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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE magazine, meets with Eloiza Domingo, Global Head of D&I at Astellas.

Taren: Eloiza, welcome to the PharmaVOICE WoW podcast program.

Eloiza: Thank you so much.

Taren: It's our pleasure to have you here. You have such a big job as executive director of Global Head of Engagement, Diversity & Inclusion at Astellas. You are no doubt sitting squarely in the middle of two of the biggest societal game changers in generations, COVID-19 and our current cultural crisis. How are you leading Astellas to these monumental disruptions?

Eloiza: That's a really great question. And you're right, and that, as a world and as a United States, we are in a very unique, one of the most probably unique time in recent history. So one of the things, I'll say first of all, is I'm really proud of how Astellas has been handling these things.

In the past, Astellas actually hasn't historically responded, either as a company kind of publicly to kind of societal events, and a lot of it is mainly because we haven't had a formal diversity program in the past. I came to Astellas in November of 2018, and from there, we've really developed a very strong identity in terms of diversity and inclusion as company.

And so with the recent kind of situations with COVID, specifically, we really, as a company, created some support for all of our employees who are now working from home, ensuring that they have all of the resources, whether it be support from mental health, making sure that our managers are supportive of all of the unique parts of working from home and addressing all of those issues that come, of course, with now, you're kind of working from home or sheltering in place.

And then with the race pandemic, what I'm really proud about is that the company has worked with the African-American Employee Impact Group, our AAEIG, and asked for their partnership and their support in ensuring that we talk about allyship, supporting all of our employees and making sure that we feel safe, psychologically safe, we have an inclusive environment.

I think one of the other things that comes with COVID is the largest economic recession or depression since the Great Depression. And we, at Astellas, have really been able to stabilize to

ensure that we didn't have to furlough, we didn't have to let anybody go. We were still able to support our employees financially as we have as normal over the past couple years. So we're really, really pleased about that as a company, and especially around the diversity efforts to support ongoing inclusion at this time of kind of confusion and uncertainty.

Taren: Well, congratulations to you and leadership, Astellas, for being able to keep that ship steady, especially amongst these waves of disruption. So that's fantastic work, and it takes a leadership team that is dedicated obviously, to that mission.

Eloiza: Absolutely.

Taren: You must be sitting really right there squarely at the head of leading all of this. So tell me how is it speaking to your C-suite peers, and was it a challenge to get them on board or was it just, yes, this is what we need to do?

Eloiza: I'm lucky and that when I came to Astellas actually. Again, I've only been at Astellas for about 18 months. My two-year anniversary is in November, the inception at diversity program at the time when Astellas was already really cultivating diversity, inclusion, and engagement efforts across the company. So probably two and a half years prior to my coming on, the cultivation of this work was very strong. There was a lot of kind of fertilizer that was already being set for this work, working with some strong national and global consultants on this type of efforts.

And so when this occurred, all of the COVID impact, the race pandemic, economic depression, we were already in a very strong spot in terms of leadership, management and the entire company, quite frankly, that when I needed to ask the company, well, what do you want to do? How do we want to support this? It was not only kind of head on. It was with no hesitation.

And that's one thing I was very, very proud of, but really not surprised in terms of the C suite, the executive leadership of Astellas. I think the biggest thing is that our culture leads us and our culture is that of inclusion, ask the people to bring their authentic and real self to work, also being innovative and bold.

And so all of those things combined allowed and permitted us in this face of again, confusion and uncertainty to say, you know what, we're here for our people, we want to ensure that our culture still remains stable. It's funny, actually. It was almost the exact opposite. It was like, 'hey, Eloiza, let's go, we got to support our people, we got to support our company, we need to make sure that our community feels that we're there for them.' And so now, there was no hesitation, no resistance.

Taren: Well, I'll tell you're going right into it, 18 months in and, wow, what an introduction. So let's talk about a little bit of your background which led you to your current position. Now, I understand you are the daughter of immigrants and come from a medical family. How has all of that impacted your career?

Eloiza: One of the things that I think a lot about and, you're right, so my parents are from the Philippines, they moved here in the 1970s. They were pursuing what we really believed and many immigrants believed and was called the American dream. For my parents, it meant leaving their entire families. They're both one of five siblings. They're both the eldest of five and leaving the Philippines and saying, you know what, America is really where we need to be and we want to raise our children there.

Both of them were physicians, are physicians, and that meant a lot, honestly, to me as a little girl, because I knew that early on that we didn't have family here, that all of my friends at school had these cousins and aunts and uncles and grandmas and grandpas, and I didn't have that. And so it was very clear to me early on, that my parents were chosen to come here and to try to give us a better life.

So that helps set me up in my career in terms of what we would call this immigrant hustle, so working hard, having a high work ethic, driving, and not being scared to take risks. I was also taught very early on to be proud of who we were. And you know this, kids don't like to stand out, so when I was little, I stood out because my parents didn't speak English very well at the time. I didn't speak English. I was speaking Tagalog until I was in second grade. I had a very strong accent.

And I remember thinking, oh my gosh, I hate this. I hate being different. I hate not looking like everybody else. I hate the clothes that I'm wearing. Why do I have to eat this weird food? But that made me into the person that I am today and particularly, with a medical background that my parents have, my brother is also a surgeon, my sister is in the medical field, that allows me a level of comfort around physicians, around hospitals.

I've been in clinic. My dad owns like 9 or 11 clinics my entire life, so I've been in clinics my entire life. And so that level of comfort and drive to help patients and their families, I was also around their families, I think, gave me a very high level of comfort and confidence in the work that I did.

So that was really a marriage for me, the fact that I lived this idea of what was diversity, what was different, what does it feel to be excluded, and what does it feel like to be included? And then around that medical field, that was such a strong marriage to me when I joined kind of healthcare systems within the diversity field. It was like, oh my gosh, this totally makes sense. This is what I've been doing my entire life.

So that's it, everything about my family really, again, drove me and made me good at and confident in the field that I'm working in.

Taren: That's an amazing story. Thank you so much for sharing that. And it comes through your pride in your heritage, as well as the pride in your family's success, all of which, and I will do a little bragging about you. You also have a background in medicine, having joined Astellas

and Johns Hopkins, where you were instrumental in lending the hospital on the Forbes Top 100 Places to Work, which is incredible, as well as earning Diversity Innovation Award for the inception of the Center for Transgender Care. What did those awards mean to you? And talk to me about that experience a little bit.

Eloiza: Thank you for that, first of all. So at Johns Hopkins Medicine, I served as the Deputy Chief Diversity Officer over Johns Hopkins Medicine and then Senior Director of Diversity over things like the School of Medicine and other efforts like that, so it was a dual title.

It meant a lot to come to a pedigree institution like Johns Hopkins. So first of all, again, similar to Astellas, my position there or the diversity office there was also inaugural. And one thing I always tell everybody, Johns Hopkins existed for 125 years before a diversity office, so perfectly fine. They were Johns Hopkins before I was there. They were always going to be Johns Hopkins after I was there.

And so I remember when I arrived there and I was an inaugural role, that office I was leading was inaugural for the entire corporation. How were we going to make a difference? How were we actually going to contribute to this already pedigree name?

And getting us to the Forbes list, which by the way, isn't an application. It's one of those things where Forbes recognizes you because you're good. All of the diversity and inclusion efforts impact and infiltrate the organization in a way that where you don't have to apply. It just kind of shines through. And so that is one of those words that we were really pleased about and showed a lot of just kind of the groundwork that needed to happen at Hopkins.

There was amazing, amazing stuff already going at Hopkins, a lot of it was just coalescing, and quite frankly. And then the Center for Transgender Health, gosh, I'll tell you what. That is, for me, a badge of honor. There's only really some major, major things that I would say, I'm really 110 percent proud of, and that's one of those things because there were not many, if any, comprehensive Transgender Care Center on the East Coast. One of the major ones had closed.

And so those patients needed a place to go for affirmative care. And so Hopkins as a business institution said, you know what, we really should figure out if we could financially create this opportunity for Hopkins and then, of course, as a major care center, say, okay, how could we support this population, which really at that time, a lot of the things were going through the federal government saying, well, transgender individuals shouldn't be receiving equitable care at a variety of institutions.

And we said, no, Hopkins said no, we really should be providing that type of care and so to incept that, again, comprehensive care institution, where Hopkins is supporting pediatrics to geriatrics, that's essentially what the motto is, for transgender individuals, their friends and their family, was a very big accomplishment and I'm really very proud of that.

Taren: As well as you should be. That's two huge kudos in your quiver. And it's just amazing work and to take and be able to understand, as you said, coalesce all of that existing assets and put it together and create something that is so fantastic. I'm very, very inspired by you.

You also take a very patient-focused approach to everything you do, and it's been part of your guiding path for your career. Tell me about that patient focus and why patients are so important to you.

Eloiza: I would say a couple things. So first of all, because both of my parents are physicians, I've been around patients my entire life. My dad, in particular, he is a radiation oncologist and an oncologic surgeon. And he opened various clinics and he specialized in geriatric patients.

And I remember going to his clinic when I was young. When you're little, you don't really think about it, it's like, oh, this is just what dad does. And as I was growing up, I would ask a lot of questions. I remember saying, gosh, Dad, of course I was little, your patients are so old, like, what does that mean?

And I remember him saying to me, distinctly, I remember this, Daddy works with patients who get very sick. And he didn't tell me cancer at the time. He just said, they get very sick. And the patients that Daddy has are going to die because of sickness that they have. And what Daddy has to do is help make sure that the rest of their life, they suffer as little as possible, and that any of their family or their friends that are around them also understand what's going on, are involved in their care, and also suffer as little as possible. And so I remember my dad telling me it's important that you support also the family and the friends who are there as much as you do.

Obviously, my parents never said to me patient centricity or patient-centric work or the focus on the patient. They never said that to me. It just was always a part of what they always did. And so I just picked up on that. I don't know if I really know any different.

I think the other thing too, that also drove me, my mom learned English very quickly and was able to kind of regulate her accent pretty well. My dad never was able to regulate his accent as well as my mom. And so when my dad went into surgeries, and you know you put the mask on as a surgeon, he was the lead surgeon, he would walk in, and his nurses couldn't understand him as well because of his accent.

And so they would say things like, well, Dr. Domingo, I can't understand you. But he had his mask on, so he's trying to say these things. And that's a patient safety risk. That's also a risk to the staff because as you know, the patient is under anesthesia, you have a certain amount of time to get everything efficiently done.

So what would happen with my dad if he was taken off cases? And nobody would tell him why. It was just he would lose patients over time. His other doctors and his care team would take him off of cases. And he finally found out why.

And I remember when he told me, he was really sad, and I thought, God, really? Like, what is that? You know what, I don't get it, but why would you do that? I mean, I get it, of course, because you're a patient centric. And that is a risk to the patient.

But how are you also supporting your staff to ensure that all of that goes together? It's not an or. It's an and. How are you supporting your doctors, your clinicians, all of your staff, at the same time supporting the patients? For all of that, again, world class care, best patients and staff experience.

So all of that, for me, drives me towards, whenever I think about these things, whenever I think about hiring, whenever I think about supporting marketing things or whether or not we're creating more recruiting opportunities, how are we really supporting the patient, and then also creating this opportunity for our staff to grow in their cultural competency and feel included in that process? It's complicated, but it's necessary to think of all of those pieces.

Taren: Absolutely. And Eloiza, that's a perfect lead into my next question. And before I get there, I want to thank you, though, for sharing that very personal story about your dad. And it's a perfect illustration of just that simple disconnect, where how these nurses said, we can't understand you.

He could have done something different rather than having had to experience that was so negative for him, one step forward at a time, I guess. But let's talk about the things that you're doing in terms of hiring and looking at candidates, and why is having cultural competency, and we'll call it that, within the biopharma industry so important? I know it's a layup question, but there it is.

Eloiza: It's a good question. So I'll answer the question, first of all, by talking about concordance. So concordance meaning people who look like you, whether it's the same ethnicity as you, the same gender as you, and typically, the best example I can give you is an ob-gyn. So in ob-gyn, most of the time, females will want or desire or request female doctors.

So overall, I think the last time that I saw that it was like 87 percent, maybe more, like 90 percent of female ob-gyn patients prefer, request and use female doctors, period. It is the largest level of concordance. But you can't have 100 percent. It's almost impossible to have 100 percent. So how are you then filling kind of that gap?

And the other thing too is just because you have concordant, somebody who matches your gender, somebody who matches your race, matches your language, that doesn't mean that they know anything about your culture, they're culturally competent, they're competent in your background, able to handle your needs as a patient or as a customer, that doesn't mean, you know that.

And so that's why it's really critical for medical facilities, healthcare organizations, partner organizations like us to really think about cultural competency as a skill. It is a skill that

everybody needs to understand how to work with people who are different than yourself. And so it builds the efficiency for patients, it builds a higher level of awareness, that affection adherence to treatment plan, it actually increases the positive nature of the medical outcome.

And of course, it's a variety of things so that going down a rabbit hole where we actually find that greater levels of cultural competency with staff, understanding their patients actually drive better show-up rate, less wait time in the lobbies, I mean those kinds of things. And in general, I mean, let's face it, we opened our interview this morning with the statement, our world is changing. There's a lot of divisiveness. There's a lot of separation. There's a lot of confusion

And in a world like that, what you want to try to do is understand people who are different than yourself. I think one of the things that happens is we are taught that if you disagree with somebody or you don't understand somebody's background, they're automatically bad, or they automatically should get no. I don't know how we ever learned that.

And so cultural competency is really about learning what is different than yourself, finding a level of acceptance and using that as a skill here, a business acumen for Astellas, to drive us forward and make it a competitive advantage.

Taren: I love that. There's a term that's being used now. It's not diversity and equality, but it's diversity and equity. Is that a term that's now becoming more involved than it was... previously, it was diversity and equality, now it's equity?

Eloiza: Right.

Taren: What's the difference?

Eloiza: Absolutely, great question, and the answer is yes. It's been that word equity is being more utilized as more and more people understand what the difference is, as you noted. So equality is essentially this idea. So the way that I talk about it is this.

So I have four boys. I have two sets of twins. I have 7-year-old twin boys who are in second grade. We just came from their orientation. And then I have 12-year-old twin boys who are in seventh grade. So all four of them, all boys, all twins. So you would think, okay, so you got to treat them the same. Everybody got to have to get up, get dressed, get ready for school.

My second son has ADD and takes medicine for this and also has OCD tendencies and kind of a tendency towards anxiety. We have to stay on him to get dressed, get up, brush your teeth. He'll get up, he'll get dressed, and he kind of forgets what that last thing is. So I'll say, all right, buddy brush your teeth. And then do what? He'll have the socks on, have no clue where the shoes are, whereas his three brothers are over here.

Equality means I've said, guys, everybody's got to get up, get shoes on, brush your teeth, get going, and expect everybody to perform the same because they have the same house, they have

the same toothbrushes, they have the same amount of support, love, this and this and this, everything that goes along with being a part of this family.

But the thing is that, that's a really poor expectation when Isaac, my second, has something that needs a little bit different. That's where equality comes into play. In order for you to expect that everybody will be successful at the same rate, in the same way, in the same level, some people need something different. It's not anything better. It's actually just something different.

So Isaac needs to have everything written down. I write it down for him, actually. And I'll tell you what, if I write things down, he's actually in front of his brothers. He's got it all done. The other three don't need it written down. I can tell them three things in a row, he's got it.

That's the difference between equality and equity. Equality is saying everybody can be treated the same, given the same resources, and they will perform the same, they will be out the gate the same. That's not possible.

Equity means people are different. And different people need different things to be successful. And that isn't bad, it just means it's different, and that's really why people are more driving towards this idea of diversity. Those things that are different, celebrating different inclusion, of course, the act of accepting and creating belongingness within that diverse space, and then equity, ensuring that if we recognize that people are different and we all need different things to be happy and successful and perform, and that's all that there is to that.

So yeah, I definitely think that equity is the word that we should be using and understanding that that is not a bad thing.

Taren: That's awesome. And what a great explanation. And wow, four boys under 13, not too busy, are you? Wow.

Eloiza: No. They're great kids. I'm lucky because they're good kids.

Taren: Well, they're good kids, because they have good parents, no doubt.

Eloiza: Thank you.

Taren: I think that's how that goes hand in hand. So kudos to you. So the other part of that is when we look at diversity and inclusion, there's a lot of studies and reports that show that it can really help improve patient outcomes. How does that work? How do those two work in tandem?

Eloiza: I would kind of go back to what I was saying earlier in terms of concordance and also cultural competency. So let me start with just concordance. There is a ton of research out there. Lisa Cooper is one of the people that does a lot of research about this.

Dr. Lisa Cooper is cardiologist at Johns Hopkins Medicine who leads globally that conversations around race concordance and gender concordance. The evidence which is years and years long, essentially shows that within healthcare, if your race is concordant, i.e., the same, ethnicity is the same as your provider as well as your gender, the research essentially shows that several things go up (A) the adherence to treatment plan, your show-up rate, your satisfaction rate with your staff, and eventually, your medical outcome, because if you're going to your appointment, show up.

If you feel like you trust your provider, so you can tell them more. You feel like they're not going to judge you because, oh, yeah, they know, because they're just like me, where they look like me, their parents must look like me. They speak the same language as me, they have the same background as me, I can tell you more. So you're going to have more of a background and more kind of transparency around my care. And then of course, your medical outcome is probably going to be better.

And so that's why concordance is a critical piece to think about. That's really how this HR piece, hiring, developing, promoting, all of that really plays into the patient journey. That's why HR is so critical and it should be such a strong partner around patient care in any healthcare facility. And again, as I mentioned earlier, we're never going to be 100 percent concordant in terms of race or gender, or all of these other things.

So how do we fill that gap? The skill of cultural competency, ensuring that no matter who is your patient, no matter who is your provider, no matter who we're taking care of in terms of that community that we understand how to handle and how to support that community.

So for example, in many African-American communities, this idea of diabetes, the word diabetes sometimes is not used. Typically, you would say, bad sugar. So using the word, bad sugar, when you talk with African-American patients, if that's how they want to describe that, that actually builds a level of trust. And that's a skill, that's a cultural competency skill.

You don't have to be African-American or black to implement that in order to increase the trust between you and your patient. And so again, this is really why it's so critical to think about concordance. Where you can't have concordance, you should also be thinking about the skill of cultural competency within medical care, healthcare facilities, and of course, with us which is we're a partner into healthcare facilities and pharmaceuticals as well.

Taren: You just said that we're never going to get to 100 percent, but we certainly can be better as an industry. I think we can all agree to that. So what are some of the things that you think that you're doing at your company that the industry can also be looking to do better to address some of these systemic areas of gender and racial bias and inequality?

Eloiza: One of the things I think Astellas does very, very well, and I mentioned this here is actually the tie between diversity inside of HR and the operations of an organization. Oftentimes, diversity is kind of tucked under HR and it said, okay, you're going to work over here

and you're not really going to be exposed to all of the other things that are operationally a part of our organization.

I felt the exact opposite. Astellas says, you need to know what we're doing, you need to understand who our patients are, how we're driving forward with innovation. And that's the only way that you can help us as a diversity professional, figure out the best hiring processes, where we should go to recruit, how we can network.

So I would really encourage many organizations to also think about it in that same way, ensure that their diversity leaders and their teams are partners in product life cycles, for example. Thinking about how you are, this company is an ambassador to various things like supplier diversity efforts, the community volunteerism, corporate social responsibility efforts, all of those kinds of things.

And I would say that Astellas does that impeccably. They involve myself in these types of dialogues, ask me to give opinions in a way that doesn't kind of section off diversity over here. It's just an HR function. So it's definitely global. So that's number one.

Number two, the C3 Prize that in the C3 process that our oncology division drives, so obviously, this idea of cancer as a disease that impacts the body. We all know also that cancer impacts families and lives in a very unique and hard way. People lose jobs, people lose money, as much as they lose, of course, family and friends, there's also this kind of debilitation of life sometimes because cancer is a really hard disease.

And so the C3 Prize for this innovative idea about how we are supporting the families, their friends, the lives of individuals who have cancer, and how we're supporting all of those things around treatment plans, and again, the lives and the families of people who suffer from cancer. And I think that's one thing as well that Astellas does incredibly well.

It's thinking about how it's not just this disease, but it's also this idea of the illness. So it's cancer, which is the disease, but the illness of cancer is also that again, you can't taste things as well, you can't take care of your kids because you get really tired.

My mom is a survivor of breast cancer. She was scheduled to go to Jerusalem. We identify as Catholic. My mom is going to go to Jerusalem. She said, gosh, I'm going. She said, I'm going. So she went, but she could hardly breathe when she was walking the steps.

And that was a once in a lifetime opportunity, but because of the cancer, the disease, the illness was that that once in a lifetime opportunity to walk the steps of what we believe to be Jesus, she couldn't do. And I know that that hurt her a lot. I know it did. And so how do we think about that? How are we, as healthcare professionals, thinking about everything about that?

So I think that in the field of diversity and biopharmaceuticals, we as diversity individuals and we as an organization, as an industry, need to be thinking holistically about the diseases that we

help treat, but then the illness that comes along with those diseases. And I think that just Astellas is pristine when it comes to those kinds of thought processes.

Taren: Thank you so much for sharing that personal story. That really is quite touching. And I'm glad your mom is a survivor. So that's the good news. One of the things too, that we're hearing when I talk to other folks about diversity and inclusion is that when they speak to those candidates or those hires, that they don't necessarily want to be labeled as a diverse hire or diverse candidates, because it somehow means that they're less than. How do we guard against that?

Eloiza: So that's a great question. You're right to acknowledge and I am also acknowledging that that perception still exists, that affirmative action that this person who identifies as diverse, whether that's a racial diversity, a gender diversity, sexual orientation, diversity, what's higher just because they are diverse hire and still some sort of quota or thing that this bandwagon.

So I think there's several major things that companies need to think about when they try to kind of stop that or mitigate that type of perception, which again, I'm really proud that Astellas is doing, so number one, educating the managers. The managers are really critical to ensuring that the education around hiring, promoting, supporting, engaging diverse talent is really important, that it's not a matter of affirmative action, that it is aligned with the mission and the values of an institution, that's number one.

Number two, the organization also needs to look at their mission and their values and ensure that they have a very clear business case around diversity, inclusion, and cultural competency, and be able to articulate that from the top down and from the bottom up. If that business case isn't tied into the things you do every day as a company, then of course, you can very easily say, oh my gosh, why was Joe hired over so and so? Oh, it's because he's black. Is that why, or he's Hispanic? Oh, really?

And that happens very quickly if diversity isn't a part of the fabric of an institution, and again, it isn't coupled with education around what affirmative action is, as opposed to what is real diversity, inclusion, engagement, equity efforts. So I would say those are some of very, very critical things that need to happen in terms of messaging as well as institutional kind of support from top down.

Taren: And I would assume, along with that goes, accountability.

Eloiza: Absolutely.

Taren: As a Filipina and as a woman, you have no doubt experienced firsthand bias and limitations, how did you manage through?

Eloiza: So I identify as Asian, a Filipina and, yes, as a woman, and I wish I could say, oh, I've never experienced bias. For many people who identify as different than the majority, as a

woman, as a woman of color, someone who started speaking a language other than English when I was little, I experienced bias and prejudice and racism, even when I was little.

And I know that many people maybe who are listening to this would say, well, little kids who are being mean to you isn't necessarily racism, but they learn that from somewhere. And I remember feeling very excluded when I was little because people couldn't understand me. They would make fun of my accent, did make fun of the clothes that I was wearing. My hair was different than everybody else's, those kinds of things. My parents, I can't understand your mom and your dad, those kinds of things.

So bias has been, unfortunately, a part of my life, has been a part of my parents' lives. I've seen it for my brother and my sister, as well. I think it's created more of a drive for me. There is a societal or social kind of thing, it's called self-hatred.

So when I was in college, I experienced self-hatred very strongly. It started in my senior year of high school and went into about my junior year of college, where I hated myself, I hate it. And oftentimes, people who are in the minority will hate themselves because the way that you've experienced bias throughout your life. You want to be part of the majority.

I hated that I ate certain foods. I hated that my parents spoke a different language. I hated that all the girls who didn't look like me were getting dates. Nobody wanted to date me, I was too different. And I hated that.

And I learned over time that actually, what made me different was what made me, me. Not better, it's not about being better, but about being driven to help other people who also experienced that as well. And I know that some people who experienced bias may never get to that place where it's like, oh, gosh, it can be better, I can feel better, I can help other people.

I'm fortunate and that, for me, I turned it into a career, actually. And I want people to know that being different isn't bad, and that it can be optimized on for business purposes, for patient support, those kinds of things, especially now that we're in today.

Taren: Eloiza, we'll go back to some of those kudos. You received a lot of awards, including being recognized as one of the hundred most influential Filipino women in the world by the Filipina Women's Network, the 2017 Senior Executive Award from the National Association of Healthcare Executives, and you were featured on the Maryland Daily Record's Very Important Professional Success by 40 list. What do all these recognitions mean to you?

Eloiza: I appreciate these. Growing up in a Filipino household and growing up, I think, in the household that I grew up in, accolades were very important. My parents were the type of parents that believed in awards. I think, subconsciously, a part of me is always driving to receive those types of recognition.

But in the same light, I also find that at a part of my career, I realized... so there's a quote by Mark Twain that I really, really live by, and Mark Twain said, the two most important days of your life or the day that you're born and the day you find out why, and I think once you find out why you were born, why you're put on this earth, the accolades don't really matter.

I'll be honest, I think that's why the accolades that I've received, the ones that you've noted here probably mean more to me than the accolades before I figured out what I was supposed to do with my life, because I think I was still searching, trying to figure out, what am I supposed to do? How am I supposed to change the world? What am I put here for? What was I born to do?

And once I realized that I really was supposed to help somewhere in the medical field, because of the exposure to medicine and because of the exposure to my parents, and I was supposed to help with the field of diversity because of who my parents are, because of my background. And once I figured that out, and I found comfort in living in that space, that's when I got really good, honestly, at what I was doing. And I think anybody who lives in that space gets really, really good at what they do.

And then, when people recognize that and start giving rewards, when you're not looking for it, because I wasn't, I wasn't looking for those, I didn't apply for those, those are ones that you're nominated for, and that's what I was like, okay, you know what, then, I must be doing something good. And so that's why I do think that those things mean more to me because I wasn't looking, I wasn't wanting, I wasn't asking. And so they do mean a lot.

I will tell you that the one from the Filipino Women's Network is probably the most significant one to me, being recognized by your culture and particularly women from your culture to say, wow, you're contributing as a Filipina, you're contributing to who we are, that means a lot, so I appreciate as well that nod.

Taren: I bet, and I can only imagine how proud mom and dad were.

Eloiza: Yeah. I would agree with that.

Taren: So you mentioned before about the global challenge called the C3 Prize, and so I don't want to be remiss in noting that there's currently a call for entries for ideas beyond medicine that can solve for everyday cancer challenges, including ideas this year that can ease the burden of COVID-19 and health disparities impacting, as you noted, cancer patients and caregivers.

So tell me a little bit more about why you got involved with this initiative, and then we'll direct our readers and our listeners to where they can go to apply.

Eloiza: Absolutely. So a couple reasons, I was really honored when I was asked by the oncology team to serve as a judge last year, and I also served as the emcee last year, which was really, really fun. But I wanted to get involved because of what I had mentioned earlier, this idea that I was really proud, really, really proud that Astellas was looking at cancer, as not just a diagnosis,

something that happens to a body, but rather looking at it holistically and realizing exactly what my dad taught me when I was little, that cancer is not just something that happens to somebody's body, that cancer impacts families and lives and friends, and whole networks of things that happen in the world.

And it was almost like it was kind of a circle back. And I remember when I was talking to the oncology team, sitting on the phone and then sitting in person and saying, oh my gosh, I cannot believe because my dad and I talked about this. I was like, 8 or 9, when my dad talked to me about this.

It just drew me. It just made sense that. Even if I wanted to say no, there was nothing in my body that can let me say no, to be involved in the C3 Prize because I know that that's what my dad would have wanted me to do as a physician, all the work that he's done, he's retired now. So that's really why I wanted to be involved.

I was also very intrigued because at that time, they were also implementing this idea, as you mentioned earlier, of health equity and health disparity. So really looking hard at how could we ask individuals out there to think about innovative ideas plus cancer, plus health equity and health disparities, how could we think about that?

And that's amazing. For a company like ours, we could easily say, well, we could walk away and say, well, we'll figure it out, but we didn't. We said, hey, I really want people to provide ideas. What's out there? What can we do?

But the other thing too, that I was also very, very impressed with, and many people may not know about this prize, is that we hear the best ideas, we get all of these great ideas, we provide exposure to these innovative thinkers, innovative minds, and we provide funding and resources and push them out in the world.

Astellas actually doesn't benefit from this. There's no corporate benefit to this. There could be, Astellas saying, oh, well we're going to own it, we're going to copyright it, we're going to buy your idea. We don't do that. That's amazing to me that we would say we want the best ideas and when we find it, we're going to help you build your ideas and you take it from here. That is one of the most unselfish things I've seen a company do. And so that's why I really want to be involved in the C3 work.

Taren: That's great. So for listeners who are interested and want to learn more, they can go to www.c3prize.com to learn more about it and to apply so hopefully, you will receive as many fabulous ideas this year as you have in the past. I can't wait what the winning ideas are.

Eloiza, tell me, is there anything you know now that you wish you had known as you are moving up the ranks?

Eloiza: My parents really taught me to kind of drop your head and run. And one thing my parents didn't do a very good job of teaching me about was how to ask for help. And it was just like, drop your head and run because you're smart, and you can do it. So I said, okay, great, I'll do it.

So as I was driving my career, I kind of kept to myself. I kind of just said, okay, I got this, I can do this. And I realized, oh my gosh, I do not like this. And I was very lucky that I had good people around me that even if I wasn't asking for help, I have people saying, hey, heads up, Eloiza, you may think about this, or hey, in that last meeting, you did this and it may have come off, da da da da da.

So I had natural towards peer mentors, advocates, sponsors that were around me. I didn't even know what was happening to me. But if I could do it again, if I can look back and think, okay, how could you have done it? I would have asked for more help, honestly. I would have asked for more transparent feedback. I would have debriefed with peers, trusted colleagues, mentors in a more open fashion, as opposed to kind of being like, wow, I did that great.

Because there were a lot of mistakes that I made, because I just drove, I drove solo, thinking that that's how you were supposed to do it as an executive. And that is the complete opposite, the complete opposite. So I would definitely encourage anybody who's driving their career forward, ask for help, ask for transparent feedback, be open to it, ask for those peer mentors, upper level mentors, and I know that's really cliché, but I'm telling you, it's one of the best ways to become better at your craft and stay humble at the same time.

Taren: Those are awesome tips. And I think that, as women, we tend to drive just as you did, and we really do need to take a pause and reflect more than we do. Finally, I'd like to wrap up our conversation to talk about an accomplishment, or since this is our WoW podcast, a wow moment that shaped your career.

Eloiza: I would say that the moment that shaped my career the most was... well, and I'm going to say two because it's hard for me to pick one, and I'll make it brief. The first one was, I opened the Asian Culture Center at Indiana University, and it was the first of its kind in the Midwest. And the reason I picked that for this question, is because again, you'll recall that I said earlier, I hated myself. I hated myself until my junior year.

And it was then my junior year that I was actually asked to help lead this project. Someone at Indiana University, a group at Indiana, recognized in me that I could make a difference, even on the time when I didn't think I wanted to be Asian, I didn't want to be Filipino, I hated it. But they saw something in me that I could contribute a legacy to Indiana University and the big 10, actually, in a way that no one else could.

And that to me was a page turner because I didn't know that I could do that. And so to do that is contribute in a brick and mortar fashion. I can still walk to that building and touch that building, and I feel the students going in there, Asian students like me who go in there and

believe in themselves and learn about themselves and are proud of their parents, learn about more of their language, and I helped bring that to Indiana was a page turner for me.

And I would say the other one was to help, when I was at Bucknell University, 9/11, the terrorist attacks in New York occurred and impacted about 76 percent of our faculty, staff and student population, and I was the new director of diversity at the time and ran out of masters, and I had no clue what I was doing.

And I remember I just went with my gut. And so sure that was a huge terrorist attack, and I was helping this university. And it was also then that I realized, you know what, dang, I might be good at this, because if I trusted my gut, and I helped as many people as I did at a time when we were really, really hurting, for my career, that was a moment when I looked at myself and said, you know what, Eloiza, you might be able to continue this and help more people and help institutions.

And I found also that I was good at crisis management and major social issues like that and kind of marrying it all together. So I would say those are probably the two instances in my career when I looked at myself and I said, okay, wow, maybe this is an opportunity to continue to make a difference.

Taren: That's awesome. And it's such a wonderful tapestry of your life and your career to where it led you to today. I can't tell you how much I've enjoyed our conversation. Thank you so much for being so passionate about it and for being so transparent in telling your very personal story. So thank you so very much.

Eloiza: Sure. Thank you.

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