a signature issue at AAMC and one he discussed with his Macy board colleagues. When asked during a recent interview why diversity, equity, and inclusion are necessary in the health professions, he said: "In general, and there's a lot of decision theory research to back this up, better decisions are made when diverse perspectives are involved in the decision-making process. It really comes down to, assuming health care institutions want to make the best decisions possible, they must diversify their leadership."²⁷

In 2006, a third Macy conference related to women in medicine was held. Titled "Women and Medicine," the conference was chaired by Dr. Catherine DeAngelis, editor-in-chief of *JAMA* and a professor of pediatrics at Johns Hopkins, and held at a time when women numbered upwards of 45 percent of medical school students. In her introduction to the conference book, Dr. DeAngelis captured the challenges faced by modern women doctors: "Now that women have achieved parity with men in the beginning of the medical pipeline, we can only wonder how much time it will take for female physicians to achieve equity in remuneration, promotion, and status with male physicians."²⁸ DeAngelis also noted that these challenges are even greater for women physicians who are also members of other underrepresented populations.

Among the conference recommendations intended to help advance women physicians:

- Medical schools should set specific goals related to women in leadership positions.
- Those who make research funding decisions should consider whether an institution has achieved adequate female and minority leadership representation.
- Health care institutions must accommodate child and family care needs of health professionals.
- Educational and training programs must be flexible enough to allow for entry and re-entry of women at all levels—and mentoring should be integral.

- Leadership development programs (such as the Association of Academic Health Centers model) should be made available to women, especially minority women, in health care.
- A comprehensive data system must be developed to document and track women in health care leadership positions at all levels, including in medical specialties and professional associations

In 2006, another notable grant related to diversity and inclusion went to Dr. Linda Pololi at Brandeis University. Funded by a four-year grant, the "National Initiative on Gender, Culture, and Leadership in Medicine, C-change" project engaged five medical schools (Duke, George Washington, Tufts, University of Minnesota, University of New Mexico) and the Association of American Medical Colleges in efforts to analyze and address national imperatives around:

- Developing women, underrepresented minority, and generalist faculty members' full potential and leadership;
- Promoting collaborative, interdisciplinary work in medical practice, education, and research;
- Reducing faculty burnout in medicine; and
- Providing optimal care to a diverse nation.

"We called it the C-change project because we were really looking at how to change the culture of academic medicine," said principal investigator Linda Pololi. "The problem wasn't just that women physicians took maternity leave and then went part-time for childcare reasons and couldn't keep up with the men. The problem was—and still is—that medical students enter the profession with compassion and a desire to do good for people, but academic medicine doesn't support those things. It doesn't nurture the humanity of the people who are providing the care. Instead, it's a non-relational, fiercely individualistic, competitive environment where the organizational missions may talk about human compassion, but the behavioral norms that are rewarded are in direct conflict with the missions."²⁹

The project resulted in the development of a learning action network model in which faculty step outside of their institutional environments several times a year to learn about diversity, culture change, and creating supportive learning environments. The environment in which these topics are taught models the supportive environment the participants are learning to create. Dr. Pololi has continued the work at Brandeis, where her C-Change Mentoring and Leadership Institute recently received a grant from the NIH to evaluate the model.



Thibault Era

When Dr. George Thibault stepped into the Macy presidency in 2008, he resumed a similar approach to that of Dr. Meikle's—focusing on the broad issue of advancing and reforming medical education and bringing women and other underrepresented populations along as part of that effort, with diversity usually assumed and sometimes stated explicitly.

A \$750,000 grant made early in Dr. Thibault's presidency was one of the first to roll diversity and inclusion into larger discussions related to the "social mission" of medicine and medical education. In 2009, researchers at George Washington University ranked 141 medical schools on their ability to meet three measures—graduating physicians who practice primary care, work in underserved areas, and are minorities—combined into a composite "social mission" score and found wide variations among the institutions. This grant will be discussed more thoroughly in Part 2 because the social mission ranking did not look at measures related to women, which seems notable—perhaps because women, then and still today, have not achieved equity in medical schools despite their numbers.

Interestingly, a review of Dr. Thibault's *Special Report of the President 2008–2018*,³⁰ which spotlights the Foundation's achievements during his tenure, finds little reference in the text to gender diversity as a goal (and racial diversity is mentioned only slightly more often)—but diversity can be seen in the photos throughout the publication: the faces of scholars, grantees, and conferees are mostly white, but some are not, and there are significant numbers of women included.

In fact, women health professionals were and are deeply integrated in the signature programs that spanned Dr. Thibault's tenure: interprofessional education (IPE) and the Macy Faculty Scholars Program. Through research grants, conferences, and more, Macy has supported efforts to advance IPE and teamwork in health professions education and practice. This means health professionals from different disciplines, backgrounds, genders, races, ethnicities, etc., learning to work together to care for patients, who are also growing more demographically diverse.

And the Macy Faculty Scholars Program, which awards five scholars every year with salary support up to \$100,000 per year over two years to implement an educational change project in their institution, features diversifying the leadership of academic medicine and nursing as a fundamental goal. Since the program was launched in 2011, 36 of the 51 total scholars (or 71%) have been women—and, for their educational research projects, many of the scholars have done work to advance IPE at their institutions while some of them have specifically examined the experiences of people from underrepresented populations in health professions education.

"We are a small foundation, but we punch well above our weight," said Macy Board Chairman William Wright in a recent interview. "We only have so much in the way of dollars that we can invest, so we try to invest wisely, in ways that will make a real difference. I think we are investing very wisely in our Macy Faculty Scholars Program. We are helping to shape the health care leaders of the future. If you look at the faculty scholars in medicine and nursing we have supported over the last decade, every last one is outstanding in their field, but in terms of diversity, they are not so much representative of the health professions as they are much more representative of the general population."³¹

Dr. Thibault retired in 2018 and the Macy Foundation Board of Trustees—five of the 13 members of which were women—appointed its second woman president, Dr. Holly Humphrey, who had previously been a professor and dean of medical education at the University of Chicago School of Medicine.

Conclusion

Undoubtedly, women have played a significant role in the history of the Josiah Macy Jr. Foundation. From its founding by a strong and independent woman determined to improve health and health care through its support, to varying degrees over the decades, of women as both patients and providers. Looking back over the Foundation's 90-year history, it seems as though women ebb and flow as part of its work in ways that reflect what's happening with women more broadly in society. Certainly, issues related to women and health care received more attention during periods in which women were more vociferously demanding equity (namely: during the Foundation's early years, which came on the heels of the women's suffrage movement; during the women's rights era of the 1960s and 1970s; and again in today's post-"Me Too" environment).

Initially, the issue was one of numbers—the appallingly low numbers of women in medicine in America compared to our peer nations around the world. But in 2017, women surpassed men as medical school matriculants for the first time. In particular, Black women have boosted their numbers significantly as medical school graduates.³² Today, the issue is about equity, particularly in leadership. Overall women make up only 34% of physicians in the U.S., and gender parity is still not reflected in medical leadership.⁷ Women account for only 18% of hospital CEOs and 16% of all deans and department chairs in the U.S.—positions that typically direct the mission and control the resources at medical centers. Women are also in the minority when it comes to senior authorship (10%) and editors-in-chief (7%) at prestigious medical journals.³³ But, as several interviewees for this essay indicated, it's also about culture change, about restoring the humanity of our health professionals,



and about having the leaders of our health care system reflect the diversity of our society so that they can make decisions that better meet the needs of all of us.

"I would like us to do more—more to advance historically underrepresented populations in health care," said Bill Wright. "But I don't think we should feel guilty or embarrassed by not having done more than we have so far. The great challenge of any foundation is that you must say 'no' far more than you say 'yes.' That's the reality of limited resources. We do the best we can with what we have to work with. I look forward to seeing where our new president is taking us."

Dr. Humphrey's vision for Macy is focused clearly on advancing diversity, equity, and belonging as one of its three priority areas. The Foundation's new strategic plan states that: "We must ensure that everyone who receives care and those who learn, teach, and work in clinical environments are treated equitably. Systemic inequities that reduce career satisfaction and limit advancement opportunities for health professionals from historically underrepresented communities, including people of color, women, people with disabilities, the LGBTQ+ [lesbian, gay, bisexual, transgender, queer] community, members of some religious groups, and individuals from low-income households need solutions."



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