

Emily: I'm Emily Kumler and this is Empowered Health. Most of us are familiar with Time's Up as a hashtag that came about after the sort of [#MeToo movement](#)<sup>1</sup> and the [Weinstein allegations](#)<sup>2</sup> started spreading around and it's now turned into [an organization](#)<sup>3</sup> that's all about sort of making sure that women in the workplace are safe and respected as well as given an opportunity for success that equals their male counterparts. The organization just launched [Time's Up Healthcare](#)<sup>4</sup>, which is going to be a branch under the larger organization and we talked to the new executive director on her very first day about what types of healthcare is hoping to accomplish and why there's a real need for it now. And speaking of need, we are really grateful for those of you who have donated through [Patreon](#)<sup>5</sup> and we're hoping to have more of you join in that. This podcast is definitely a lot of work and we both, Jill and I, really love doing it, but we have to find a way to make it sustainable in the next few months. So if you are a regular listener or even if you just stop in from time to time, just like you pay for your Starbucks coffee or your drive through McMuffins--which we really hope you're not eating, but if you are fine--just think about this as your sort of daily dose of information or your weekly or your monthly or your couple times a year, whatever you think is appropriate, we would appreciate. Again, we're spending a significant amount of our time working on this to share information that we think is really vital to living your happiest, healthiest life and we'd really appreciate your donations. So go to [patreon.com/EmpoweredHealth](#)<sup>6</sup> or you can go directly to our site and there is a Patreon link right on our homepage, which you can click on it and donate there. Thanks very much.

Dr. Powell: So I'm [Dr. Lauren Powell](#)<sup>7</sup>, I am the new executive director for Time's Up Healthcare.

Emily: Congratulations on the new job. Today's day one right?

Dr. Powell: Today is day one, yes.

Emily: You hit the ground running. You know, I think a good place to start would be to just sort of talk a little bit about what Time's Up Healthcare is. A lot of people are going to be familiar with Time's Up as the larger movement, but what is this specific initiative about?

Dr. Powell: Yes, Time's Up Healthcare is an organization I'm elated to be joining under the larger umbrella of Time's Up Now. But Time's Up Healthcare is very special in the sense that it is focused specifically on creating the conditions for equity

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<sup>1</sup> <https://metoomvmt.org/about/>

<sup>2</sup> <https://www.bbc.com/news/entertainment-arts-41594672>

<sup>3</sup> <https://timesupfoundation.org/>

<sup>4</sup> <https://timesupfoundation.org/work/times-up-healthcare/>

<sup>5</sup> <https://www.patreon.com/EmpoweredHealth>

<sup>6</sup> <https://www.patreon.com/EmpoweredHealth>

<sup>7</sup> <https://timesupnow.org/about/our-staff/>

and safe, dignified work environments for women, particularly working in healthcare. And so that's just a little bit more specific than the larger Time's Up movement is focused on, which is focused on equity for women, period. What I really like about the Time's Up larger organization, they've been very thoughtful in creating industry-specific initiatives in order to create targeted change by industry. And so healthcare is the newest addition to that family. We know that healthcare is a major employer, a major employer specifically for women. And so the focus of Time's Up Healthcare is really doing that, creating safe and dignified work environments, leading to equitable conditions for women of all types of all ages, of all different occupations working in healthcare.

Emily: And so I think this was like one of the first years where there were [more women that graduated from medical school than men](#).<sup>8</sup> (**Editor's note: more women are enrolled in medical school than men in 2019 according to the AAMC**) Is that right?

Dr. Powell: I actually am not sure specifically about that, about that statistic. But I would not be surprised if that's the case. I know for other industries that are very sort of tangential to health care, also part of healthcare, public health for example is overwhelmingly dominated by women.

Emily: Yup. And I think, I mean I know some of the stats that we have are like [80% of the healthcare workforce is female](#).<sup>9</sup>

Dr. Powell: Absolutely.

Emily: [Yet only 20% of leadership is female](#).<sup>10</sup> So there's like a big wait, what, when it comes to that

Dr. Powell: Exactly. A huge disparity, a huge inequity there that if we have so many women who are making it the workforce, how is it that they are not being promoted equitably and they are not reaching these positions of high leadership and power within this industry that we so overwhelmingly make up.

Emily: My understanding is that part of the impetus for starting Time's Up Healthcare was an [article](#)<sup>11</sup> that came out of the National Academy of Sciences and Engineering that found that women who are in STEM careers probably studying in

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<https://www.aamc.org/data-reports/students-residents/interactive-data/2019-facts-applicants-and-matriculants-data> Correction: more women are enrolled in medical school than men in 2019 according to the AAMC

<sup>9</sup> <https://www.bls.gov/cps/cpsaat11.htm>

<sup>10</sup> [https://www.kornferry.com/media/sidebar\\_downloads/perspective-women-in-healthcare.pdf](https://www.kornferry.com/media/sidebar_downloads/perspective-women-in-healthcare.pdf)

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<https://www.nap.edu/catalog/24994/sexual-harassment-of-women-climate-culture-and-consequences-in-academic>

STEM careers I think, we're more likely to face some sort of harassment. That to me on the one hand, isn't that surprising unfortunately. But on the other hand we sort of, it's hard to reconcile that with the push that we've done of like trying to get girls into STEM programs and trying to drum up, I mean I went to Smith college undergrad and there was a big program shortly after I graduated to do a [joint like sort of engineering thing with Dartmouth](#)<sup>12</sup> and everybody was all excited about it. And I think, gosh, it's sort of one of these not, I mean obviously it's not tragic, but like we have all of these women who we've, you know, said, hey, you can do it too, math isn't scary. Like get in there, you know, mix up the sciences. Women need to be more involved. And then you hear these stories of like women dropping out because they're being harassed or you know, it's just so the, the work environment as a student trying to get a PhD under some you know, awful advisor who's the only, you know, the best in the country. And so you feel like you have to study under them. Like it's pervasive. Right? And so how do you counter that? Like what are we going to do that?

Dr. Powell: You know, this is why I'm so excited about being a part of Time's Up Healthcare and about, a part of Time's Up in general is, you know, you started off kind of talking about how there's been such a big push about pushing women and girls into science, math, science, engineering, all of that into even the medical field. Right? But this is the difference between raising awareness in actually changing a system, right? So we can push people into what we think is a great system, but if we're not actually tackling the inequities in the pitfalls within the system, we're going to have the same outcomes. And so Time's Up Healthcare is about focusing on creating, changing the work environment, changing the policies, changing the people in power, changing all of that so that when we are encouraging women to go into healthcare-related fields to go into science, to go into advertising or you know, any of the other initiatives that we are currently, you know, spearheading that we're pushing them into safe and equitable work environments. And I think that's the difference, right? In the conversation that we're having now, it's not just this is a great path for you to take and there's not enough women, let's just encourage them or let's create pipelines for them to get in. It's how do we, how do we support women and ensure that they are reaching their highest potential in the work environments that we are also encouraging them to go into?

Emily: Right. And that it's not about just going in and like, you know, being accepted to the engineering PhD program. It's about being able to thrive when you're there.

Dr. Powell: Right. The difference between, you know, diversity and inclusion, right? Diversity, just inviting and making a pool more diverse does not actually mean inclusion. That doesn't mean I feel included. That doesn't mean things are equitable

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<sup>12</sup> <https://www.newswise.com/articles/engineering-students-from-smith-to-dartmouth>

for me, right? That doesn't mean that I have the same opportunities to achieve the highest potential is someone else, right? So this is, it's, this is also very analogous to the diversity, equity and inclusion kind of shift that I feel like the country is moving towards. And this is also why I'm excited about this position. I'm excited about this opportunity in this organization because it is a very logical move away from just talking about diversity in lots of different ways, right? Intersectionality, talking about diversity through race, through gender, through sexual orientation, but it's moving towards equity, which requires us to do more than just talk about diversity, but to create a level playing field and to talk about power structures. And that's really what we're doing here.

Emily: So talk to me a little bit about how do you do that?

Dr. Powell: Well, I think there's a number of different ways that you do that. I think engaging with, you know, some of the gatekeepers and some of the folks who have the most power, right? So that's CEO's, that's certainly a lot of men who we know who overwhelmingly make up these positions. So that is helping people understand that sexual assault, sexual harassment and equitable working conditions, especially in healthcare, is something that impacts your bottom line in healthcare. That impacts patient care, which is certainly of utmost importance in healthcare. That also impacts you know, revenue and your representation as an organization, as a hospital, as a healthcare provider. So I think making this something that is of tangible importance to leaders in healthcare is one. Number one, I think lifting up the voices of survivors and lifting up solutions that come from survivors is certainly another very important way to do that. I think tackling policies in the workplace is an important way to do that. Specifically the way that sexual assault and sexual harassment is reported. How was that followed up on? Right? How was that disciplined? Is that seen as something that should be disciplined? So again, changing the work environment and as well hoping that that changes also who some of the gatekeepers are, right. Making sure that we're changing and moving away from this statistic of women overwhelmingly making up the healthcare workforce but not making up leadership positions.

Emily: You know it's funny, Jill, my producer and I were just talking about how, and you know, I don't want to like get too tangential, but it feels related to me, that like there's this idea of as a woman walking through a dark parking lot, you're kind of in the back of your mind feeling like, okay, I could get raped or like I could get attacked or like something could happen. Like it's not out of the realm of possibility, even if statistically it's highly unlikely that something would happen to you. I feel like it's a thought that crosses most women's minds. Right. Yet, if I were to say to my husband or like when I have said to him like, you know, I think women are like sort of the warrior class because we're always aware of our surroundings in a sort of heightened sense because of danger. Right? Or because of potential threat, which I think is something we don't talk a whole lot about. You know? I mean I think that

there's a sort of general awareness of that like women to women, like just kind of get that they are used to walking through the parking lot with the keys between their fingers. Right? Or like something that somebody taught you along the way that you should do.

Dr. Powell: Mhm.

Emily: But you know, it is interesting because when you share those kinds of experiences with men, the most common response is like, oh, that's ridiculous. Or like, oh, what? Like there's this sort of either surprise and dismiss or just general, you know, like what? Oh, I never think of that. And I had this, over the summer I was traveling in Peru. I think I've shared this story on the podcast before, but one of the guys I was with was talking about how like one of these villages that we were in was like really cool to walk around late at night that the lighting and the, you know, the cobblestone street was, and I was like, wow, that's really cool. Maybe you could go out again and I could go with you. I'm not gonna do that by myself. And he was sort of talking about how it was like sort of a spiritual experience for him by himself.

Emily: And I was like, God, that's not, that's not fair. I'm not, I can't do that. Right. And it's like, it's not, it's just reality, right? Like it's not, I'm not gonna, you know, put myself in a dangerous situation so that I can experience this sort of like beautiful moment because I have to weigh the benefit and the risk. Right. But I think to your point, like this idea, we talk a lot about how we need more women in positions of power. And I think one of the things that feels lacking in that is men are like, I'm sensitive. You know, like there are very sensitive men out there, right, that are in power, that are trying to do their best. But there is something about having the experience of it that you just can't empathize with.

Dr. Powell: I really appreciate you like bringing this scenario kind of to light and to talk about it this way. As you were talking, I was thinking about how that is an experience that I feel in being a black woman, right, in navigating society as a black woman, as someone who's black and then someone who's a black woman and that, you know, sometimes I have to work extra hard to make it clear, just how different I have to operate in society. To the point that, you know, it's surprising to people. It's like, oh, I never thought about it that way. Like it just as you described when you were in Peru, someone said, oh, you could go and see, have this lovely experience and you're thinking, yeah, I could in broad daylight perhaps someone who I trust with me. And I feel that way as well sometimes as I'm navigating the world. And not at all to, you know, equate race and gender, though I do think there are intersections there, right? There are very important overlaps, but I think that to help increase empathy or to help increase understanding and awareness, like we really have to have some frank conversations with people who just do not have the same lived experience. They just really don't.

Emily: Right.

Dr. Powell: Prior to this position, I was working in the Commonwealth of Virginia, I was the [director of health equity for the state of Virginia](#)<sup>13</sup>. And that was overwhelmingly, people ask me, well, what do you know, what do you do in your job? Like how, how do you spend your days, how do you tackle this issue of health equity? And I said overwhelmingly, I spend most of my time helping people see that your frame of reality and lived experience is not like everyone else's. And that there are differences in the way that people are raised or differences in the in the life experiences people have based on their social identities often. And that in order for us to get to health equity, we have to be aware of the fact that my lived experience is not yours. Right. And so I think that I'm bringing, certainly bringing that to this role and that to increase equity for women to enhance the workspace and workplace opportunities and fairness and safety for women in the workplace, we have to help people understand just how unsafe it is right now. Right. Just how difficult it can be to be a woman, to be the top of your game and to still be overlooked. To be made, to feel unsafe and just wanting to come to work and do your job. There quite a few people who don't have that frame of reference and I see that as an important role in this position as well.

Emily: You're reminding me of another really profound conversation I had. That was after, it might've been like after Weinstein, like after that story broke. But the teacher I had at Harvard Law School, I did not go to Harvard Law School, but I did the negotiation training there and the mediation certification. And he and I sometimes just like go out for drinks and kind of catch up about stuff. And we were talking about everything and he basically is, I would say one of the most emotionally intelligent, sort of empathetic, really, really, I mean his whole job is looking at things from other perspectives. And in the course of this conversation, which was a very casual, you know, we were having drinks like not a high stress situation at all. He was saying to me that he had really been hit over the head with this, some of the #MeToo stuff in the sense that he kind of knew some of the stuff went on, right. I mean like as we all did, but he was able to sort of put in perspective the guy who was his mentor and that had that man been hitting on him, right, let alone raping him or anything else, while he was in law school, he would have dropped out of school. And that he would never have had this sort of illustrious career that he's had where he's gone on to publish great books and runs this incredible program now at Harvard Law School. And I think there was something really fascinating to me and satisfying about having that conversation because it made me realize like it takes a lot of work to, like it takes a lot of work for me to imagine what it would be like to be a black woman or what it would be like to be a black man in this country. Right. That's not something that I can say I have any understanding of. Right. And I certainly wouldn't want to be in a position where I was acting like I did. And to have this person who I really respect,

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<sup>13</sup> <https://www.debeaumont.org/40-under-40/lauren-powell/>

sort of acknowledge that in the sense acknowledging how detrimental it would have been to his entire life trajectory. Right. And that like the influence of having somebody mentor you or having somebody be your boss, right? Or having somebody be your teacher and then sort of negatively weighing on you. Where the conversation ended up going was I had a realization that like basically almost all of my male mentors have sort of hit on me or done something inappropriate in some way. And I feel like I've always pushed back on them and it's never, you know, it's never turned into a situation that I would consider to be, you know, truly to have crossed the line where it made me not want to be around them anymore. But what it did do was it created a question of confidence, right? Or a question of ability. Like are they trying to sleep with me and it's not because I'm some brilliant young journalist, right? Or am I a brilliant young journalist that they're investing in because I'm a brilliant young journalist. Right? Like, then this sort of the idea of like [imposter syndrome](#)<sup>14</sup> boils up and you're like, for the rest of your life, like did I get that job because that person, you know, wanted to get in my pants even though they never did. Right. Or was it because they recognize that I was going to be really good at the job or both. Right. Or some combination. And that was fascinating to talk to him about because he was like, I have not that has never crossed my mind. Never. He's never thought once like this old man who's, you know, some illustrious lawyer or judge or whatever, is trying to sleep with me. And it was so interesting for us to have this conversation as two, you know, successful people looking back on our careers and realizing how different our confidence is about what we do in large part because of those sort of interplays with people that we looked up to and respected and that held the keys to our careers.

Dr. Powell: A couple of the things that you sort of just hit on are, you know, I think of profound importance if we take a deeper dive looking at healthcare, right? You mentioned the kind of imposter syndrome, right? Questioning your ability. Health care is something that is central to all of us, right? Like all of us need healthcare at some point.

Emily: Mhm.

Dr. Powell: If we are not creating an environment where women feel safe in and feel that they can work to their optimal level. Right. We are introducing the possibility of those feelings and healthcare is not a place where we want to introduce the questioning of ability, imposter syndrome, psychological distress, emotional distress, having to deal and cope with sexual assault, sexual harassment. This is a place where women are making life changing decisions every moment we think about nurses, home health care aides, community health workers, even folks working in public health. It's important that we create the environment for people to feel, for women especially to feel like they can come and work to the best of their ability in a

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<sup>14</sup> <https://hbr.org/2008/05/overcoming-imposter-syndrome>

safe place so that they're sharpest at their game. Right? Cause when we introduce the opportunity for that to not be the case, we're also introducing errors that can lead to, you know, dismal patient outcomes, that can perpetuate health inequities. I just appreciate you lifting up that point because I think that's of paramount importance specifically when we're talking about healthcare in the healthcare field.

Emily: I think the interplay with patients, I feel like we have a lot of doctors who listen to the podcast, but we also obviously have a lot of women who are interested in navigating their own healthcare because the podcast is mostly looking at sex differences in, you know, sort of medicine and life experience. You know, one of the questions that I would put to you is like what, do you have any idea, you know, either from your past experience or, you know, looking at the organization now of like how this sort of trickle down affects women as patients.

Dr. Powell: Hmm. So I don't have specific knowledge of that. There's a slightly nuanced way I can answer your question and that is, uh, I do understand the impacts slightly of trauma, right? Of trauma and sort of psychological distress of stress. Chronic stress as a form of, well that leads to really can lead to longterm health inequities. And so one other point that you've made, I think a couple minutes ago was just the feeling of anxiety and kind of knowing that maybe a mentor or someone else had made sexual advances to you, made you feel uncomfortable. Right? Like that's traumatic. And as we are in a society that is more fully embracing trauma informed care and just recognizing trauma, certainly I cannot speak specifically to statistics, but I can certainly speak from having heard from survivors that that is a traumatic experience and that how that can have a longterm impacts. And so I'm excited in a sense that, you know, Time's Up Healthcare is a platform is a place for us to serve as a beacon of light and hope, but to also make sure this conversation remains relevant and that we continue to uplift this as a problem so that we're not continuing to traumatize women.

Emily: Well. Yeah, and I just, I'm sort of just thinking about this a little bit as you're talking and I'm realizing that like I did [a story for the New York Times on maternal mortality](https://www.nytimes.com/2019/03/05/well/family/reducing-maternal-mortality.html)<sup>15</sup> and then we did [two episodes on](https://empoweredhealthshow.com/maternal-mortality-black-mothers/)<sup>16</sup> [maternal mortality](https://empoweredhealthshow.com/maternal-mortality-american-crisis/).<sup>17</sup> One specifically looking at race. And one of the things that was so interesting to me was the fear that is now felt, I think for women in general in America, but specifically for black women who are pregnant about going to the hospital.

Dr. Powell: Yes.

Emily: One of the big takeaways for me was that women clearly felt more comfortable if their ob was black and if it a black woman that was best case scenario. And so, you know, sort of reverse engineering this a little bit, it's like if women are

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<sup>15</sup> <https://www.nytimes.com/2019/03/05/well/family/reducing-maternal-mortality.html>

<sup>16</sup> <https://empoweredhealthshow.com/maternal-mortality-black-mothers/>

<sup>17</sup> <https://empoweredhealthshow.com/maternal-mortality-american-crisis/>

marginalized in a way where they're feeling, they feel uncomfortable, harassed, assaulted, you know, the whole range while in medical school or while training, then they're less likely to ever become that sort of profession. Right. Which means that women don't have access to that, those female providers.

Dr. Powell: Absolutely. That's an absolutely credible in really great point. You know, we can take it a step further. I think that the experiences of being a woman, you know is one thing in America, the experience of being a black woman is a totally different thing in America and then to be a black woman who was perhaps a medical provider, right? If we're introducing the potential for harassment inequities, sexual assault, all of those things. And again, using the scenario with maternal mortality, we're not creating the picture for a black woman in particular to be at the very top of her game and to be the best provider that this black woman who a patient is asking for and that who needs and so I appreciate you bringing up that point because I do think I'm excited because another really important cornerstone to Times Up Healthcare is intersectionality and that is fully recognizing that race and gender and sexual orientation, all these things overlap and intersect. Not something we can ignore. That has, I think that we are very cognizant of, that we are very inclusive of and that we are creating initiatives that make sure we target and include all of these groups that all of these groups of women are important parts of our healthcare system and are important to the tapestry of healthcare.

Emily: Yeah, and I mean I would just push a plug there for like even starting with research, right? [Like pharmaceutical companies test female mice like rarely, right?](#)<sup>18</sup> Even if the product is going to be mostly used by women, it's like it's a discrepancy in clinical trials is unbelievable that there is such a lack of female representation in that. Not that you're going to like for mice rights, but in terms of like the trickle down effect of like we don't even know what the drugs impact is on female bodies, but that for me is like it starts there. Do you know what I mean? And that's different than what you guys are working on, but it's like it's just so rampant that there is this general disregard for the lack of care.

Dr. Powell: Yes.

Emily: You know, or attention to the equality between, I don't know. I mean you could put it a lot of different ways, but it's really systemic. I mean, which is part of the reason I was just so excited to talk to you because I feel like breaking out healthcare. Wow. Like that's a big, you know, I feel like that for me is really optimistic move of like where we are that we're at the point where we're recognizing there are these branches of this problem and yes there's this overarching, you know, theme of inequality, but actually like looking at it with indifferent, whether it's like industry,

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<sup>18</sup> <https://science.sciencemag.org/content/364/6443/825>

profession, whatnot is a much more, I don't know, systematized approach to solving the problem. Right.

Dr. Powell: Right. And recognizing that there are, there are specific nuances to each of these industries that only someone working in that industry would really know and those things sort of impact who's promoted over who isn't. So let's think specifically about healthcare. We can think about like journals, journal articles, and who is selected to be published, you know, top tier journals. More often than not it is certainly men, it's certainly white men. And so that has a lot of impact on who is promoted within, you know, the academic ranks of medical schools and other training facilities and other training.

Emily: And all the big prizes, right? Like there's all these algorithms now that say like you publish in Cell this many times, your chances of winning a Nobel is this. Like, yeah, it's all interconnected,

Dr. Powell: Right and so the system is skewed and so we are, I'm just so excited because we're about systems change, right? We're also about changing the hearts and minds of people. It's inevitable, but I mean we have to, in order to change the system, you also have to change the hearts and minds of the people who operate the system. And so, you know, that's kind of the tandem goal of healthcare, of Time's Up Healthcare.

Emily: But you know what's also like just coming to mind as you're like, you're sparking all of these things that I want to make sure we talk about. But I think there's something interesting about what happens at med school too, right? And I'm sure this happens, you know, at various levels of the process. But the idea that profiling is still like sort of the main way that people learn through case studies is really interesting, right? I mean there's been a lot written on this about how [women have a higher pain threshold than men likely](#)<sup>19</sup>, but that women's pain is very often just disregarded as the woman being, you know, [sort of complaining too much](#)<sup>20</sup> or not having a high enough threshold. My understanding is that that's really taught, right, that there are these sort of like you have to look at a case and then sort of make judgements, generalizations about what is the person's, you know, what is their background, what sex are they, what are they complaining of? What could it be, which you know, the doctor needs to be able to do in real time and be quick and accurate and all of that stuff. But at the same time, you're interplaying in there all of these biases, right, that were written by whoever wrote the case study.

Dr. Powell: Yeah. In that the scenario also extends to other racial ethnic groups.

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[https://www.cell.com/current-biology/fulltext/S0960-9822\(18\)31496-9?\\_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0960982218314969%3Fshowall%3Dtrue](https://www.cell.com/current-biology/fulltext/S0960-9822(18)31496-9?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0960982218314969%3Fshowall%3Dtrue)

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Emily: Definitely.

Dr. Powell: So African-Americans, for example, pain with the same scenario you're speaking now, right, that black people have a higher threshold for pain and are under prescribed pain medication. And so yes, there is a insidiousness to the biases that have been systematically and systemically introduced into, you know, the medical field and training in medicine and several other, you know, nuanced pieces of health care. You know, I see this as a platform to address inequity specifically for women, but in addressing that, there are so many other inequities that need to be addressed as well. And in the introduction of bias in that way and the way that you've pointed out through case studies and medical schools in particular is another, that's another example. That's another excellent example. And I am excited because I think, you know, we do have some signatory organizations who have signed on and said, we believe in times of health care, we want to improve our policies and improve our ways of doing things and to make better and inclusive and equitable conditions for women.

Dr. Powell: And so some of the initiatives that are signatory, we've just gotten some preliminary reporting back on that. Some of those, you know, include initiatives like this. And I think that this is the opportunity, this is the platform to really push changes in medical school curriculum and the way medical schools select their students and the way nursing schools, you know, train their nurses and select their students. The size really kind of the limit, you know, we won't be able to do everything at once. But I do definitely see, um, you know, branching out into the way that we are actually training people in health care is certainly being, you know, something to go after.

Emily: And then what do you say to the people, I feel like there's been a lot of press in the last month or so that I've just sort of randomly come upon talking about [how like men are terrified to mentor women now](https://leanin.org/mentor-her).<sup>21</sup> I have a very strong reaction to that, which is sort of like, if you're not being inappropriate, you don't have a problem. But I'm curious like when you go into a big organization or a corporation or a hospital or whatever and you sort of are thinking about how to tackle this problem and doing it in a way that doesn't have a backlash, which I'm sure every movement has a backlash and that's part of it, part of the progress. But how do you, how do you tackle something like that?

Dr. Powell: Well, I think, you know, including men in our conversations and as a part of this movement is imperative. And so while I don't think that means watering things down because there is still a necessity to the reality, like we need to be real in talking about these challenges. I do think that there is a way to be welcoming, but to still be firm about like the, for this, the necessity for focusing specifically on women. You know, on one hand it's important that we're inclusive of men. On the other hand, as you've mentioned, if you've not done anything wrong, there's nothing you should be

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<sup>21</sup> <https://leanin.org/mentor-her>

worried about, right? So it's, in my opinion, it's just reinforcing the way to work equitably with women that, you know, it's just about being a good colleague, kind of being a good colleague and being a good mentor and perhaps there are things that need to be reiterated on how to do that. And I do think it's very unfortunate that, you know, I've heard that mentioned and I think that's an unfortunate way to look at things that men are now afraid to mentor women. But the reality is because there are so many men that are in leadership positions, there has to be men that mentor women because so many of them are gatekeepers at this point.

Emily: Well and I think that's the argument, right? Like this has done a disservice to women because now men don't want them in the room because they're scared they might say the wrong thing.

Dr. Powell: You know and I can see that as a point. But I think again, that that absolves us of actually looking at the system, right? There is a system in this, what we're now talking about is interpersonal relationships, which are certainly important, but there's a system that continues to allow men to float to the top. And so if we had a different system that then promoted more women to C suite type positions and to lots of different positions of leadership, then this wouldn't be, I don't think that this would be such a, such an issue. I personally don't think this would be such an issue, but I can understand that that, you know, is a perspective. I think that, you know, being inclusive of men in this movement is one way to try to counteract that. I do think that there are, you know, a handful of men who will maybe feel this way no matter what, but my sort of push back on that would be, well, what is the alternative? What is the alternative, to not speak openly and to not, you know, create a movement around equity for women and to allow things to continue to perpetuate as they've been, I think there's always going to be a backlash. As you've mentioned, there's a backlash in any movement. That's what social movements are. That's what social justice is about.

Emily: Yeah. And I'm sure I'll get pushed back for this, but I feel like the undercurrent of what you're saying to me is that there is a power set, right? And like we haven't really wanted to say that or like acknowledge it so outright, but that the power set is starting to crumble and as you know, women in different minority groups sort of move up the ranks that's threatening. And so it's almost like trying to convince the people who are still part of that power set like this, this is here and it's not going away. So like in some ways you've got to sort of get on board and we've got to all figure this out. But there does seem to be a sort of like the last, I often say that it's like a fish when you see a fish dying and it's like flapping around and it's like that's the optimist, like the optimist in me that sort of is like sometimes you hear comments from people, you know, in our government or whatnot. And you sort of think like what is happening? Like, and I think you see things like more women graduating from med school in that space and certainly on this podcast, one of the goals that we had was to try to interview, have more female sources than male sources. And it hasn't been

hard at all because so many women get to a point in their career where they can actually raise the money to do the research they really want to do. And it turns out they want to do that research on sex differences because throughout their career they were prescribing medicine that wasn't impacting women the same way it was impacting men or they were diagnosing a disease based on male anatomy and knowing full well that their anatomy was different. Right. I mean I think we see these changes coming about and anybody who sort of obtuse to them. Right. And that is sort of hanging on to the old way just for the sake of the old way. Right. There may be things about the old way that are, you know, to your point systematics that are hard to change or that people don't understand what the benefit will be, but those who are just hanging on, that to me just feels like insecurity.

Dr. Powell: Well, absolutely. I, you know, the other thing, the other kind of question I would ask some of these men who feel this way is, you know, if your daughter worked in a company, would you want her treated that way? If your mother or your sister worked in a company, would you want them treated that way? Right. So again, I think that the excitement around Times Up Healthcare is that we're, I see this as, you know, two pronged approach, maybe three, but two-pronged for sure. Changing hearts and minds, like asking you to put yourself in the situation of, or being connected to another woman or someone else who you really care about asking would you want them treated that way? Changing hearts and minds like I think sometimes we have to push, we have to push people to think outside of their own realm of reality, right? Your lived experience is yours, but it's not everyone else's. It's changing the system, systems change. So that mentorship doesn't only have to come from men in order for women to get to the top.

Emily: Right. And I also think the, we talk about this a lot here too, the idea of like women really truly helping each other, that there isn't a finite number of spots for a woman and that you are in competition with the one other woman that it's like you can actually both help each other.

Dr. Powell: Absolutely. Absolutely. The only other thing I would say is we're just getting started. I'm excited. This is my first day, my first interview on my first day. Thank you for opportunity. But we certainly, you know, we will only be as successful as the communities that we're able to champion as well. And so I am excited to be leading this charge. I want to encourage your listeners to join us in this and join us by texting Time's up HC 230644. Change really only happens when millions of people stand up and speak out. And as you can see, we're moving in that direction. We have had lots of initiatives with times of already. Time's Up Healthcare is new-ish, but we certainly are looking for support from community and looking forward to everything that we can accomplish.

Emily: I love that call to action. So please go to [empoweredhealthshow.com](http://empoweredhealthshow.com) if you want more information on Times Up healthcare, we have links out to different

ways you can get involved or donate to them. And don't forget about donating to us on Patreon or our website. I'm Emily Kumler and that was empowered health. Thanks for joining us. Don't forget to check out our website at [empoweredhealthshow.com](https://empoweredhealthshow.com) for all the show notes, links to everything that was mentioned in the episode as well as a chance to sign up for our newsletter and get some extra fun tidbits. See you next week.