INTERVIEWEE: Doris A. Howell
INTERVIEWER: Jessica Roseberry
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Howell: San Diego, CA

HOWELL INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. And I'm speaking on the telephone with Dr. Doris A. Howell. As far as Duke is concerned, she was a pediatric resident from 1951 to 1952, and a pediatric hematologist at Duke from 1955 to 1963. Is that correct, Dr. Howell?

HOWELL: Those are correct dates.

ROSEBERRY: Wonderful-and had quite an illustrious career beyond Duke, as well. This is November 12, 2007, and I mentioned, we're on the telephone. I am here in Durham, North Carolina, and Dr. Howell is in San Diego, California. I want to thank you very much, Dr. Howell, for agreeing to be interviewed today; I appreciate it very much.

HOWELL: Happy to.

ROSEBERRY; If you don't mind, maybe we could start with a little bit of background of yours. If you don't mind telling me what year you were born, that would help for a little context.

HOWELL: Well, that certainly will date me, because I was born in 1923.

ROSEBERRY; Okay. And where was this?

HOWELL: In Brooklyn, New York.

ROSEBERRY: In Brooklyn. Did you grow up in Brooklyn?

HOWELL: No. That was an accident. My mother went into labor early, due to being scared by her cat. I was born at seven months weighing around three pounds-and lived in

a shoebox, in my grandmother's home on the top shelf of the old kitchen stove before I was graduated and moved out to Long Island, where my mother and father were living.

ROSEBERRY: Goodness. Well, that-

HOWELL: Yes, quite a beginning.

ROSEBERRY; (*laughs)* So it sounds like when you were dealing with some pediatric patients, you probably could think back to some stories of your own beginnings, perhaps.

HOWELL: Well, I think I used it as an excuse; I always told my mother I could be much smarter if she would have carried me to term. (*laughter)* Since she didn't, I have to make do with what I got.

ROSEBERRY: So tell me where you did grow up.

HOWELL: In a little town called Baldwin on Long Island, about forty miles east of New York City. It was a village really; a farming area-but growing as a commuter city for New York City.

ROSEBERRY; Did you have any people who maybe influenced you to go into medicine.

HOWELL: No, it's really quite a funny story. At age seven I had a mastoid operation, and I was treated so well by the nurses that I announced to my grandmother-who was raising me, since my father had died when I was just two years old-that I was going to be a nurse. She declared that that would never happen, because nurses did scut work, and I was not going to do that. I would be a teacher or a librarian. Since I didn't want to be a teacher or a librarian, I didn't know what to do. But when I went to my doctor for a checkup, I realized that maybe that would be something I could do if she wouldn't let me be a nurse. When I told her that was my plan, she just said, "Oh, that's fine, dear." My

mother was horrified. She said, "You know she can't be a doctor. Women don't get to be doctors. Besides, we don't have any money and she'll never be able to get into a school. Mama, I hope you told her the truth." My grandmother said, "No, I figured that she's smart enough that when the time comes, she'll figure out that she can't be a doctor, but she'll have studied hard by then, so she'll be a good teacher or a good librarian." So there was a conspiracy to never tell me I couldn't be a doctor.

ROSEBERRY: And you proved that theory wrong, that you *could* be a doctor.

HOWELL: My grandmother won! I ended up being a teacher. I loved being an academic doctor.

ROSEBERRY: Well, were there any –it sounds like there were very few women role models who were-?

HOWELL: Very, Very few. Fortunately, I went to Mc Gill (University) and McGill had taken women for maybe fifty years at that time, but only one or two each year. But they had a track record, whereas many schools did not.

ROSEBERRY: So what was it like in your medical school?

HOWELL: I'm afraid I was spoiled. I was treated very well by classmates, who literally protected me most of the time. Men were more gallant, I think, in those days than they are now. Women have more freedom, but we don't get treated quite as kindly. They made me feel very much wanted and needed and happy. Except for two professors in medical school, all of the others just took it for granted that I was there as a medical student, not a woman. The two that gave me a hard time-again, my classmates were the ones that protected me and surrounded me and got me through, so I have nothing to do but thank them for that.

ROSEBERRY: So did you know that you would go into pediatrics?

HOWELL: No, it was the last thing I thought I would go into. I was thinking I wanted to go into psychiatry, which was fairly new at that time as a training discipline. I thought psychiatrists were rather peculiar people. But I thought that related to the fact that we didn't know enough then, and I thought I would have to work hard to learn what it was that this mystery was all about. So I got a job during my summer vacation between my junior and senior years to work at a psychiatric hospital as a nurse. I had had nurse's aid training during World War II, and on psychiatry that permitted me to give nursing care to psych patients. I worked in the closed unit. Unfortunately, one of the patients almost killed me. It turned out that she had wanted to be a doctor, and her father, who was a doctor, would not let her study medicine but forced her five brothers-who didn't want to be doctors-to become doctors. So she had a hidden problem related to who were doctors and who were not. She found out that I was a medical student, not a nurse, and one day managed to get a bed sheet around my neck and almost choked me. I decided then that I had to go into a field where I was bigger than the patients and at least smarter (*laughs*). I realized that the happiest services I'd ever been on had been in the pediatric department where people were much more laid back, casual, easygoing, happy, albeit hardworking. It's like vet med-you have to do a lot of guesswork, but it pays off, because you work with both parents and the child. So I never regretted that choice.

ROSEBERRY; That sounds like there's a characterization of the type of person who goes into pediatrics.

HOWELL: Yes, I think so. It needs that kind of person. Working with children is a challenge, and these days may be even more so. Children are much more liberated and free, and it's not an easy field.

ROSEBERRY: Well, tell me about your coming to Duke for your residency.

HOWELL: Well, that was a lucky break for me. I was finishing two years at the Children's Hospital in Montreal, and I was planning to stay in Montreal. I loved Canada, and I loved my classmates and friends, and just took it for granted I'd get married and stay there. Only my stepfather thought differently. He had been born in Hungary, and he thought American Citizenship was priceless and suggested that I had better come back to the States. A chief resident at McGill Children's at that time had graduated from Duke, and had done his training in pediatrics at Duke, so he told me what a wonderful place it was. Never having been in the South, I thought maybe that was a good choice. So I took the opportunity to apply for the residency in third year and got it, came to Duke and loved it.

ROSEBERRY: So were the other residents and staff and faculty supportive of you then as well?

HOWELL: Not completely. I presented a different type of person that they had not been exposed to that much. I hope I wasn't rigid, but I was demanding. My training had been far more British than American, although it's not as British as the British, but it did have much more strict regulations and serious guidance. I wasn't used to the laid back, Coke-drinking Southern resident that we had in 1951. They worked hard, but they didn't appear to work hard. They played hard, that was obvious. They were friendly, they were happy. And I was a disciplinarian. So they beat me down, and, in fact, they beat me

down so much that I almost didn't get the fellowship that I had applied for at Harvard with Louis Diamond, M.D. in hematology. One of the senior professors wrote Louis Diamond, M.D. and said I was difficult to get along with and I was very demanding. Lou had second thoughts about whether he needed somebody like that. Fortunately, a good friend-who was a year or two ahead of me, and on the Junior faculty-took me aside and explained to me what I was doing to myself, and that I needed to change my attitude and my behavior. He saved my life. Although it was hard to eat crow, I realized I was being unduly harsh-because I chose to do the lab work which might have to be ready every morning for rounds, so that nobody would be accused of not having completed their workup. That doesn't win you friends, it makes a lot of enemies. So I converted in my last six months of residency at Duke, and received some glowing letters that went to Lou Diamond, and guaranteed my appointment as a fellow. I give all the credit to Bill DeMaria, M.D.-who has since died of cancer of the thyroid-I have always missed him greatly-he was a wonderful friend.

ROSEBERRY: And he continued on at Duke, is that right?

HOWELL: Yes. I went on to Harvard for three years on a fellowship, and I was extremely happy there. It was a wonderful program. Lou Diamond was a saint and a fantastic teacher. I felt like a sponge; I was absorbing everything, learning so much all the time. I would have happily remained until I had a rude awakening to realize that at Harvard there were very few appointments at the assistant professor level. The person who was probably going to get it, the only one who was eligible in pediatrics-was David Gitlin, M.D. He is the pediatrician credited for having clarified the immune diseases by identifying the different immunoglobulins. With his background record of research, it

was very clear that I would not be moving up the Harvard hierarchy. At that moment, bless their heart, the faculty at Duke let me know that they wanted me to come back, in spite of my shortcomings, and it was with great joy that I returned to Duke as assistant professor in 1955.

ROSEBERRY: Well, can you tell me about-just as a nonscientific person-what pediatric hematology consists of?

HOWELL: In those days, pediatric hematology was just that. It dealt with all the blood diseases in children, of which there were quite a few. As far as dealing with cancer, we usually saw the children early because they would appear with anemia and bruising, and we would do the diagnostics. At that time, leukemia was not a curable disease, and there was no treatment for it. Most of the children died in three months. So, really, it was a job in which you diagnosed a disease and then literally shipped it to pathology! At Harvard, one wonderful thing about the Children's Hospital was that Sidney Farber was the pathologist. Sidney Farber had been working on studying anti-cancer, anti-leukmia drugs-methotrexate and amethopterin, the first two drugs that had been derived from nitrogen mustard, and used for treating leukemia. I had the exclusive job of being able to see leukemia at the diagnostic level, and then immediately ship it off to Sidney Farber. So I was relieved of the heartbreak of working with cancer in children for those three years. However, when I came to Duke there was no Sidney Farber. It was a shock to me to find out that I was suddenly going to be a cancer doctor. The name *oncology* had just been coined, and I was suddenly a hematologist-oncologist. That pretty much predicted the future, because the volume of cases was going to do nothing but increase very rapidly. When I came, Jerry (Jerome) Harris M.D., was the chairman of Pediatrics.

Formerly, Dean Davison had been, the pediatric chairman, but he had turned it over to Jerry, who was a cardiologist, and a good researcher and chairman. I was hired to be the pediatric hematologist, based in the Department of Medicine, because that's where all hematology was based. I tried that for a month or so, and found it almost unbearable, because Internists didn't like children, they didn't want to have anything to do with children. They were happy to have me take care of the children, but I got no help, no teaching and little support. I couldn't bear it. I was unhappy at seeing what was happening, and the impossibility of trying to care for children properly in that environment. I persuaded the Dean and the Chairman of Pediatrics to let me start a pediatric hematology-oncology division in our department. As you can imagine, it started with nothing except a small room, and it was my job to grow it from there, which is literally what I did for my eight years at Duke.

ROSEBERRY: So, were you officially a division chief?

HOWELL: Yes, a division of one at that time. (*laughs*) I worked with the residents and did the teaching. I not only taught at Duke, but I spent every Friday afternoon teaching at UNC [the University of North Carolina at Chapel Hill], because they had no hematologist and were in desperate need of one. The good part of that was there was a wonderful coagulation lab at UNC [University of North Carolina] run by Drs. Brinkhaus, Ferguson and Johnson. What little research time I was able to steal, I was allowed to work in their coagulation lab and feel that I still was keeping a hand in some research in pediatrics. They had a large kennel of hemophilic dogs-and of course, hemophilia is usually diagnosed in childhood. I had a wonderful experience there. Unfortunately, as the program grew at Duke, the volume of patients to care for became almost astronomical.

You have to realize that at that time, there was no one doing pediatric hematololgy between Washington, New Orleans and Miami. It made a triangle, with Duke being the only place there was a trained person; me. Patients came from all of that catchment area, which made it terribly hard, because what you wanted to do was always to send your patients back home into the care of their local pediatrician or physician, so you would not disrupt the family so much and burden them with traveling back and forth to Duke. That meant I had to teach local practitioners what they could do in between visits to Duke. They would have been much happier being able to ship them back to Duke all the time, but I knew that that wasn't fair to the child or the family, because distance was so great. I proceeded, not only teaching at Duke and UNC, but teaching all over the states of Virginia, North Carolina, and South Carolina and sometimes even further to be able to send those children back home to get interim care. Doing that I was drowning-as you can imagine-in the load of patients, and there was only one way I could see to get some help, since there was only money for research at that time, which wouldn't relieve my problem. I was overloaded with clinical care; I just had to have some help, and finally was able to get a training grant from NIH [National Institutes of Health], which permitted me to offer training to residents who had completed their pediatric training and now wanted to do hematology training, just as I had done at Harvard. My first fellow was a huge success. I wish I could say they all were, but the first one was a Jewish refugee from Poland, who was living in South Africa, and had excellent pediatric training there from an Englishman, a friend of Dr. Diamond's. The plan was he would come to Boston and train with Dr. Diamond, but by the time they got all the details worked out and travel, there was no position in Boston for him. Dr. Diamond sent him down to <u>me</u> as my first

fellow. I can tell you he, Phil Lanzkowski went on to become professor and chairman of pediatrics at SUNY Stony Brook [the State University of New York at Stony Brook] on Long Island, and founded the first Jewish Children's Hospital on Long Island. So you can see-he became a well-published and well-known, successful hematologist-oncologist. Many of my fellows ended up being from the Middle East, because they were flocking here at that time to get training, and the big training programs were usually filled well enough with Americans. They would turn them down, and I would end up with them. They were an intelligent group to work with, but they did not have the same relationship with women that I was accustomed to, and therefore it was very difficult for them to accept a woman chief-or head of division. Even my technicians had difficulty, because they didn't want to take any instructions from them. Techs really knew hematology well and they struggled to teach them. Our major job was to make sure that they returned to their country of origin, because the training program was created for that purpose. We wanted the methodology to spread to those countries to help them meet their country's needs, not just stay here. The enemy, as it turned out, was really the wife, because once she was here in the United States and found the easy living and grocery stores with fast food and plenty of things to do in their new lives, they didn't want to go back. So it was strained, but we managed and the program continued even after I left.

ROSEBERRY: Did this help make your workload more manageable?

HOWELL: Yes. I mean, having fellows took time, but it gave me more bodies to see the patients, and give the time to the families that these patients needed. One thing about hematology-oncology is that you can't hurry. You can't rush the patients. Their medical burden is heavy. Their laboratory needs are great, and the emotional stress on the family,

the child and the caregivers-the doctor, the nurses, the residents, the fellows-there was a lot of stress. In those days, chemotherapy was still in its infancy. It was growing, which was to our advantage. We were beginning to get new drugs. But the success rate was creeping up very slowly. It had moved from three months of life to six months, but it was a long time before it moved to living a year. The “cure rate” was very close to zero. But that began to break after about eight years, and by the time I left Duke in 1963, we actually were seeing two-and three-year survivals, which made me believe we were on the right road.

ROSEBERRY: So it sounds like in the beginning, it could be potentially heartbreaking work.

HOWELL: It was. And in fact, it was the heartbreaking part of it with the workload, which was so immense, that finally led me to leave Duke-which I really didn’t want to do. It wasn’t a positive decision; it was a decision of desperation. I realized that if I stayed I could not carry this heavy load anymore, but that any place I might go and do hematology/oncology, I would just do the same thing again, and build up the same load-probably as quickly or quicker-because it was the nature of the system and the disease, and it was certainly my personality. I loved taking care of patients. I loved teaching. That would be my role at any medical school I chose. Just at that time, to my surprise, I had a phone call from the dean of a medical school in Philadelphia called the Woman’s Medical School (College)-it was actually the Woman’s Medical College of Pennsylvania. I had a talk with a wonderful lady biochemist, Marian Fay, Ph.D., who had graduated from Yale, and was both the president and the dean of the medical school. She called to ask me if I would consider being interviewed to be the chairman of Pediatrics. I quickly

assured her of two things: one was I thought she had the wrong Doris Howell, because I wasn't an administrative type of person, I was a clinician. I didn't have much of a track record in research. The second reason was that I really didn't approve of a women's medical school. "Well" she gasped, and politely said, "My dear, you are very blunt." I said, "Oh, I'm so sorry. I didn't mean to be rude. I'm afraid I feel very strongly about this, and I blurted it out without realizing how unkind it sounded. What I was trying to say is that my own experience was that medicine is still a man's world, it is not an easy place for a woman. If you're going to be in medicine and practice medicine, you're going to have to be able to work with men. I don't believe that is possible in a school composed only of women". She replied, "We do have a few male faculty." To which I said, "But very few. I do feel strongly about it." She said, "Well, perhaps you can give us some advice." I found myself saying "Well, I'll come if you promise that it's not an interview, because I really don't think I would be the right person." She parried, "Well, you're coming to Atlantic City for the spring meetings, are you not?" When I replied yes, she not only said "fine" but extended an invitation to stay with her as her houseguest for 2-3 days to see her school and meet her faculty. I debated that and finally decided it would be the polite thing to do-having already been rude. I fell in love with the lady. She was absolutely a delightful dowager, very intelligent and charming. We had a wonderful time together. She sent me all around the school to meet different people. When I came back at the end of the second day, walking into her office, I looked very stern. She said, "My dear, you look very angry. I replied, "I'm not angry, I'm disappointed. I had asked you not to interview me, and everybody I saw interviewed me." She said, "Oh, I am so sorry. I did ask them not to interview you. I can only say

one thing-they must have liked you, because they would never have gone against my wishes unless they were impressed." Well, you know what that does to someone. You blunder along, trying to get out of the dilemma. I went back to Duke with this on my mind, and she wrote, "Please think about it, we're not going to look at anybody else for a little while. Give it some thought." So I went back to look at what I was doing at Duke and realized that I was getting more and more depressed over the huge load of never ending patient problems and the difficulty with recruiting anybody to assist. I knew that we had to grow with research, but I knew I couldn't do both, and I wasn't a good enough researcher, so it had to be someone else who would do research, but not to the exclusion of clinical care. At that point I thought, "God moves in mysterious ways", maybe I was meant to make a change, whether I wanted to or not. I decided it could not hurt to give it a try, and went back to Philadelphia. In my first interview with her at Philadelphia for that job, I said, "You know, I haven't changed my mind about this being a women's school. If I were to come, I would work to change it, because you cannot remain coeducational-society is not going to let you, you'll be accused of discrimination. You will have to admit men. Another problem is you will not get funding from the state. They will not be able to give funding to a school which discriminates." Her answer was, "My dear, what will be will be. If you win, I will have to follow your plan. If I win, you will have to follow my plan." I thought that was an exciting challenge that one couldn't resist. She said it with a smile, so I chose to accept the position. It was hard to leave Duke-very hard to leave Duke. I had really loved it. I'd made many friends, I had bought my own home, I had been very happy. But I also was getting more and more deeply into feeling depressed in my high mortality practice. I'm not a depressed

personality. I'm really always quite happy. I was frightened by what that might do to me, change my personality, and perhaps even cause illness. So I finally had to make the break.

ROSEBERRY: Dr. Howell, let me flip our tape over really quickly here. (*pause in the recording)* I do want to ask a question or two about the time at Duke, again. Did you know Dr Susan Dees?

HOWELL: Oh, very well. The wonderful part of being in the pediatric department was that Susan was there, and she was a pillar of strength. Not only that, she was the ideal role model, because she was not only a capable clinician, she ws doing good research in a day that nothing much was being done in pediatric allergy. There was barely such a thing as pediatric allergy; she made it. She also was married to a wonderful husband-John, in the Department of Urology, where he was the Chairman. They also had three children, and you can't beat that for success as a woman (*laughs*) so all of us loved her. Perhaps a fault was that she was very demanding (which we needed) and she smoked. Whenshe smoked on rounds, she would point her cigarette at us, dart it at us to threaten us to do better and work harder. I'll never forget the experience when I was a resident. When I became a faculty member, of course, it was just fun. Seeing her and emulating her, in many ways which fitted, was a wonderful opportunity, because there were almost no other women in the medical school. A wonderful, interesting person whom I did not know well because Eugene Stead worked her to death, was Grace Kirby. Grace worked so hard; she worked day and night for Dr. Stead and for the Department of Medicine. She was a fantastic person with a tremendous brain, but she was no Susan Dees. She was a true scholar, a born teacher and a workaholic. I was so busy I didn't have much time to

see Grace. We'd wave at each other as we passed in the hall, or in the cafeteria. I knew she was a fine M.D., but there were very few women for comparison. Fortunately in Pediatrics we kept accepting women into our residency training, so by the time I left nearly one-quarter of our residents were women. I was very pleased about that. Although I was against a women's medical school, I had no problem with women in medicine. I think it's a natural, we fit it very well, and I know we belong there.

ROSEBERRY: Do you think there has been something about the field of pediatrics that's been a natural gravitation for women?

HOWELL: That is true but it also was easier to get into pediatrics than into any other department. Many departments had, if not bans, quotas for taking women for training. Surgery was almost completely closed in my day. If you could get a residency in surgery, it was at a very, very small or very inexperienced place where you would not want to go, so it was better not to apply. That finally began to break in probably the late fifties, going into the sixties. But it was slow. The other departments had many bright men to choose from so women had a lot of tough competition. Women could compete but there was still the attitude that "Well, you know, you'll probably get married and you'll leave: or you'll have children, and you won't want to take night call; you might get sick, you're not strong and you can't take the long hours." In those days we worked day and night, literally every day on and alternate nights. You were working all day and every other night. So there were arguments against women that were very hard to overcome. I think only after years of demonstrating by the few of us that we could do the job, we could work, we could handle it, we were sturdy, we were faithful, we were loyal, did it begin to change. Once it began to change, as you know, it began to escalate really

amazingly fast, compared to those long years before. Although, you have to remember that at the turn of the century, half the doctors in this country were women. They were not respected the way they should have been and couldn't practice the way they should have practiced, but they did earn M.D. degrees. Their numbers were probably the cause of the medical revolution to change academic medicine to require a much more vigorous pre-medical education, so that women who had gone to Normal School-which were training schools for teachers-no longer were eligible. You had to be a university or college graduate for admission to medical schools.

ROSEBERRY: Were you ever treated differently at Duke because you were a female?

HOWELL: No, I was treated very well at Duke. In fact, one of my very proud moments was when I received the Distinguished Award for Teaching. That was a thrill. I received it twice. Secondly, I was the nominee from Duke for a [Robert} Markle Scholarship, a national competitive scholarship from the Macy Foundation. I was the only woman candidate that year and I regretted that I did not win the scholarship. However, I did receive a letter from the Foundation in which they told me that in looking back over their track record of some twenty years, the nominees who did not receive the Markle Scholarship had shown greater success than those who did! It was small comfort, but at least they told you that you had an opportunity to be considered among the best, so you felt proud of that-plus I was very grateful to Duke for the compliment, the ego lift, which I certainly did not expect.

ROSEBERRY: Well, I've also read that you were the first woman to receive a Distinguished Alumni Award from Duke?

HOWELL: Yes, I think that was 1970. It was awarded to me by Duke after I had gone to the Woman's Medical College, which I had influenced to become coeducational in four years (*laughs*)

ROSEBERRY: How did you do that?

HOWELL: Hard work, which I learned at Duke, and perseverance. You just keep pointing out the realities by talking to people to persuade them. The alumnae didn't love me for it because they felt that I was ruining their school, but even they realized that the writing was on the wall. I did not ruin it; I was trying to save it.

ROSEBERRY: And so it took some adjustment, it sounds like, for ----?

HOWELL: Yes, it was gradual. We didn't bring in a large number at first. We brought in about twenty men into the first class, the second class thirty, and then finally when I left in 1973, half of the class was women and half was men. And now-I don't know what it is right now, but it may be about the same, or it may now be determined by ability; not ratios.

ROSEBERRY: So the name of the school was changed?

HOWELL: It was changed to the Medical College of Pennsylvania and later it merged with Hahnemann Medical College in Philadelphia, and still later run by a group of physicians from Pittsburgh who brought money to keep it alive, but that didn't work either. It now has become part of Drexel University, and the name is included in the Drexel University title. Sadly, the Woman's Medical College did disappear as a pure entity, but it followed society's mandate and that was what was appropriate at that time.

ROSEBERRY: Now, when you were a chair of Pediatrics, were you interacting with other chairs nationally?

HOWELL: Yes, I belonged to a group called AMSPDC, which was the Association of Medical School Department of Pediatric Chairmen, so that there were some forty of us who met regularly to do planning for pediatrics. I also had a wonderful opportunity in Philadelphia to bring together the five pediatric chairmen (there are five medical schools in Philadelphia) to work together in developing the title programs supported by the government called Maternal and Child Health and Children and Youth public programs. We had a very strong relationship, and excellent opportunities to develop programs for supporting children, which led us to the care we have now.

ROSEBERRY: Now, were most of those in that group men?

HOWELL: Oh yes, all of them. (*laughs*)

ROSEBERRY: So you were the only female?

HOWELL: Yes. I was the first full-time female chairman of pediatrics in the country.

ROSEBERRY: That's quite remarkable.

HOWELL: There had been two women physicians who had been part-time chairpersons who practiced in their community and gave part time to their department. They were wonderful, capable women and did a very good job of keeping those schools going, but I was the first one who was fully paid by the school and hired to administrate, teach and research.

ROSEBERRY: So there were no women in the Women's College before you"

HOWELL: No, my predecessor had been a part-time pediatric chairperson and the full-time Professor and Chairperson of Ob-Gyn was a wonderful woman friend. Later came a woman chairperson of Radiology, and one in Dermatology. The Medicine Department had Associate Deans but never a chairlady. Surgery never had a woman chair.

ROSEBERRY: So we had kind of talked before about some fields that are a little bit more difficult for women to enter.

HOWELL: These days, I don't see any field that blocks women. I have not analyzed that, so it may not be an accurate statement.

ROSEBERRY: Well, I know that you also worked in Family and Preventive Medicine as well, and became a chair of a department in that field.

HOWELL: That really was an accident. (*laughs*) I left the Woman's Med feeling I'd done the best I could for them and that they were up and doing well. I really missed a large school. Also, my parents were elderly by then and I wanted to be nearer to them. I considered going back to Duke very seriously, and then I realized that you don't go back, it's not the best thing for anybody. I had done it once and succeeded, but I could not do that again. An opportunity came to work at the AAMC [Association of American Medical Colleges], which I call "the Medical School Union". It is the organization that analyzes medical education, and accredits the medical schools. I thought that would be a great place, because I'd become a dedicated educator and felt very strongly about high standards. I moved to the AAMC in Washington, D.C. for a year, and had barely been there a month when I was called by the Chairman of Pediatrics at San Diego, Dr. William Nyhan, someone I knew well, a researcher. He was looking for a co-chair to help him with the training end of the work, and particularly me, because I had the experience as well as the hematology-oncology background. The chief of the hematology/oncology division was Faith Kung, M.D., one of my trainees at Duke who then trained with Lou Diamond at Harvard. She then worked with Bill Nyhan, when he was in Florida before he moved to San Diego. He thought I could help his department, and I thought I could

probably move my folks to California from where they were living in Florida, as it would be warmer than Philly or Washington. They needed the warm weather for comfort. After a year at the AAMC, I decided I really missed teaching so I accepted Bill's offer and moved to California. I lasted in the Department of Pediatrics for three months. At that point, the Dean at UCSD, who had been a good friend of mine when he was the Dean at University of Maryland, asked me to help him find a chairperson for Community and Family Medicine. They had not had a division of Family Medicine at UCSD before. I felt that the country needed family practitioners, so I said I would help him find someone for the chair. For three months I worked hard to help him recruit someone but could not find one. Unfortunately, the department was in bad shape without a chairman. Finally, I was persuaded by him to give him two years (just two years out of my life) to run the Department of Community and Family Medicine while they put together a new search committee to find my replacement. I thought two years wasn't so long and perhaps I could be helpful, so I reluctantly agreed to do so. In that two-year span, the chancellor left the school, the dean of the medical school left the deanship, and the chair would remain empty if I didn't stay on. I finally agreed to stay until they chose a new dean. The reason for that pressure is that if you don't have a dean and don't have a chancellor, you can't make promises to recruit department heads. If I left, there would be no way they could hire a department head, because no one would interview with officials who were temporary. I ended up staying five years before I put my foot down and said "That's it! Now we have a dean, now we have a chancellor. I want to go back to Pediatrics where I really belong." In the meantime, I had built their family medicine program which has survived.

ROSEBERRY: Well, can you tell me a little bit about your work in that field?

HOWELL: It's hard to be a pediatrician running a department made up of epidemiologists, mathematicians, and family medicine people. They don't see you as the right person. I agreed with them as I didn't feel I was the right person. I felt I was definitely a transition person-to help them keep growing until they could bring in a person who was trained in the field of community medicine. When I left, it was with comfort that they were ready and could find a bona fide chairman. Fortunately, their first choice was a member of the department, a woman, Elizabeth Barrett-Conner, a well-known epidemiologist. She held that job for several years before she said that she wanted to return to research. Since then, men have held the job, but I don't believe there was any sex prejudice. It is not an easy department for which to find well-trained people as leaders. It is a very important field, because it emphasizes preventive medicine. As you know, pediatrics is also preventive medicine, as it keeps children well so they'll be healthy adults. Nothing is more important than prevention and it is what society can afford. We cannot sustain curative medicine; it will kill us financially. Prevention is the real answer to saving lives, and for making people live healthier, happier, productive lives. Although I am a strong advocate for it, I did not want to run the department any longer. (*laughs*)

ROSEBERRY: So were you able to return to pediatrics?

HOWELL: Yes, fortunately I was able to do what I wanted to do when I returned, which was <u>not</u> oncology, which was stressful to me, but to develop the San Diego Hospice. The San Diego Hospice and Palliative Care Center is now internationally recognized as the leading educational hospice in the world and I'm extremely proud of it. We have a very

strong training program for medical students, residents, fellows, nurses, social workers and clergy. Our graduate fellows are physicians in practice who leave their practices to spend one or two years with us in training to become hospice physicians, and to be able to return to their own communities to start a hospice for their area. We feel strongly that patients should not be left stranded without support. The hospice is a critical adjunct to good medical care. Someday if we are really successful, I hope that hospice programs will be absorbed into medical schools and it will be the modus operandi for physicians caring for dying patients and the seriously ill and their families, the survivors. I think it is a part of medicine that should not be separate, but because medicine is focused so much on cure, it has been impossible for most medical schools to incorporate it. Every day more and more schools are putting in hospice programs, particularly the palliative aspect of hospice. If the growth of palliative care in medical schools grows, it could do hospices right out of business. I don't think I'll live to see that, as I think we'll be needed for quite a few more years. But it belongs in medical schools-it belongs in all of medicine, the total care of patients up, through, and after death. So as you can see, I haven't stopped working.

ROSEBERRY: So, you were-this is beyond pediatric care, this is hospice.

HOWELL: Yes, this is for all ages. I tried to start it as a pediatric hospice. I didn't have any goals to encompass the world, but the local pediatricians rejected me. They said, "We take care of children and we take care of children well. We don't want anybody else messing around with them." I replied, "You forget I <u>am</u> a pediatrician and I know we take care of children well, but you don't have enough time to take care of the children who have fatal diseases; that is the problem. You need to have an ally, somebody helping

you with that care and the family. You still are the doctor for the patient. You are needed for the total care of the patient, but you need hospice help with the care of the dying person, to see the family through it, and continue to support them afterwards." That is how San Diego Hospice started-as an all-purpose hospice for all ages. Our rooms are private, so that the family may stay with the patient; child or adult. We do have a strong program for children because we moved our children's program to the San Diego Children's Hospital. We keep the infant program, which often starts in utero, at our hospice facility. It is a program for infants with a congenital anomaly or a defect or condition diagnosed before birth, and the baby is born with the threat of death imminent. After birth we bring the baby and parents into the hospice where they live with us, and they help care for their baby as long as their baby lives. If the baby is critically ill at birth in the hospital, our staff goes to the hospital and we care for that baby with the nursery staff and help support the parents until the baby dies. This process gives parents time to bond and have closure. Losing a fetus or newborn infant is a terribly hard thing to endure.

ROSEBERRY: That sounds like you're very involved.

HOWELL: I am. It is important to keep involved. Another thing I have done that has been fun has been to build a foundation for research in women's health. My pediatrician friends ask why I put my energy and time into women's health? My reasoning is that if the mother doesn't teach her child, it likely won't happen! Children imitate their parents and the person they see the most is the mother; so the person they will emulate will be the mother. If she doesn't know what she's doing, if she bumbles along, if she makes mistakes, the child will follow her right along that path. We see proof of it every day

when we look at why so many families are in trouble. Many children are not being brought up correct or healthily. Just look at the obesity problem. Why are people obese? You are obese because you overeat. Mostly you overeat because you eat junk food, you eat fast food, whatever is quick and easy, things already prepared with no concern for your well-being which may have all the wrong things in it such as fats, sugars and not enough protein. Our children will die earlier than we will because they are going to have diseases caused by obesity and lack of physical activity. The goal of my little foundation is to give scholarships to undergraduate students who will expand research in women's health and educate women so their families will be healthier. Until Dr. Bernadine Healey came into the directorship of the NIH, there was little research conducted on women except on reproductive processes. She addressed the need for more research on women's diseases, because women are very different from men. [Viva la difference!] We want to be different. We don't want to be men. We want to be women. We want to be healthy women. We want to be successful women. We want to be challenged women. We want to be satisfied women. But most of all, most of us will become mothers, and that is our foremost job. To be good mothers we have to teach our children how to grow up to be healthy parents, happy parents, successful parents.

I think that's all I can say about my life. I don't think I'll take on anything else new, as I am on overload now. (*laughter)*

ROSEBERRY: Let me put in a new tape, Dr. Howell. (*pause in the recording)* Well, it sounds like in each of these situations that when you were asked to be chair at different places, that your national reputation was kind of what people were attracted to. They had heard of your reputation, and wanted you to join their cause as well.

HOWELL: Well, I don't think I've been a great chairman or a great researcher or a great anything. I am a hardworking plodder. I love what I do! I've got perseverance, and I think if there is one thing that you need to have to succeed at anything you do, it's perseverance. So many reasons to fail, there are so many things that pull you down, there are so many roadblocks in every field, that unless you're willing to stick with it and fight for what you think is right, you'll never make it. The joy comes when you make that one more step and you see that you might succeed which gives you the courage to try another step. It is just a matter of looking for things that need to be done-and there are loads of things that need to be done, there always will be. You just set off and see if you can do something to contribute. Don't you think everyone who lives owes something for having been born and, particularly if born in this country, where we have such wonderful opportunities to live and do so much? I just think we owe it to each other, we owe it to our families, we owe it to God to work as hard as we can to contribute to this world. It will bring you the greatest joy. I don't think you will ever have to be afraid to face St. Peter and say, "I did my best; it may not have been as good as it might have been; maybe other people could do better; but I did my best." I believe that is what made my life rich. I just keep looking for the challenges, because they are always there. I thank you for giving me the chance to talk to you. I'm sure I've worn your ear out.

ROSEBERRY: Oh, it's been wonderful talking with you. Do you mind if I ask maybe one or two more questions:

HOWELL: Oh, sure, go ahead.

ROSEBERRY: Okay. If it's all right with you, may I ask if you have had any children?

HOWELL: No. I'm sad about that, but not too sad, because I've really had so many children. (*laughs*) Every child I've ever served feels like mine. I have to be very careful that I don't, in any way, come between the child and the parents, so I concentrate on making sure that they never perceive me as intervening, but just as loving their child as much as I possibly can and thanking them for letting me have that opportunity, since I have not had my own children. I might add, I was engaged several times, always Dr.'s, which probably shows poor judgment. When I started dating someone, I would make sure we always talked about how much medicine meant to me, how much I loved it, therefore of course, I would always want to do it. At first that was always a very easy conversation, and there was always full agreement. Then, as we got nearer to the altar, the tone seemed to change, and suddenly we were into, "Well, when we are in practice, of course, you can help me in the office." I'd take a deep breath and ask, "What do you mean, <u>help</u> in the office?" The response, "Well, you'll be home with the children, and we want children, don't we?" I said, "Of course I want children." Then followed, "Well, you know, you're not going to be able to have a full-time practice." My retort, "Oh, Dr. Susan Dees at Duke did and I know many others who also did. I don't know why I can't." Slowly I began to realize, after this happened a few times, that I was terribly possessive about medicine. I really did love it so much that I began to ask myself, "Can you? In all fairness as a pediatrician-is it fair to children to try to be a full-time physician, full-time wife, and full-time mother?" Whether it was the right decision or not, I think as I grew older, I began to say to myself, "Why don't you just keep enjoying children the way you do, and doing what you think God has sent you to do, and let other people have the children?" The hardest part of that story has been how to counsel women

medical students? I always try to be very honest with them-I tell them my dilemma, that I never thought that I had the strength to divide myself in three parts as it were; doctor, wife, mother-that I would always be cheating all three, or I'd be favoring one to the detriment of the others. I had to make that decision as I think they will have to make that decision. They have to realize what a very large job they're taking on. Now, as the years have gone by, there are a lot of ways it's become easier. Many people find help that they're able to afford, because they're practicing and they get good help who live at home with them, someone-like an auntie, someone who cares for children well. I hesitate to call them a substitute mother, but of course they have to be, in a way, but it frees up time for the mother so she has valuable time, cherished time with the children, just as Susan Dees managed to do. How she did it, I don't know, but she did! Everyone has to make that decision for themselves, but I feel compelled to make sure that women students address the issue and that they really know themselves well so that they won't be unhappy and won't seek divorce. I don't want to see marriages break up. I want to see people marry happily and be fulfilled. I feel very anti-divorce. Naturally people who aren't compatible and find they don't fit each other, probably, for the sake of the children, should divorce instead of leading an unhappy, miserable life. In general, you have to work at marriage, and you have to work at developing a family and being a good parent, to make it last. I want that for all of my students. So I share my thoughts with them, then wish them well, and dance at their weddings. (*laughs*) I've also had quite a few children named for me. (*laughs*) And so, in a way, I have had the best of almost all worlds. As I grow older and see husbands die first, I feel I am better off, as far as taking care of

myself, than any of the others who were married and dependent on someone else to take care of them. So I'm very fortunate. I really feel I am blessed.

ROSEBERRY: Well, Dr. Howell, are there any questions that I should have asked you today that I didn't ask you?

HOWELL: I think you pretty well stripped me of everything. (*laughter*) I didn't think I was going to be so frank with you. I think I've said some things maybe I shouldn't have said. but I hope that they'll show up on the transcript in a form that is acceptable and you see me as I really am. There's no sense pretending I'm any different. But I thank you for giving me this opportunity. I think it's a great thing for Duke Women to do.

ROSEBERRY: Well, it's been delightful talking with you. I thank you.

HOWELL: Thank you so much, and I hope we meet someday.

ROSEBERRY: Me too; thank you.

HOWELL: I look forward to it. Thanks, Jessica

(End of Interview)