



**Marion Henry, MD,
MPH, FACS, FAAP**

President - Elect

Thank you for your consideration of my application for President-Elect of the Association of Women Surgeons.

I have been involved with the AWS since inspired to join as a medical student in 1999 by my first surgical mentor, Myriam Curet. Although I was fortunate to learn at a medical school with many incredible women as surgical role models, I recognized the importance of an organization to support and engage women at all levels of their careers (and pre-careers). Throughout my time in training and in practice since then, I have stayed involved in AWS for almost 25 years now by attending conferences, serving on various committees such as the Clinical Practice Committee, the Communications Committee, Conference Planning committees, the Chair of the Publications Committee for 3 years and as AWS Secretary and Vice President. I have also participated as a coach in the AWS Coaching Program since its inception and was part of the Signature Speakers series. I have also served as the institutional liaison for both the University of Arizona and now, the University of Chicago.

One of my fondest AWS positions was to represent the AWS in 2021 year as a Kim Ephgrave Visiting Professor at the University of Minnesota. Not only was this professionally rewarding for me to have the chance to give several talks of impact to different audiences at another university, but also, I gained so much insight from the opportunity to meet with groups of medical students and residents and to sit one-on-one with so many of the women faculty. To be an ambassador of what the AWS represents and offers to individuals at all stages of their careers meant so much and is critical for our leaders and representatives.

Through all my different roles with AWS, I have come to appreciate and understand the importance of an organization representing and supporting the diversity and inclusion of ALL women surgeons in our professional organization. The Association of Women Surgeons continues to grow and adapt as the challenges facing women also have changed over the last decades. Through it all, though, mentorship, sponsorship and allyship remain critical to the work of the organization. In applying for the position of President-Elect, I bring leadership skills that I have uniquely developed throughout my career. Serving as an Officer in the US Navy and particularly, leading the Division of Surgical Services (DSS) on the USNS Mercy during Pacific Partnership 2015 afforded me many advanced leadership opportunities. As the DSS, I led 7 divisions with more than 200 personnel, both active duty and civilian, from 8 countries, and collaborated with three non-governmental organizations to provide care to thousands of patients in four countries.

My roles as a mentor, educator and leader within the department of Surgery and the College of Medicine at the University of Arizona provided me with opportunities to lead groups of varying sizes, to tackle new challenges that arise, and to collaborate and build new programs. These skills are essential for the visionary and collective work of the executive council. After moving to the University of Chicago and working in the hybrid practice we have in the division of pediatric surgery, I have had the clinical situations in which I have practiced from two different community-based hospitals to a much larger, private academic medical center. The range of hospitals in which I have worked has broadened my insight and understanding of different roles and environments for women surgeons and trainees. I have also been very involved at both institutions with multi-disciplinary Women in Medicine and Women in Surgery groups and have seen how critically important these groups are and how working together to tackle challenging issues is very beneficial for all.

My experience on publications committees and as a journal reviewer positioned me particularly well for the position of secretary on the executive council. Now, after working as Secretary and Vice President on the executive council, I have grown more involved and fully aware of how the organization functions and some of the critical “behind the scenes” difficult decisions and discussions take place. Additionally, preparing for and writing the eConnections newsletter has mandated that I stay fully aware of all the offerings of the AWS and highlight things appropriately to the membership. Working with the AMR team, I have strategized on optimal communication methods and tempos. I have also led revisions of the Bylaws and AWS policies, familiarizing myself with these critical documents. These experiences prepared me well to advance now to the position of President-Elect.

I am very supportive and proud of the focus on Diversity and Inclusion that the Association of Women Surgeons has taken over the past several years. In my opinion, this area is critical for AWS. There are many issues that women surgeons still face, and the AWS is in an excellent position to help ALL women as they pursue the career that they want in surgery. One area that I think AWS should work on in the future is the recruitment of women into surgery. We have a very strong medical student presence and an active medical student committee. However, there are still schools where female medical students are discouraged from surgery. Even in those years before medical school, female students often face discouragement from pursuing STEM careers. I would like to see the AWS play a more active role in pipeline programs recruiting underrepresented minorities into medicine and more directly into science.

With the incredible network of women surgeons that we have throughout the country, we could establish and run (or collaborate with some programs in existence) pre-medical programs for middle and high school students interested in science and medicine. In medical schools without AWS student groups, we could implement partnerships with schools that have committees so that students from these schools could have more interaction and exposure to women students interested in surgery and women surgeons.

I would also like to see our programs for residents grow and I think one approach would be to do this in coordination with the specialty women's groups as well. In this fashion, we could expand our outreach and involvement of ALL women surgeons from a variety of specialties, while also supporting women in training and recruiting them to participate in our organization early on. By highlighting institutional best practices at the meeting or in a webinar, we can encourage all our institutional members and others to increase the work with the residents.

Ongoing and increased collaboration with other societies such as SBAS, SAAS, LSS, AOSS and ANAMS will also help AWS understand and address the needs of our colleagues from historically excluded backgrounds. While we have outstanding liaisons from these organizations, we need to thoughtfully determine how the liaisons can help bring in more representation from these groups to our meetings and our presentations. I have personally joined these organizations to be an ally and a champion of the women I meet; but I would love to have more of these women featured prominently at AWS meetings and in our endeavors. Additionally, I think AWS would benefit from greater collaboration with the women surgeons in other specialties such as Orthopedic surgery, Neurosurgery, Plastic

Surgery, ENT and Urology. Perhaps we need to have liaisons to these specialty groups to encourage greater cross-collaboration. Although we have some women from these surgical subspecialties, increased collaboration and representation would help us all improve the situation for all women surgeons. Many of these groups now have their own Women in Surgery groups, including Neurosurgery, Orthopedic Surgery, Thoracic Surgery, Trauma Surgery and Pediatric Surgery to name just a few of them. Having liaisons or representatives from those organizations would enable AWS to help support these groups and learn from their specific work as well. Just as the ACS serves as the “House of Surgery” for many subspecialties, so AWS could help address gender specific needs in many subspecialties. Through ongoing work with the Women in Surgery Committee of the ACS, I would also hope the AWS could outreach to women outside of academic surgery and help address the concerns and needs of our colleagues in private practice or hospital-based employment outside of the academic realm. These are all areas where I think the AWS can continue to grow in its mission and ability to truly help ALL women excel in the world of surgery.

Traditionally, much of the AWS work has focused on students, residents and junior career surgeons. I really enjoyed running a workshop at last year’s meeting for women surgeons who were further on in their careers and looking at leadership roles in hospitals, departments and academic medical centers.

Women leaders face different challenges as they progress in their careers – a fact I have learned by personal and shared experiences. AWS has the expertise to continue to grow the ways we can support surgeons in the second half of their careers as much as in the earlier portions.

I can attest that as a current executive council member of the Association of Women Surgeons, I understand the commitment required to serve on the Executive Council. I will attend the in-person meetings and all of the monthly telephone meetings. I will work closely with the AMR administrators. I will represent the AWS in my service and my actions.

Thank you very much for your consideration of my application for the position of President-Elect for the Association of Women Surgeons. It would truly be an honor to continue serving the Association of Women Surgeons.