

**GARTNER
PEDIATRIC
HISTORY CENTER**

ORAL HISTORY PROJECT

**Doris A.
Howell, MD**

**Interviewed by
Suzanne Boulter, MD**

October 12, 2004 San
Diego, CA

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PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

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Suzanne Boulter, MD, is a board-certified pediatrician and faculty member at the NH Dartmouth Family Medicine Residency Program in Concord, NH. She is Adjunct Professor of Pediatrics and of Community and Family Medicine at Dartmouth Medical School. She is a graduate of Harvard Medical School and trained in pediatrics and adolescent medicine at Children's Hospital Medical Center in Boston, Mass. Dr Boulter practiced pediatrics at the Hitchcock Clinic in Concord for 25 years before joining the Family Medicine Residency Program. She was named New Hampshire Pediatrician of the Year in 1999 and has received several state and national awards for advocacy work in pediatrics and adolescent medicine. She is a member of the editorial boards of Pediatric News and PREP Audio and has served on several AAP national committees.

Interview of Doris Ahlee Howell, MD

DR. BOULTER: This is the oral history interview of Dr. Doris Howell. I'm Dr. Suzanne Boulter and we're in San Diego on October 12th, 2004.

It's my pleasure to interview Dr. Howell, whom I had not known until a year ago, when we met at the American Academy of Pediatrics meeting in New Orleans. This year we're meeting again to conduct the formal oral history interview. So, Doris, I'd like to start by asking you a little bit about the early years, like where you were born, and tell us something about your parents, your siblings and your family life.

DR. HOWELL: I had a very unusual birth, so I had better start with that, because it gave me a jolt into life that probably I've never forgotten. I was born on a very cold, snowy December morning. My mother was living in New York City, in an apartment. My father had to go on a business trip, and he recommended that the kitten, which he had given her, might get under her feet and trip her. And since she was 6 months pregnant, that could be very dangerous, and so he suggested she take the kitten to her mother's home, which was in Brooklyn. Mother, being a dutiful wife in those years, put on her warm fur coat and went out, having put the kitten in a hat box, punched holes in the top of the hat box and made a nice little bed for the kitten, and started out to get a taxi.

Well, it had started to snow, and she was unable to get a taxi, so finally she ran over and got the Fifth Avenue bus downtown, thinking she would go down to Grand Central Station and get the subway over to Brooklyn. If you know anything about New York buses, they have these terrible exhaust doors that slam open and slam closed, making loud noises. The kitten had a fit. It broke through the top of the hat box, down the aisle of the bus, out the front door of the bus, my mother in hot pursuit. The bus driver, seeing the kitten go out the door, then seeing my mother with her fur coat flying open and realizing she was pregnant, ran after my mother. And the policeman in the street ran after all of them, having a fit because the man left the bus right in the middle of Fifth Avenue.

Finally, the policeman was able to get everybody together and found a taxi for Mother and sent her on to Brooklyn with her kitten. About 5:00 in the morning, my mother had a terrible stomach ache, and there I was. Unfortunately, my mother and father had wanted a boy. I was to be Bruce, and everyone was frustrated at this 6-month baby looking like nothing on earth, I'm sure, that was a girl. When the doctor said, "What will I name this baby," my paternal grandmother said, "Well, it's a girl. It really doesn't matter. Doris will do." And so, I was born and given a name that I've never liked because it didn't seem to me it came with a kind of love that a child has

a right to expect. But it was all right because my maternal grandmother, who ended up raising me, called me Dolly, and Dolly was a good name until it was time to go to school.

Unfortunately, my father died when I was just 2 and a half years of age and my sister was 6 months of age. My mother, at that time, was all of 21, and the [Great] Depression was coming, and the crash just had happened, 1927, 1928. Things were very tough. My grandparents moved into our home on Long Island, and my mother was finally able to find a job, which was very difficult because men couldn't find jobs and people weren't eating. But she was able to get a job as an executive secretary, and she worked at that job until I was 17, when she married her boss, which was a very nice decision.

In the meantime, my maternal grandmother was good enough to raise my sister and me. She'd had 8 children of her own, so she was well experienced with child raising, and we were well disciplined because Grandma didn't take any nonsense, but she was a very loving person. She was Irish-American and full of wonderful sayings that I still quote all the time. Of course, she gets me into trouble because many of those sayings she put names on in order for us to feel that they were important. And as I quoted them later, I learned to my horror, that the person never had heard of that saying. They came out of Grandmother's head or old Irish tales, but they did the trick.

So, it was a very interesting childhood.

DR. BOULTER: How old was your grandmother when she was raising you? Your mother was young when she had you.

DR. HOWELL: Grandma was probably 60, as best I can remember.

DR. BOULTER: When you were just 2.

DR. HOWELL: Yes.

DR. BOULTER: Wow. But she had a lot of energy.

DR. HOWELL: Well, she had to. Yes, she did. She was a wonderful person and a very good role model to have. She was very honest, very straightforward, very loving, but a strong disciplinarian. She had no time for nonsense, and you did what you were told. But, then, a lot of us did in those years. It was very different in the 20s and 30s. Children weren't as outspoken as they are today. They weren't as at ease in their family as they are today. They were much more independent in one way in that they had to behave themselves and take care of themselves and do what they were told to do, but they had a different handle on family life. You were definitely the

child, and you had to be obedient, and if you were obedient, then you got rewarded. That's how most of us grew up, I think.

DR. BOULTER: Who was the person who encouraged you the most regarding your educational life?

DR. HOWELL: Grandmother, again, practically ruled the roost. Everything stemmed from her. She determined at a very early age that I was going to be a teacher or a librarian, and I don't think I really realized that until I was about 7, when I had a very serious mastoid operation. I'd had a brain abscess after my mastoid had got infected, and when I finally came home from that, I came home singing the praises of the nurses because they fed me ice cream and ginger ale to my heart's content, and that had never been the custom in my home. So, I announced to my grandmother that I was going to be a nurse, and Grandmother made it very clear that no one in her family would ever be a nurse. That was scutwork, and I was not cut out for scutwork, and no one in her family was going to do scutwork. I would be a teacher or a librarian. And I said, "But I don't want to be a teacher or a librarian," and she said, "You'll like it when you do it. You're a good student, and you'll find it's very pleasing and very satisfying."

Well, I wasn't satisfied with that answer at all, and I worried about it. I didn't know how I could handle it because I really thought I wanted to be a nurse. I'd seen what they did, and they were very good to me. But I finally thought of something, and I said to her one day, "Well, you know, Grandma, if I can't be a nurse, I'll be a doctor," and Grandma said to me, "That's fine, dear."

DR. BOULTER: Wow.

DR. HOWELL: I won the battle, and I couldn't believe it. I didn't know what to say. I was very pleased. My mother came home that night, and my grandmother told her, "Guess what *your* daughter said today. Your daughter announced that she's going to be a doctor." My mother said, "Oh, Mama, surely you told her that's impossible. Women can't be doctors." And Grandma said, "That's not true. There are some women doctors." And she said, "Yes, but you know what they're like. Besides, we haven't got any money. I'm sure she couldn't even get into medical school. It's a long, hard road. Mama, didn't you tell her she couldn't do that?" Grandma said, "No, I just told her that was fine. Now she'll study hard and she'll figure it out when it's time. In the meantime, having studied hard, she'll be a good teacher or librarian."

DR. BOULTER: So how old were you when this conversation occurred?

DR. HOWELL: Seven.

DR. BOULTER: This is still at 7?

DR. HOWELL: Yes. So, I went from then on, my happy life, thinking that I was going to be a doctor because no one ever said I couldn't be. Whenever something would come up about how I was going to be a doctor, mother would just say, "Yes, dear, you study hard. Now you work hard because you'll have to get scholarships," when I was old enough to know what scholarships were. But no one ever said I couldn't do it. And believing that I could do it, made it happen.

DR. BOULTER: Wow. So, was school really easy for you when you were a child?

DR. HOWELL: No, it wasn't. I studied hard. I worked hard at school. I knew it was expected of me. It was always put to me, "Your mother's working so hard to feed us. Your duty is to study hard and get good grades." If I even brought home an A-minus, I would get a lecture on, "That's not good enough. If you get an A-minus, you can get an A-plus. Why didn't you get the A-plus?" And so, I tried to study harder. But I was never a smart student; I was just a hard-working student, and hard work will pay off if you work hard enough at it. And I got in the honor society and did all those things, but I never led my class; I just was in the top echelon. And the same thing in college; I worked hard in college but loved it.

Medical school was the same thing. You just work hard. But it was a shock to me to find out that everybody else in medical school had also been in the top echelon of their class, and that competition was a horrible blow, and certainly, since I chose finally to go to McGill [University] Medical School in Montreal. The Canadian education system was more on the British style of education and was extremely demanding, and I felt constantly outstripped by my classmates. They knew more about American history than I'd ever heard of. They seemed to know more about everything than I'd ever heard of. And so, once again, it was just plain slugging, hard work to keep up.

By the time I finally graduated, I think I was ranked somewhere in the middle of the class, and I was very glad to be in the middle of the class.

DR. BOULTER: [Laughs]

DR. HOWELL: I had no regrets and no apologies about not being any higher than that.

DR. BOULTER: Getting back to high school and the transition to college, you grew up in New York, but you went to college in Missouri?

DR. HOWELL: Yes. That was a wonderful story. I think part of the story of my life is related to people who have helped me all the way along my life. The first time I realized how helpful somebody was to me was in high school, in my junior year, just when I was really realizing I had to work to go to college, to be able to continue my dream. I had 2 men teachers, which was rather unusual. One was teaching physics, and one was teaching chemistry. And my mother married at the end of my junior year, a corporate lawyer. He was a very fine man, but he had never been married before, so he had no children. He didn't know quite what to do with 2 girls. And I felt it very necessary to show him that I would work hard as I could to help take care of myself, that he wouldn't feel that I was a burden to him.

In the course of meeting with these 2 teachers about our coursework and about what we were going to do in the future, I let it be known that this was a concern for me, that I really wanted to be able to go to a school where I could work, because I didn't want my father to have to assume the whole burden of my education. These 2 teachers had known of a school called Park College in Parkville, Missouri, a little tiny town of about 3,000 people, 11 miles north of Kansas City, right on the river. It had been started as a Presbyterian school by a minister who educated his own children after they worked the farm all day and gave them schooling at night. All the neighbors sent their children over to work his farm if he would educate them at night along with his children. And thus started the college, back in 1840.

It was a school that maintained what they called the work ethic. Every student who came there worked 20 hours a week, and you did menial labor your first year. You could be a waitress, you could be a housekeeper, you could be a gardener, you could be a cook, you could be a mechanic—whatever job was open. After all, you were an unknown quality in your first year, so they would put you into a job. I ended up doing the thing I probably hated the most, and that was being a housekeeper. I had to clean the halls, clean the bathrooms, and take care of the dormitory.

The war [World War II] broke out in December of my first year, and that was a terrible tragedy for many, many reasons. We lost many of our faculty, who immediately enlisted because the patriotism of our country was such that the boys left college, the faculty men left and enlisted, and the school was stripped very quickly of a large number of men. I quickly became promoted to being a waitress in order to serve in the dining room, which was converted from dining table, family-style eating to a cafeteria because we now were inundated with the V-12 program to train [US] Navy people, to prepare them to move on up.

DR. BOULTER: So the Navy people actually were in the college?

DR. HOWELL: They brought them into the college, and they took the courses so that they could graduate and go ahead into the Navy and be in the Navy as officers. This again changed the whole atmosphere of the campus. It was such a different situation from the first 6 months to the next few years. It became very clear by the second year that the biology teacher desperately needed some help, and since I had done well in biology and he seemed to like me, I was asked if I would be his assistant. So, I ended up immediately getting a lovely job of being biology assistant, which meant preparing the laboratories and actually doing the supervising of the labs and some of the teaching.

Then things got pressured, and by the next year I found I was teaching physics to the V-12 students, and I knew no physics except what I had learned. I was reading the book and then going in and lecturing on physics, and going in as the bell rang, talking immediately so that no one would notice that there wasn't any space in which to ask a question. And the minute the bell rang again, I ran to the door and stood back and said at the door, "If you have any questions, you can come to the office" and got out before they could attack me.

DR. BOULTER: [Laughs]

DR. HOWELL: So that was a very, very memorable year. Even more memorable was the fact that, although I had not planned it, I had taken enough course work that I now had the credits that were needed to graduate. I hadn't been able to go home except the one summer, and when I did that that one summer, the first year of the war, I stood all the way from Kansas City to New York because no one would sit down when a soldier was on the train. And the soldiers were kind to you. They'd let you sit for a little while, while you could rest your feet and legs, but you wouldn't stay there because you felt your patriotic duty was to let them have the seats. So after that, I just stayed at college, which is why I was able to get the credits piled up.

DR. BOULTER: So how old were you when you finished college?

DR. HOWELL: Just 20.

DR. BOULTER: Wow.

DR. HOWELL: So I phoned home and explained I was in this very funny position: I had enough credits to graduate from college, but I hadn't taken most of the courses that I wanted to because I had arranged my schedule such that I took all the required courses for what were our qualifying exams, which were taken usually in your third year, and then I'd saved all my pleasure courses for my fourth year. I was going to take English literature, I was going to take art, I was going to take music and humanities because I'd

had none of those things. I'd just had chemistry, biology, physics and math. My mother said, "Yes, dear, that'd be wonderful, but you better talk to your father." My father came on the phone. He listened for a few minutes and then he said, "You went to college to get a degree. You got a degree. Come home."

Well, I think I wept for about a week before I finally was able to contain myself. I don't think I talked to him for the first week home because I was so unhappy about having been deprived of my culture. And we've joked about it ever since because I always felt I didn't have a proper education. It was heavily science-based. But I came home and found a job in New York City, working in a place called the Life Extension Institute. This was a very wonderful idea that was started by a physician who saw that many of the executives in large businesses in New York did not have the benefit of good healthcare. He set up a diagnostic clinic in which the company would pay for the executives' health analyses, and they would have a 2- to 3-day workup of their entire health situation. At the end of that time, along with all the tests, they would be given an interview again with the doctor, who would report exactly what was found and issue a written report of all that had been found for them to take to their local physicians. This was an effort to try to improve their health because the incidence of heart attack in men in industry was exceedingly high.

The only job I was able to get was in the one place in the world I wouldn't have wanted to be, and that was in the urine lab. I did urinalyses all day long for one year.

DR. BOULTER: [Laughs]

DR. HOWELL: The only saving grace was I went down to NYU [New York University] at night to take a chemistry course that I hadn't had in college because I was going to take the one chemistry course my fourth year, and I knew I needed to have it for medical school. I took that, and I took comparative anatomy because I didn't feel taking one course at night was worth staying in New York City for, before I got the train to go home at night. So that was a very rigorous year, but the night work and classes were very welcome after being in the urine lab all day long.

Then I started to interview, which was difficult because my father finally made it clear that, although it was wonderful that I wanted to be a doctor, he really didn't think that it was a very good idea. After all, I wasn't unattractive, and I seemed to like boys, and it was logical to think that I would want to get married and have a family. And I said, "Oh, yes, but not right away." "Well, medicine can't be treated that way. If you go into medicine, it must be a career because if you go into medicine, you will take up the place of a man who will make it his career, so you have to be ready to

make it your career.” I said, “Well, that’s what I want to do.” He said, “How does that mix with marriage?” “I suppose men get married. Why couldn’t I get married?” He said, “Well, it’s not likely because men don’t bear children and women do, so it wouldn’t be as convenient for you.” I said, “Well, I’m sure I can do that.”

But my father didn’t think so. We argued for many weeks, and finally one day he sat down and said to me, “I’ve tried to convince you, by all the logic I know, why you shouldn’t go to medical school, and now I just have to tell you bluntly that you’d be a bad investment.”

DR. BOULTER: What?

DR. HOWELL: And he said, “I don’t feel that I should spend the money that I want to spend to take care of your mother for you to go to medical school. You know, you’ve gone to college, and your sister has to go to college, and I just think you need to know that’s how I feel.” Well, I wept another week and wouldn’t talk to him, at the end of which time I finally told him that I was sorry he felt that way, but I *was* going to go to medical school.

I’m going to jump to the end of the story because it’s a good ending. Once I got into medical school, with some scholarships, he helped pay my tuition. And when he died at age 82, the last thing he said, just after I gave him a shot of morphine for the pain he had with his cancer, was, “I just want you to know you’re the best investment I ever made.”

DR. BOULTER: What a story!

DR. HOWELL: He was a wonderful man, not an easy man, but a very good, honest man, and he told the truth. That’s how he felt, and it probably gave me more drive. In fact, I think I can easily say that probably I would have dropped out of medicine in my first year. I found it so difficult and so overwhelming, so challenging, and when I failed a course, I was absolutely convinced I couldn’t do it and would have dropped out, except that it was my money. I was working for it. I had to earn it. And I knew I couldn’t go home and admit failure, so I re-took the exam because another mentor explained to me that I was stupid enough to not answer the questions, that I worked the problem on the left-hand side of the page, but I never put in on the right-hand side of the page with the final answer. Since I had gotten two-thirds of the work or three-quarters of the work done on every question, it was logical that I would have known what the answer was. But the fact was I failed because I didn’t have the confidence in myself to know that I knew it. And so this mentor, the head of biochemistry, told me to go home and not study but 2 weeks before it was time to come back to school, to review my book and my notes and then come back, knowing that I could pass it. And because he knew I could pass it, I knew I could pass it. And I did.

DR. BOULTER: Wow. So, you've had a lot of barriers to overcome.

DR. HOWELL: But every time, somebody has stepped in at the right moment. There's always been someone who picks me up and carries me along or pats me on the back hard enough, and low enough, to move me forward, either with a pat or a kick to say, "You can do it." It's just been a life that has never stopped being that way. I can never say enough about what mentoring means to me. It's followed me all my life, and I've tried to do the same thing for people who follow me.

DR. BOULTER: I would have thought most people would have given up, with a father in the house that was so against a daughter, stepdaughter, going into a field, in this case medicine.

DR. HOWELL: Probably he helped me because what he did is, he boiled it down to money. He said I'd be a bad investment, that he didn't want to take his money to do that. I felt that was something I could fight. If it was only money, then it was my job to go out and find the money and if I could find the money, then he couldn't say I couldn't. Then, of course, unfortunately you probably do those things, those thoughts like, "*Well, of course, he's not my father really; he's my stepfather. And so I have to do what I believe I have to do.*" And I hope he forgave me later for those thoughts because I know he truly did love me and care about me. But that was how he saw it, and being a businessman, it was what made sense to him.

DR. BOULTER: Let's fast forward to medical school. After you got over that one humiliation—

DR. HOWELL: The first year.

DR. BOULTER: —of the course that you didn't pass, was the Canadian medical system at that time similar to the American medical system in that you didn't actually see patients for a long time?

DR. HOWELL: Yes.

DR. BOULTER: It was all book work.

DR. HOWELL: Yes. In fact, you had 2 years of anatomy, 2 full years of anatomy, and that was my other worst course. I'm surprised I ever did get through medical school. When I finally finished anatomy and took my final exam in it—when you finished the written, then you had to go through an oral. You didn't get the oral unless you passed the written, so you passed the written and then you got the oral. And when you got through the oral, if you passed, you were told so and you could leave; and if you might not pass, you

were made to wait. And I was made to wait. And I wept again. I have very, very bad tear ducts. They leak very easily. And the dean was being very good to me, filling me up with tea and strokes on the head and pats on the back and telling me it was going to be all right, it was going to be all right. And I said, “Well, it can’t be all right. I’ve got to go back in again, and I’m sure he’s going to tell me I’m failing, and I just can’t do it. I can’t face it.” And he said, “I don’t think he’ll do that. You go in there. You’ll be all right. You’ll be all right.”

So I went in and Dr. [Charles Ferdinand] Martin, who was a fascinating man anyhow—he’d been shot in the head in the Boer War, and he wore a patch, but he didn’t wear the patch over the hole in the back of his head; he wore the patch over one eye. He was bald, and he had an under-slung jaw and a thick Irish brogue, and he sat at his desk with his glasses down on his nose, looking over them at me, and I was sitting on the other side of the desk, quaking. And he leaned forward and peered at me and said [imitating the brogue], “Miss Howell, I just wanted the personal pleasure of telling you, I have never passed anyone with such a low grade.” When it sunk in that I had passed, it didn’t matter how low the grade was. I didn’t know what to do, so I leaned over the desk and kissed him on the forehead and then ran out of the room.

DR. BOULTER: [Laughs]

DR. HOWELL: It was a very auspicious first year, I’ll tell you.

DR. BOULTER: [Laughs]

DR. HOWELL: After that, medical school was a joy. I really did survive much better after my first year. But I always found it demanding; I never found it easy, and I always found my classmates terrifically bright.

We also had an interesting class that most people wouldn’t have experienced. In Canada there was no conscription; everything was voluntary to go into the service, and so their young men had left in droves to fight the war before America was in it. At the end of the war, which had ended, as you know, in the spring of 1945—our class by then had been chosen for the fall, and I was in that class. But they felt so bad, as the soldiers kept coming back, that these young men, who had not been able to finish their college or had finished their college and gone straight into war, had wanted to go into medical school and now couldn’t because the class was filled, that McGill chose to open another class.

So, at the end of the summer, the decision was made to start a second class in January, and so we were overlapping, which was very difficult because there were so many of us. It meant that most of us were doing our dissections late

into the night and early morning hours. It had to be when you could get in the lab. It was a huge class, and we had wonderful camaraderie. The whole attitude of the class was different. Most of those fellows were 4 years older. They'd been in war. Most of them had married during that time. Many of them had children. Up until that time, no one married in medical school. No one had families. You couldn't afford it. And the time wasn't there for you to do it.

So this class was a very conflicted class. It was a group of students—the men had not gone to war, and there were few women; there were 4 women in the class. And now this huge group of men came in who had all been to war. They also had an attitude because, having been through the war, they weren't about to take any nonsense from anybody, and so they became a very difficult group of people to teach. They were very questioning, very testy, demanding, took nothing for granted. They were mature; they weren't young and innocent like we were.

They had to go, then, from January through August to complete their year. So when June came, the only people who got grades were those who didn't pass something and had to do something about that during the summer. I was one of those, in biochemistry. You didn't know about your other courses, just that you had passed. You didn't have a grade. We were told no decisions would be made about the class until September. Then what they did, they combined the grades of both classes, and then they cut off the bottom third of the class, because they didn't have room in second year to take us. They didn't have a lab space; they didn't have a way to handle that many students.

So we ended up with a class that had no bottom third. Everybody was in the top two-thirds of the class. Unfortunately, it was almost disproportionate. More of the people, then, were military than even before because they were so determined to get their education, having been deprived of this so long. So we had a class that gave McGill a run for its money—not an easy class, but a very interesting class. Great people in it.

DR. BOULTER: What happened to the lower third?

DR. HOWELL: Some of them got into medical schools in other places. They got very good letters of recommendation and help from the school to try to place them, but I would guess about half of those did not get anywhere and did not go into medicine.

END OF TAPE 1, SIDE A

DR. BOULTER: Can you say anything, Doris, about how medical education has changed since you went to medical school?

DR. HOWELL: Well, it certainly has changed a great deal, and, having stayed in academia, you're on the cutting edge of it all the time. You have really lived with that change; in fact, probably created the change, whether you liked it or not. I can recall many times kicking and screaming when I was at Duke [University], not liking the changes in the curricula and the way we were teaching and the reasons we were doing things; but, sooner or later you know the change is necessary.

Probably the thing that's most impressive about the changes that I've observed is the interaction that goes on in medical education now. Much of it is self-propelled. The students are given materials to work with, but they're encouraged to work at their own pace and meet certain landmarks to measure their ability to handle the material, and not move on until they're ready to, or move as fast as they possibly want to if they're able to do it. So it gives a very different flavor to the lockstep that we went through when I was in medical school. Everybody was exactly the same, doing the same thing at the same time.

The other thing I've noticed is that we were loners in medical school. It was survival of the fittest. You worked very hard to get your grades so you'd stay in the class. You didn't want to fail. So, although you might not have wanted to think of yourself as being competitive, there was always that edge of trying to make sure that you met the grade and got the grade that would keep you where you wanted to be. Now, as I watched the medical educational programs that I've had an opportunity to deal personally with, there's a lot of effort at interaction. There is group work, much development of thinking as teams, learning to work with people other than just MDs, which certainly is a great benefit to all of us. You have exposure to people with knowledge from a different perspective, different strengths than we have, learning to be respectful of other people's opinions rather than feeling that you have to know it all and be all to everybody.

I watched things become much more collegial in every way, with students given many more opportunities for electives or to choose what they want to do and when they do it. The addition of special programs where you can get 2 degrees—you can end up having your PhD and your MD, or you can even have another degree outside of the health field if you are capable of handling it—brings a whole new perspective to medicine. Nowadays, I've watched the medical schools developing their MBA programs, which just takes my breath away. And yet, I suppose if we're going to be well-rounded, we need a better sense of the economics of our discipline. Whether we like it or not, we've become a business. I still want to think of it as a calling or a profession, but I don't think I can deny that it's a business, and I'm not always very happy about the business end of it. I certainly know I'm very ignorant of the business end of it. I don't like having to worry about it. I'd much rather go

back to my old way, where we never even bothered if anybody paid or not, but that will never happen again.

DR. BOULTER: So, am I hearing you say that the students of today have a broader-based and more well-rounded medical education?

DR. HOWELL: Oh, I think so.

DR. BOULTER: Are they getting as many facts?

DR. HOWELL: No, but maybe you don't have to have all those facts. You know, we memorized a lot of things, and now memorization is not sought after. I'm not sure it was sought after in my day, because people would always say, "We want you to think." But they would give you such a volume of stuff that you had no choice but to cram it in like you were preparing a goose for pate de foie gras. You'd just shove it in and swallow as fast as you can and spit it back out again, which is a tragedy because the love of the learning is squeezed to death under a process where you're just memorizing. And later, much of it's lost. And it has to be lost. Medicine changes so—I can't help but remember someone telling me soon after graduating from medical school that the knowledge turns over at a rate of approximately 50% every 2 years, so that you literally are throwing out half of what you learn every year. It stuns you when think of how hard you worked to pack it in, and now you have to get rid of it before you can put the new things in that you need to have to work. But that's the way it is.

And, of course, the fun of it—that's probably the most stimulating part of medicine. I think those of us who are in it love it because of its change. We love it because it's new all the time. To us, something like law looks so dead and so set in stone. It's memory of this and that fact, and it has to be that way. I'm sure a lawyer would tell me that's not true, but that's how it appears to be to me. Whereas medicine, you're scared to death most of the time because, unless you're constantly reading and working and learning, you're lost. You can't stop for a minute, it's going so fast. And it will continue to. I don't see any sign of it ever stopping.

DR. BOULTER: Now, you talked about your stepfather not being supportive of you as a woman going into medicine. Once you got to medical school, how did you feel as a woman in the class?

DR. HOWELL: McGill was very, very open to women. They had had women for 60 years when I went there. Never many. Always just a few. But there had always been women for that length of time. And so no one, even in the interview system, ever said anything to me about being a woman; it was purely about whether I could do the work. They did want to know if I was healthy, and I was glad to say I was very healthy because they said it was

demanding and you had to have good health. And I told them I thought I had good health, and I thought I had good study habits. I didn't think I was lazy. I was a happy person basically, so that's about all they cared about. They had your grades. They knew what you'd done in competition, and I guess they weighed that before. But a lot of it was judged on whether you fit the model that they had in their mind of whether you fit in their next class.

Most of my professors were very open and very easy to work with. There were only a few—and I figured it was their problem, not mine. One was Dr. Martin, and he had picked on me all year. It shouldn't have been any surprise to me that he continued to pick on me at the end because he enjoyed it. It was his pleasure to find me in the room and pick on me every day in class and ask me questions. In fact, I can remember one day he asked me what kind of marrow was in the clavicle, and I couldn't have cared less, and I didn't know, and I didn't know why anybody had to know, and I finally blurted out, "Yellow." And he grabbed his head, and he finally said, "Miss Howell, in the future, when anyone asks you a question, think. Think hard. And when you think you've got the right answer, give the opposite and you'll always be right."

I was so upset I broke out of the class. I had to get out of there because I knew I was crying, and because the seats were so tightly packed—we had little shelves in front of us; we didn't have desks—and in order for me to get out, the whole row had to stand up. When the whole row had to stand up, the other boys were so upset that they stood up, and the whole class walked out on him. So that was my first victory.

DR. BOULTER: Wow!

DR. HOWELL: The next problem came with my urology teacher in third year, when I appeared for my urology rotation. He looked at me and he said, "Well, you're excused." And I said, "No, no, I'm Doris Howell and I'm here for the urology rotation." He said, "I said you're excused." And I said, "Well, I can't be excused. I have to take urology." He said, "No, you pass. I'll pass you. You can go now." I said, "I can't go if I don't have urology. I've got to have urology." He said, "Well, you'll wish you didn't." And we proceeded into the clinics, and he would strip every man of the sheet and stand there watching me, and I nearly died because I had never seen a naked man before.

DR. BOULTER: Holy smoke. Can you imagine that happening today?

DR. HOWELL: Even my cadaver—my classmates had carefully protected my cadaver, keeping him constantly covered in every possible way as we dissected. And so, this was a very interesting exposure. I'm sure I was red-purple in color. But I stood my ground because I decided I was not going to

leave; I was going to know urology if that's what I had to know. He finally gave up and just ignored me, and we got through that. But my whole medical school, those were the only 2 professors that ever gave me any problems.

DR. BOULTER: Did those 2 professors give the other women problems as well?

DR. HOWELL: Not that I know of. I think it was sort of--you just have to have one goat, and I was it. I cried easily. I was small, thin, skinny, red haired, white skinned, wore glasses. I don't think I was particularly attractive looking. I made a good goat.

DR. BOULTER: [Chuckles.]

DR. HOWELL: And I responded. You know, I cried at the drop of anything that would hit me.

DR. BOULTER: So, as you were in medical school your 4 years, when did you decide on what career you would want to go into?

DR. HOWELL: It was sort of decided for me. I thought I wanted psychiatry, because I thought the mind was wonderful. In fact, I think if I'd ever known psychology in college, I probably wouldn't have gone to medical school because it was normal that I was interested in: How does the mind work? What makes people do what they do? How do they grow the way they grow? Why do they think the way they think? And why are we different? Why are we the same? But I'd never had any psychology, so I didn't really know much about that field. And so here I was, watching psychiatry, and this was now 1946, 1947. I must say, they were a funny lot of people. It wasn't that I didn't respect them; they were just different than any other physicians. They seemed to have this unknown quantity of knowledge about how people think that none of the rest of us had. It was almost as if I thought that they could read my mind because that was one of their skills.

And so, I decided I would go into psychiatry. The summer between my junior and senior year, I got a job working at the psychiatric institute [Allan Memorial Institute] at McGill and was in the private institute, where patients who were severely ill, but were wealthy, were hospitalized. It was a locked facility. It was a lovely building. It was a private mansion that had been converted into a home. And because the persons who had hired me didn't want the patients or the nurses to know that I was a medical student, I was hired as a nurse's aide. During the war in college, I had taken a nurse's aide training course to work in the local hospital. To do that, I took the night shift, or the evening shift from 3 - 11. The best part of the shift was at about, oh, maybe 9:30 pm; the nurses liked to slip downstairs for coffee before they

finished their shift and went home. I would always say, "I'll stay at the desk," because then I could read the charts when no one was around. During the day, I had to be very discreet about what I did and how much I looked at a chart, so nobody would be suspicious that I was a medical student.

I had one patient who really loved me. She was just a wonderful person. She had graduated from McGill and was in physical education and had had a breakdown, and they'd been having difficulty diagnosing her completely. But by the time I picked her up as a patient for the evening, she was getting ready for discharge, and everybody was very happy about the fact that it looked as if she was cured and going to be discharged home in good shape. This one particular night, the girls had gone down for their coffee, and I was sitting reading the charts, and all of a sudden her light went on as I went around down to her room. The routine was, you put your key into the light switch on the outside of the door, so the light went on in the room, then you put your key into the door to open the door.

And so, I started to put my key into the light switch, and she said through the door—we could hear it—through the little glass window, "Oh, you don't have to put the light on. I just want to slip something through the door for you. I'm going home tomorrow, and I have a present for you. And I don't have one for everybody, but you've been so good to me, I really wanted to give it to you, and I've been trying to shove it under the door and it just keeps getting wrinkled up. Can you open the door just enough for me to squeeze it through?" And so I said, "Well, sure. You're going home tomorrow."

The next thing I knew, I was sailing through the air because she'd made a noose out of her bed sheet, and it was around my neck. I managed to get one hand up next to it, trying to keep from choking, trying to fight her off with the other hand. The only thing I could think to do as I passed out, was bang on the floor as hard as I could. I kicked and kicked the floor because I knew the dining room was below us. And, of course, the girls heard the noises downstairs and came roaring upstairs, and they rescued me. And I got home that night.

The next day, I was a beautiful sight. I was covered with petechiae from the clavicle up, and with a couple of big bruises on the side of my neck, but I knew I had to go to work. So at 3:00 pm, I marched down the hall to my station, and who is coming at me but this woman with 2 men on each side of her. They were her brothers, who'd come to take her. They were picking her up to take her to another locked institution because she obviously was not ready for discharge. She broke loose from them, ran down the hall, grabbed me by the neck, hugged me and said, "Oh, I heard you had a terrible accident last night." And I said, "Oh, no, I'm fine, I'm fine. I didn't have any accident. I'm just fine." And quickly they got her, and off she

went. And at that moment, I thought to myself, *I think I have to go into a discipline where the people are smarter than psychiatry seems to be, and I think I'll go into a discipline where I'm bigger than the patient.* [Laughs]

DR. BOULTER: What a story!

DR. HOWELL: That's a wonderful story.

DR. BOULTER: That's incredible!

DR. HOWELL: It was.

DR. BOULTER: You were almost killed by that patient.

DR. HOWELL: Absolutely. Bless those nurses. But in the meantime, I had realized that I really did love pediatrics. I didn't particularly love children. They were okay. But what I loved was the interaction with parents and the child. So again, I know I was very much interested in human behavior more than diseases. The thing I had found by that time was that the nicest doctors I'd worked with were the pediatricians. They weren't hung up on themselves. They weren't conceited. They weren't arrogant. They weren't difficult to relate to. They had good humor. They were laid-back, and that wasn't even a word we used those days, but now I can say it, that that's how they were. Most of them wore bow ties. I learned later why you wore bow ties, and that was because if you wore a long tie, it always got peed on. They were just a great group of people, so that was when I made my decision to go into pediatrics.

DR. BOULTER: Wow. Did you feel that other areas of medicine were even open to you as a woman?

DR. HOWELL: None of the surgical disciplines were, not at all. You didn't even try to think of it. I think, originally, I would have thought I loved surgery because I love working with my hands, but there was no chance for that. You were allowed to know that there were places a woman could go if she wanted to do surgery, but she would never get good training because those were places that were desperate to get help, and they would take anyone and train them. I guess I was a snob enough to think that I wanted the best training I could get, and I wasn't going to settle for that, and so I decided there had to be another way.

DR. BOULTER: How about internal medicine? Was that open to women?

DR. HOWELL: Yes, oh, yes. My other 3 classmates went into internal medicine. But I just somehow felt, after that experience, that maybe I was better with children and parents, that it was a happier discipline and maybe

a safer discipline. Later, when I was at Duke and a plastic surgeon was killed by his patient, I had reason to think about that again, that maybe working with adults isn't always the safest place to work. This was a dissatisfied man, who didn't like the way his plastic surgery turned out, and so he came into the lobby of the hospital and shot the doctor dead. A very shocking event. But I didn't know that at that time.

DR. BOULTER: Now, did you have any difficulty getting a pediatric internship once you had decided on the field?

DR. HOWELL: No, I stayed right at McGill. Yes, I loved it, and I really didn't want to come back home yet. I had grown to love Canadians, and I love Canada, except for the cold. I loved McGill and loved the program there at Children's [Children's Memorial Hospital/Montreal Children's Hospital]. It was great. So, I was very happy that they wanted me. I interviewed down at Bellevue [Hospital], and that frightened the life out of me. It was such a hectic, wild, terrible place. The halls were all filled with beds because there weren't rooms for the patients. They were lined up in the hallways, the adult patients. It just seemed like a nightmare to me to think of working in such an environment, and I think I fled back to Montreal very happy to only want to go to McGill, which was safe for me because I had been there long enough to know everybody.

DR. BOULTER: Did you get to see your parents or your grandmother at all during those years?

DR. HOWELL: My grandmother died while I was in college. She was in a very bad car accident, unfortunately, and died as a result of it. That was a bitter loss in my life. I felt that one very deeply. But she ended up being right, you see, I became a teacher. She always knew where I'd end up. To my surprise because I had never thought I'd end up teaching, but I did.

DR. BOULTER: Let's go on to after your pediatric training.

DR. HOWELL: Another mentor came into my life, and this was the hematologist at Children's, Ronnie [Ronald L.] Denton. I think it's probably late enough in life to be able to say he was very handsome and very charming, and all the girls thought he was wonderful. He had a beautiful wife, a Montreal society lady, lovely, charming too. So although you were enamored of Dr. Denton, you also were respectful of his relationship with his wife, but you still liked to be around him because he was such a nice person.

And I was doing a rotation on the emergency room, and the hematology office and lab was right off the emergency room. I would drop in very frequently when things were quiet, and I got to know the technicians real well. I'd known them anyhow, through the internship and then first- and

second- year residency. And Ronnie realized that I was showing a lot of interest in all these blood diseases, and so he just kept feeding me more and more and more, and then suddenly one day he said, “You know, I’m taking my wife to the international congress which is in Vienna, and I’m going to be gone for 2 weeks. I realize that this is an imposition, but you’ve been so interested in hematology and you’ve been so helpful to the girls here. Would you mind, since you’re right here in the emergency room, would you sort of act as their supervisor while I’m gone and just help them out? They’re very capable, and they know what to do, and they’ll do everything, and they’ll tell you what to do. You don’t really have to do much.”

Well, that was the last I ever heard of that kind of a statement, because all hell broke loose. I think every possible weird blood disease showed up in those 2 weeks. I didn’t know what I was doing, and I ended up being on the telephone to all the other hospitals in town, saying, “This is Dr. Doris Howell. I have this red blood problem that I don’t quite know what to do with,” and explained that Dr. Denton was in Europe. I’m sure I sounded like a 4-year-old talking to them. But they were all very kind, and they helped me out, told me what I could do next and what we would do, and I finally survived that period of time.

I had also, in the meantime, done the first Rh transfusions--exchange transfusions--that had ever been done in Montreal, because Ronnie Denton had trained with Lou [Louis K.] Diamond at Harvard [Medical School]. So, we had a close, professional relationship that I truly enjoyed. It was wonderful. By the time I left there and went down to Duke to be chief resident in pediatrics for a final year, I knew that I wanted to stay in hematology/oncology, and he was the one who told Dr. Diamond that he should offer me a job. So, I took my fellowship at Harvard, thanks to Dr. Denton.

DR. BOULTER: So, was that fellowship a couple of years?

DR. HOWELL: About 3 years.

DR. BOULTER: Three years. So, you had quite a bit of postgraduate training.

DR. HOWELL: Yes, I had 3 years of pediatrics and then 3 years of hematology/oncology.

DR. BOULTER: Wow.

DR. HOWELL: And oncology didn’t exist by name at that time; it was all hematology. Sidney Farber was down the street and had gotten money from the [Boston] Red Sox to build the Jimmy Fund Building [of the Dana-Farber Cancer Institute]. He was a pathologist, so he was very interested in cancer.

And so our job was to do the diagnostics. We would see the patients who had, obviously, anemia or thrombocytopenia or infection, make the diagnosis of leukemia, and then we would ship them off to Sidney Farber. It was a lovely way to practice because you didn't get the tragedy and heartbreak of handling the high mortality rate of the leukemic children, although other blood diseases carry a high mortality rate, too. All the aplastic anemias, a lot of the thrombocytopenias didn't survive. Sick cell [anemia] was a very serious disease, and most of them died. Hemophiliacs died. So you already were taking on a discipline with a high mortality rate. You know, I think I was totally blind to it until I was well into it and then realized what I had gotten myself into. Then I also realized that I had one very fortunate blessing, and that is that I am a very sensitive and sympathetic person, and I could see the suffering of the family. I knew I had to rise to that occasion, that I could take care of the child to the best of our knowledge, but beyond that, what I had to do was take care of that family, so it could hold together.

And so my whole life, ever since then really, has been dedicated to the whole family, to maintain them when death occurs and see that they survive and aren't irreversibly damaged. Particularly, that siblings in the family come through it without the trauma and the pain and the anger and fear and frustration that comes if you don't try to take care of everybody.

DR. BOULTER: If you had to do it over again, would you have been a family physician, which didn't really exist?

DR. HOWELL: I knew it existed. In fact, they were trying to start a family medicine training program at McGill, and I didn't take it. It interested me at first, and I didn't take it because, you know, everything was 3-month rotations, and I thought, *How do you learn everything you need to know in 3 months? I'll never be able to do that.* And I'm glad I didn't, because no, I would never be able to do that, and I would do what most family people do. Not most, I don't know how many, but a lot of them end up semi-specializing in one area. They won't take care of children or they prefer to take care of older people, geriatrics, or they do try to do all of it. But it's hard to feel you have enough depth to be secure enough in your decision making when you're spread so thin. And nowadays, with the amount of knowledge, I don't know how they do it. I don't know.

DR. BOULTER: So how many years did you actually spend in hematology before your career took another path?

DR. HOWELL: I stayed in hematology at Duke—I went back to Duke after having my final year of residency there. They wanted me back. Charlie [Charles A.] Janeway, for whom I babysat, made it very clear that there was only going to be one job open at Harvard, and I assured him I'd be glad to take it. And he explained to me the facts of life, that that one job, as an

assistant professor, would undoubtedly go to David Gitlin because David was doing very fine research on gamma globulins, and he was also working with Dr. Janeway. As much as Dr. Janeway liked me—and I know he did; he treated me very well—there was no space for me to stay. And I said, “Well, I’ll stay anyhow.” And he said, “No, my dear, you cannot. You have to grow. Now, you’ve had this education; you have to do something with it. You’ve got to go and be an assistant professor.” There that was, staring me in the face, being a teacher.

It turned out that during my 3 years at Harvard, I did an awful lot of teaching, of everything. People very quickly found out that if they asked me, I’d always take their class for them, teach it, whether it was hematology or something else, and so I was teaching an awful lot of medical students, all the pediatrics they ever got at Children’s [Children’s Hospital Boston] for those 3 years. I tried to explain to Dr. Janeway, I thought he needed me. I didn’t know what they were going to do when I left, because all these people would have to go back to teaching.

DR. BOULTER: [Laughs]

DR. HOWELL: And he said, yes, he realized that, and it was going to be a serious problem, but they would have to face that. He tried to find me some jobs, and none of them looked like I wanted to go into them. All of sudden, Duke said, “We found out that you’re finishing, and we want you back,” and so I decided it was where I wanted to go. I loved Duke in many ways. I didn’t love it in lots of ways. I was not a good southerner. I had to learn a lot to be a southerner. But the people were wonderful at the hospital. Most people at Duke weren’t southerners. But it had been a very happy time in most ways, and I was really very happy to be offered the assistant professorship there, and went back.

I stayed there 8 years, but in those 8 years, I reached a point of desperation, where I really didn’t know how I could keep going, because the death rate was so high. I was seeing oncology from all the southern states because we were the major medical school between Washington, Miami, and New Orleans. All of these children with cancers were being sent to us, because I was there, and I was sending them back home as fast as I could, to work with their doctors so that they could stay at home rather than be up at Duke. That made it wonderful because I had this tremendous outreach with all these other doctors in all these states, working with them to have good communication and constant telephone communion so they could have these kids at home and be able to treat them, and then they would only come back up to Duke for the regular visits, checkups ...

DR. BOULTER: Was there any treatment at that time?

DR. HOWELL: Yes, because Sidney Farber had started—you see, I went back to Duke in 1954, and he had been at Harvard for the three years I was there, so I knew him very well. He, by that time, had developed both methotrexate and aminopterin and amethopterin. Amethopterin is methotrexate. Aminopterin was too toxic, and we finally dropped it and didn't use it. Before that, the only thing we had was nitrogen mustard, which didn't work for the leukemias at all; it only worked for some of the solid tumors a little bit. But it just meant that all your patients died. Some could live a little longer, and we began to get what looked like remissions, but it was a heartbreaker.

I thought, What am I going to do? I just can't keep burying people all the time. I'm working so hard at doing that and teaching that I'm not doing any research, and I don't think I'm very good at research, which makes it even harder because if I'm going to stay in academia, I've got to do some research. That had been made very clear to me, in loud words by a lot of people. When there was no time to do it, you began to feel very desperate because you feel your research is very desultory and minor compared to what you should be doing because you're just loaded. Yet I couldn't persuade anybody at Duke to hire another hematologist to work with me, to share it, because money was tight.

Finally, I got to the point that my chairman did hear me. But then he told me that if he brought in anybody, the one he'd bring in would be a researcher, because the researcher would then bring in the money from grants, which I couldn't do. My grants were minor grants. They were training grants more than they were research. He was right. I didn't like it, and I didn't see it that way. I fought it. Later, when I was a chairman, I knew why he had to do it. He didn't have a choice. He had to keep his department going.

During those years, we had gradually transitioned over my whole educational career, from a school that supported everything and its hospital to having less and less support coming from the school, more and more support being required of each department. The world was changing, painfully for us, from where we were spoiled and everything was gravy, as it were, and now it wasn't there anymore. So, I had to accept the fact that the person he would bring in if he did bring in anybody was a researcher, and that wasn't going to help my problem. My problem was I just had to have some balance to this death problem.

I worried a lot about that, because I realized if I left Duke and went any place else, it would be pretty much a lateral arabesque; I would just go to another place and do the same thing and I would have the same problem.

END OF TAPE 1, SIDE B

DR. BOULTER: This is the interview of Doris Howell in San Diego, California, on October 12th, 2004, and this is Dr. Suzanne Boulter, who's doing the interview.

Doris, we've been talking about your career so far at Duke, and then what the next step is going to be and where you want to go and what you want to do from Duke.

DR. HOWELL: I was in a quandary because I loved Duke, and it wasn't that I wanted to leave. I just knew if I wasn't careful, I was becoming more and more of a recluse, and that was not my personality, but I just would find myself not wanting to socialize, not wanting to see people. I thought, *This is a downhill spiral and I'm in trouble if I'm going to keep on this way, so I've got to break out of this somehow.* And just then, a phone call came, and it was from a Dr Marion Fay, who herself was a PhD biochemist at the Medical College of Pennsylvania, which at that time was called the Woman's Medical College [of Pennsylvania]. She introduced herself on the phone very graciously, with a lovely New Orleans accent—charming person—and told me that they were looking for a chairman of pediatrics and my name had come to her attention. I assured her that it couldn't be my name because I certainly was not of the caliber for a chairmanship. There was a Doris Howell in Toronto, whom I had met, a very fine person, and probably somebody had just mixed up the names because we were both Doris Howells.

And she finally said, "No, my dear, I don't think I'm mistaken. Dr. Louis Diamond has referred you to me, and that's why I'm calling you." I said, "He did?" And she said, "Yes. Would you be interested in coming and visiting our school and interviewing for this position?" I said, "No, I don't think so." And she said, "I beg your pardon?" I said, "I don't approve of a women's medical school." [Chuckles] There was a deep inhalation breath, and she said, "You're very blunt." And I said, "Oh, I'm terribly sorry. I didn't mean to say it that way. What I was trying to say is that medicine is so bisexual that it can't be taught in a women's medical school. I mean, I just don't think an all-women's school is the right place because you've got to learn to work with men. Medicine is all men, and if you don't know how to live and work with them, I don't know how you do medicine. I can't even imagine doing it."

Then she said, "Well, we're doing it very successfully. We've been doing it since the middle 1800s." [Chuckles] I said, "Oh yes ma'am, I'm sorry." And she said, "Will you come and interview with us? Are you coming up to the pediatric meetings in Atlantic City?" And I said, "Yes." She said, "Well, then, you could just stop by. In fact, I have room at my home. You can stay with me." What are you going to say? My goodness. I apologized for being so rude, and I hadn't meant to be so blunt, and she said, "That's all right. I'll be happy to meet you. You just come and see me."

So, I did my duty. I went to see her, and she was a charming woman. She could sell you the Brooklyn Bridge, I think. But she didn't try because I kept saying to her, "I really don't think I'm capable of doing this. I don't think this is right for me, but I would like to see your school. I would like to meet the different people and see how it runs, because it's just hard for me to imagine it." So, she set up all these people for me to meet. It turned out they were all the department chairmen. And as the day went by, I got madder and madder because there wasn't any question I was being interviewed when I had thought I'd made it quite clear with her that I wanted to meet people to understand the school, but I didn't want to be interviewed.

So, at the end of the day, when I was escorted back to her office, I walked in and—my sister used to say, when I was a child, "You have the most hateful mouth. When you're mad, your mouth gets very straight and very tight." And I guess at that moment, as I walked in the office, it was very straight and very tight because she looked at me and she said, "My dear, what's the matter?" And I said, "Well, it's been a very difficult day. I thought we understood that I didn't want to be interviewed." She said, "But I told people you were not to be interviewed; they were just to show you around and let you see their departments." And she said, "If they interviewed you, I am sorry because I did tell them that you were just looking. But it's a very good sign if they interviewed you. They must have liked you."

There I was. We went through that. And finally, she called me back at Duke and said, "We are interested in offering you the job." So, I rushed home to see my father to say, "I just don't know what to do. I don't think I can do that." Finally, after 2 to 3 days talking around, around, around, trying to talk out loud and thinking out loud to a mother and father who really knew nothing about medicine but who loved me dearly, I said, "I guess I'm going to back to Duke." And Dad said, "No, you don't have to go back to Duke. You've got to go back to Philadelphia. You know Duke. You don't know Philadelphia. The problem is you don't know enough about the Philadelphia job to make your mind up." He said, "Don't go back to Duke today, go up to Philadelphia for a few more days and find out what you have to find out." So reluctantly, I went back to Philadelphia and met with her some more times. Finally, she convinced me that she would lead me by the hand and I could have the department of pediatrics.

So, as I left, I turned back to her, and I said, "You realize that if I come here, we may not be friends, because I think I'm going to work to make this place coeducational because I think we have to. I don't think you can keep an isolated, segregated school any longer. I think the government is going to move in on you. And worse than that, I think the state of Pennsylvania is going to withdraw support if you remain segregated." She looked at me, and

she said, “Yes, those things could happen, but we’ll see what happens.” She said, “If I win, you play it my way. If you win, I’ll play it your way.”

DR. BOULTER: Whoa!

DR. HOWELL: I couldn’t believe it. I said, *This is a lady I have never met before*. I said, “Okay, you’re on. I’ll come.” So I came. And I don’t think I ever fulfilled all my promises to her. I think I may have been a disappointment to her. I think she had hoped I could put the school on the map as a pediatric center, and I would have liked to, but I never could. It just didn’t fall into place for me to be able to do that, and unfortunately it’s never been able to do that. Maybe part of the reason is there are 2 children’s hospitals in Philadelphia, and it’s very hard to be another pediatric department in a city with 5 medical schools, 5 departments of pediatrics, and 2 children’s hospitals. So, you could almost not really grow into anything except a little satellite, and you do the best you can to build up what you can.

We built up a very good nursery. We had a very good obstetrician and obstetrics department, so our neonatal work was very good. Our hematology did pretty well because I could hold that together. Our general pediatrics survived nicely. It managed well, so we did all right, but we never became a leader. I guess my only comfort is that no one else has made it a leader either, in pediatrics, because I’ve always felt that I should have done something better, but I didn’t. And I stayed there for 11 years.

DR. BOULTER: Did you enjoy the administrative side, the hiring, the firing, trying to build up different specialties and build up your department?

DR. HOWELL: Yes, but only because it took me away from what was killing me, which was burying patients. I don’t think I liked it, and I didn’t ever feel good and comfortable at it, but it was a learning experience, and because it was so demanding to put so much time into learning, it helped ease making such a major change. And I kept my lab, and what I did is, I saw almost exclusively hematology. Not completely. I saw oncology too. But as much as I could, if an oncology case came in, I would encourage the parents to go to the children’s hospitals because, I said, “They have much more access to all of the newest drugs they were coming out with all the time. I think in all fairness to you, I want you to know that you’re where you can get the best all the time. I can do it, but I think it’s better for you.” So that’s the way I helped myself and could do hematology fairly well, but I couldn’t have handled the time that oncology takes.

Also, the thing that bothered me most about it: I found that it was going to require a fair bit of traveling, or at least I thought it did. AMSPDC had been formed, which is the Association of Pediatric Department Chairmen [Association of Medical School Pediatric Department Chairs, Inc.], and I was

the only woman on that. That was a very active group, trying to push forward academic pediatrics, so it was really becoming much more visible on the scene. Certainly I was the first full-time woman pediatric chair.

DR. BOULTER: In the country?

DR. HOWELL: Yes. And so, I just felt that I had to be a representative. It took me away, and probably if I had given that time to the school, I could have done better there, too. But I didn't. I found it very flattering to be able to go around the country and be a representative of women and what we could do; so it fed my ego, I'm sure.

DR. BOULTER: So, you were trying to be a role model for other women.

DR. HOWELL: You felt you had to. What else could you do? But, at the same time, I was in this desperate situation of feeling the school had to make a major change, and I knew I had to help to do that because it just couldn't stay segregated. And Dr. Fay knew that. She knew it very well. But she also felt that she owed it to the school to try to maintain it as long as she could, until the writing was on the wall so clearly. And then, when it became clear, she retired and things changed a great deal.

At that time, Dr. Fay was both the president and the dean of the school, and handled them admirably. But the school had grown well enough, large enough that the man who came to be our president, after the first 6 months he was drowning. He just said there was no way he could do both jobs. Part of that was because there was such a need for fund-raising in order to get the school on its feet, and that was the least favorite part for him too. But he had to spend so much time at that, that everything else was slipping. And so, he asked that the job be split, and the faculty finally voted to split the job. We took it for granted he would be the dean, because that's the part he liked best. Instead, his ego must have gotten in the way because he realized that as the dean, he'd be subservient to the president, and he didn't want to do that, so he took the presidency. And he wasn't cut out to be a president.

The man who came in as dean was a surgeon who wasn't cut out to be a dean. And after 4 years, I guess, he tried to recombine the 2 jobs again, so he could be both. And that was when I said, *I've had it. I've struggled with this school this length of time. I've given it the best I could give it, maybe not the best I might have given it if I'd done it differently, but I really am tired of fighting. I just don't agree with this decision.* I went to the dean, and I said, "I'm sorry, I can't support you in it. I don't believe the school can afford to combine those 2 jobs. They're too big. If the school is going to succeed, you've got to have 2 strong people, doing 2 different things but getting along with one another." And he said, "Well, the other faculty agree with me." And I said, "Well, then, I have to leave." He said, "That's good."

DR. BOULTER: Wow.

DR. HOWELL: So then I was in a quandary. *Now what am I going to do? I did that to myself, and okay. You couldn't keep quiet and be here. I mean, it's not your nature to keep quiet when you're so unhappy about something.* I went around and saw my friends and said, "How could you vote with him?" "Well, we don't want to see the school damaged. We don't want to see it get out in the public that we're having internal battles, and so we're going to go along with him." And I said, "I can't. I just can't."

So, I was worrying about what I was going to do. I went down and was interviewed at [University of] Maryland to come down there, by Jack Moxley, who later became the dean out here, at UCSD [University of California, San Diego]. At the time, he was the dean at the University of Maryland. I looked at that, thought about that, and had a few months yet to go. And then I had a phone call from Washington [DC], from a woman who was a person I had heard of but I didn't know well. I had had occasion during these years to be involved with a lot of activities at the Association of American Medical Colleges, and found it a fascinating place because their whole focus was on education, and I had continued to consider myself more and more of an educator (Grandma, thanks) as the years went by. And I really wanted to have more of a hand in shaping education and how it happened. And so, I was asked if I would come and be a deputy director of one of the departments at the AAMC [Association of American Medical Colleges]. Not having any other job in the offing, I thought, *Well, that might be a good thing because that will give me a chance to really get on the inside of education and see how you shape it, how you work it.*

And so, I went to Washington and kept going back up on weekends to Philadelphia to help the department keep going until they could get a replacement chairman. My frustration was, although I had said I needed to keep a hand in clinical work, about the only thing the AAMC wanted to offer me was half a day a week in a clinic, and I said, "That's not enough to keep my head above water. I mean, I need a little more than that." "Well, you could take more if everything works out well." I visited 36 schools that year around the country to help them go through their accreditation, so there wasn't any time to do anything else.

And by the end of that year, I knew several things. One thing was that that wasn't where you learned education; education was done at the medical schools. The AAMC was a leader in pulling people together. It was a forum. It brought people in and then moved them out again, but that the work got done back where it was. The thing that I realized that was most painful was that what I missed were the students. I missed students terribly, because that's what kept me honest. That's what kept me on top of things because

you can't lie to a student. You can't bluff a student because they see through you every time. And every time you have to say, "I don't know" to a student, you've lost that much more credibility, and you can only get away with it just so long before it's too late.

And so, I knew that I couldn't keep on doing that. I felt terrible because, although I had told them I'd only take the job for a year because I really needed a year to think of what I should be doing, if that was the right thing, I think they invested a lot in me and would have expected me to stay much longer. And I know Marjorie [P. Wilson], who was my mentor there, wanted me to stay. I was a great help to her, and we got along very well. But it was hard.

And then, again, unexpectedly the phone rang, and it was the chairman of pediatrics at [UCSD] San Diego, saying he had just been through a review. His department was small, he was building it up. He'd been at University of Miami and had come to San Diego to start the pediatric department because this was a brand-new school; it only started in 1968. And this now was 1974. His review had showed him that he needed more senior leadership, that he had brought with him 3 young people and they didn't have the maturity and the experience to bring to the department what he probably needed. The recommendation of a committee that I guess was put together by AMSPDC, which had put together a group of reviewers who went to the different schools to help you decide what you might need to improve your department, was that he really needed to look for a more senior person.

And so, he called me and said, "I heard that you were in Washington. Why didn't you tell me you were leaving Philadelphia?" I said, "Well, Bill [William L. Nyhan], we don't see each other very often, and I didn't think of telling you I was leaving Philadelphia because it wasn't important. And what are you calling *me* for?" And he said, "Well, this is what happened, and I need a second in command. Would you take the job?"

DR. BOULTER: Over the telephone?

DR. HOWELL: The telephone. So, I thought about it. In the meantime, my parents had always spent every summer with me, and so I've always had a house where they would be comfortable living with me. They run the house when they're there, and I'm just the daughter, working. Then the rest of the year I have the house to myself. One of my concerns, when I was leaving Philadelphia, was they were getting older and I could tell that health was going to be an increasing problem, and I really needed to be nearer to them. And yet I knew I didn't want to go back. For a long time, I weighed going back to Duke because that offer was always out there: "You can always come back to Duke. Please come back."

No, you don't go back again. I'd learned, by going back to a reunion of my high school, that the minute I stepped foot into that high school, I was the same timid, shy, quiet, overwhelmed kid that I had always been, and I had made some success in the meantime. You know, it was 10 years out. I should have been able to do better than that. I thought if I went back to Duke, that's exactly what would happen again. I would be the same person I had been at Duke instead of now having 12 years more experience. I'd go back and be the baby again. I didn't think I could do that. And that was hard, because that would have helped my parents. They could have moved to North Carolina very happily. They had retired to Florida from New York.

Here was San Diego. I thought, *Well, San Diego is the same type of climate as Florida. I could move them there. I can't move them north. But I could move them to California.* So that's why I came out and looked at the job. And, of course, you can't help but fall in love with San Diego if you've lived in Montreal, Boston, New York, Philadelphia, shoveled snow, froze all winter. It looked beautiful.

DR. BOULTER: Where did your sister settle?

DR. HOWELL: She stayed in the east until 1985, I think, and then she moved to San Diego to be near me.

DR. BOULTER: I was wondering when you brought your parents out here.

DR. HOWELL: Well, I never did.

DR. BOULTER: Oh, you never did.

DR. HOWELL: Because that year we moved out—or I moved out in September, and Peggy [R. Oechsle], who was my cousin, moved out at the same time, not to live with me, but to live here because she came from Los Angeles, and her parents had died in the meantime. So, she said, "Well, if you're going to San Diego, I'm going to move to San Diego because you're taking care of my son, and we get along so well, and I don't want to stay in the east anymore after a divorce." And so, I said, "That's wonderful. I think it'll be great."

Her son had a learning disability, and we had to find a school for him, and we looked and looked, and there was only one school that had an opening in a learning-disabled class. He had been in a private school in the east. They said they had a place for him, so she was moving out, and we were trying to find an apartment for her. Just before we were to come out, and I was looking at houses and trying to decide where I'd buy a house, the school called and told her that, unfortunately, the child who was moving out of that class was moving because the father took another job and the father decided

not to go. So, there wouldn't be a place, and so he would have to stay out of school. Peggy said, "He can't stay out of school. He has to be in school. Number one, I have to work. And I have to have him in school because it's bad enough that he has a learning disability, but he can't be without schooling." They said, "Well, we're sorry. There's only one place in town that has a place, and that's in La Jolla. Do you want to move to La Jolla? Do you want to go to La Jolla?" And she said, "I don't think so." Because she knew I didn't know La Jolla from Adam. But she knew La Jolla because she knew it as a wealthy town. I hadn't even heard of it. I'm a very provincial easterner. And so Peggy was most upset, and I said, "Well, you know, what we'll do is I'll buy a house in La Jolla and we can live there until we find out where you can live in La Jolla. Live with me. My parents don't come until the summer," and we were moving in September. So, I said, "We've got 6 months, 8 months before we have to worry, so just come on and live with me."

And so, we put half of each of our stuff in storage, and moved into the house, and he got into school and loved it. Peggy and I found out we were so compatible, we couldn't believe it. We got along so well, better than sisters, I think, because we had no competition. We hadn't grown up together. We just liked each other. And it was a very, very fortunate relationship. In the spring, my dad got cancer of the stomach, and died within 3 months. I got them out here, and took care of him, but it was very rapid and spread to the brain. Didn't waste any time.

After that, Mother insisted on going back home, but at the end of that year she wanted an apartment in La Jolla. She didn't want to come and live with me, but she wanted to live near, so she got an apartment and spent the first summer that she came out, then the next summer there and found out she had breast cancer. And so, she was operated on for her breast cancer, which was quite extensive, and at the end of that she wanted to go back home to Florida again. And we sold her apartment because she said, "I don't want to live alone. When I come out, I'll come out and stay with you. And I thought surely she would move out with me. It was 20 years later before she finally gave in. She stayed in Florida all that time, and then she said she was used to her independence. She loved it. She was having a very happy time, and she would just rather stay that way, and so she comes to spend every summer with me and Peggy. Of course, after Dad died, it didn't make sense for Peggy to leave the house because now we were 3 women and one poor boy, and he loved my mother like a grandmother, so everything was fine. So we stayed together. That's that story.

DR. BOULTER: Wow.

DR. HOWELL: So, then I came out and was Bill Nyhan's assistant and professor of pediatrics. My major job was community pediatrics, to build

the strength with the community because it had a very bad relationship with the university and the pediatricians, and to run the residency program. In the first month, I discovered some very bad things, and that was that Bill and I did not see eye to eye about how you rear children. My feeling was that pediatric trainees are children, as far as pediatrics is concerned, and Bill's idea was that these are adults, young adults. They have to make their own decisions. I said, "That's fine, as long as it doesn't affect the patients that they're caring for. I am not standing for my residents not showing up for rounds because they're out surfing." And Bill said, "Well, they're adults. They'll have to make up their minds." And I said, "Not on my service."

I said, "If you want me to run a residency program and you give me the responsibility to do it, that means you give me the authority to do it, and if you don't want to do that, you're the chairman, it's your decision, but I won't stay." He said, "Don't be silly. Why are you acting that way?" I said, "Bill, I can't help it. I've got to teach them how to be good pediatricians. That means I've got to teach them how to save lives and not risk a child's life. You can't tell me that I'm to do that on their time, when they want to come in, and that when they want to go surfing or anything else they want to do, they don't show up at rounds and I'm supposed to take care of kids in 3 hospitals. And these kids have got to cover those 3 hospitals, and they don't want to take time to do rounds at the end of the day to exchange knowledge about the children they're going to be responsible for that night." I said, "I refuse to do that. I don't see how you could even accept it." He said, "Well, they have to want to do it." "I don't know how you make them want to do it, but on my training program, that's the way the training goes. If they don't want to train that way, they should go someplace where they don't have to. But I don't want to run a program where they don't have to."

So I said, "I want to sign my resignation." He said, "Please don't do that." I said, "I do. I'll sign it. I won't date it. But the next time that you overrule me without telling me first, just put the date on it because I'll be gone before you know it." "You're very hard." I said, "Yes, I guess so." But what he had done is he had told the residents that I was unhappy, but it was up to them. They had to make up their minds whether they'd come in for training or not. And that's why they didn't bother showing up.

DR. BOULTER: What year was this?

DR. HOWELL: 1975. In the meantime, the man who had been the dean of the medical school was Joe [Joseph] Stokes [III], and Joe Stokes' father [Joseph L. Stokes, Jr.] was a very famous virologist at the Philadelphia Children's Hospital [Children's Hospital of Philadelphia]. Joe was a very bright young man, Harvard graduate, very ambitious, very talented, very charming, but not very realistic. He got the job here as the dean, and he wanted to build the Harvard of the west, and he recruited people from the

NIH [National Institutes of Health] in large part, promising them the world. And then he couldn't deliver. The state finally came down on him very hard, and after 5 years of being the dean, he was not dean anymore, which was a very sad thing for him and a very tough thing for the school. But he had brought in too many people with promises of what he would give them, and he couldn't give it to them, so he had a faculty that was in unrest. He stepped down and became the chairman of community medicine, because he had had training in preventive medicine.

Jack Moxley had come in as the new dean, and of course, here's Jack Moxley who was trying to recruit me to Baltimore, and he's out here. So, I end up here, and I guess Joe was the chairman of community medicine for 2 years under Jack, and it just didn't go well. Finally, Joe decided he had to leave, and he went back to Boston and left that chair empty. Well, it was a very small department, but a department in a lot of stress, with a lot of temperamental people all working hard, but working not as a group but in opposite directions. It's a hard department, anyhow, because it's made up of different pieces. You know, it usually has mathematics in it because you're into statistics. It has epidemiology in it. It has public health policy. So it has such a mix of people that they really don't get along together. They don't have any common language much of the time. And they didn't.

The dean asked me to be on a committee to help find a new chairman, so I said, "Oh, I could do that" because at Philadelphia I helped them get a new chairman, but then I also added that, unfortunately, he didn't turn out to be a very good choice. We had stolen him from Berkeley [University of California at Berkeley], and he was a failure. And Berkeley knew it. That was why they were very happy to let him go. I had bought him, so I had strong feelings about searching for another person in community medicine. So, I said, *Well, I'll work hard at that because I certainly know what not to do this time.*

Well, we worked and worked and worked. That committee really worked hard, and every time we'd bring in a person who was ideal, they would have to interview with other chairmen, and the Department of Medicine—

END OF TAPE 2, SIDE A

DR. HOWELL: —to even think of taking an appointment in the department, as chairman, in community medicine. In fact, would they be interested in an appointment in the Department of Medicine? Which got back to me, and it didn't make me very happy. These people all then decided that they were not probably going to come here because there was too much dissention. So, we must have been through about 8 people, and all of them pretty good people. A couple of them turned us down for good reasons; others turned us

down after this hassle business, and then a couple we probably turned down because they didn't turn out to be as good as we thought we needed.

At that point, the dean was getting pretty desperate, and what I didn't realize is that the chairman of the search committee for the chairman of community medicine had been Bill Nyhan, my chairman. The dean and he decided that maybe they would stop looking because this was so unsuccessful, finding the right person. The next thing I know, I'm asked if I'll please take the chair of community medicine, just for a little while, just until they can regroup and get us some stability and a new flavor, and then I could come back to pediatrics.

Well, I guess that this was Bill's way of getting me out of his hair. Whether that's fair to say or not—it's probably not nice of me to say it, but I really can't blame him. I probably was a pain in his side. It was just as well to see if he could get somebody better to do that job that he wouldn't have to coddle all the time. And I said, "Well . . ." I didn't want to do it. I was tired of being a chairman. I had been a chairman for 11 years. I had paid my penance. I didn't have to do that anymore. The dean said, "You can do it just for 2 years. Just give us 2 years. That's all. I'm sure we'll get a chairman in 2 years."

I'd known Jack a long time, so I finally said, "Okay, for 2 years I guess I can do it." So I did, and 5 years later, I'm still the chairman of community medicine [Department of Community and Family Medicine] because we've lost the dean, we lost the chancellor, and you cannot hire a chairman when you haven't got any top echelon who will make a promise to you. Because everything flows from the top, and so everybody who interviewed just said, "Call me back when you get a dean and a chancellor." And so finally, we got a chancellor, and finally, we got a dean. And I knew that the dean was coming, and I asked for my first sabbatical and took a 6-month sabbatical at Yale [University] with Alvin [Feinstein], my good friend Alvin; with the Robert Wood Johnson Scholar program [Robert Wood Johnson Clinical Scholars] that was running then.

DR. BOULTER: Wow.

DR. HOWELL: I was on the board of the Robert Wood scholar committee, and I watched all these kids coming through and getting these scholarships and going and doing these wonderful things that I would like to do, and I finally thought, *With that sabbatical, that's what I'm going to do. I am going to go and be a faculty Robert Wood Scholar [Robert Wood Johnson Foundation Physician Faculty Scholar] for six months with Alvin Feinstein.* And Alvin Feinstein was an epidemiologist, a mathematician, did original work on rheumatic fever in children. A fantastic man. A very difficult man, but a wonderful friend. I had a wild and wooly 6 months with these bright young

things who knew how to make computers work, and I didn't even know how to work a calculator.

DR. BOULTER: How old were the other kids in the program?

DR. HOWELL: They mostly were probably 30, because you had to have finished your training in your basic specialty, and you were interested in becoming a change agent by getting training in a different specialty. You had to present yourself as wanting to do internal medicine and computer medicine, or internal medicine and anthropology, or mathematics or anything, but the idea was that medicine was changing so that it had to become more and more interdisciplinary. You had to learn how to work with other disciplines, how to use each other, because you couldn't learn it all yourself, so you had to build these relationships in order to make things move forward.

DR. BOULTER: And how old were *you* then?

DR. HOWELL: Well, let's see. I guess I became a member of the scholars board probably in 1978, and I took the scholarship at Yale in 1981.

DR. BOULTER: So, you would have been?

DR. HOWELL: Fast math here. [Chuckles] Let's see, 20, 30—yes, I was then 50 something. And it was wonderful. They were great, absolutely great.

DR. BOULTER: Were you the only woman?

DR. HOWELL: No, no, there were 2 women scholars and then 4 men. But they were a great group. We had a wonderful time together. It was wonderful. I cried. I couldn't keep up the pace with them. They were so far ahead of me, so fast. They were so quick with their math, and, oh, that new computer wasn't working. It was a huge computer those days. It kept breaking down, eating up our data.

DR. BOULTER: So what field did you study as a cross field?

DR. HOWELL: Being there, it was epidemiology because that was the one I felt that in my department I was most inadequate, that I couldn't argue with my faculty about epidemiologic points without more training in it, and so that is what I did. But I could never solve the problems that Alvin would give me. He caught me crying one day, and he got so mad at me. He would say, "You stupid thing." He said, "You don't have to do the problems. You don't have to solve the problems. You just have to know *how* to solve the problems and how to make sure that somebody else is doing it right." I said, "Oh, that's totally different, isn't it?" He said, "Yes."

DR. BOULTER: For somebody who has cried so much over your career, you don't look like the type that ever cried at all. It's funny.

DR. HOWELL: I've wept buckets, let me tell you. I can fail so well.

DR. BOULTER: My goodness.

DR. HOWELL: I tend to cry even when I'm happy, though, so it's all right.

DR. BOULTER: So after that fellowship at Yale, the sabbatical, you came back?

DR. HOWELL: I came back, and I thought what I would do is come back and try to start to put some strength into the departmental maternal and child health program. The person who was the chairman at that time didn't want it, and I wasn't in a position to say, "You have to do that" because I thought it should be done, because I thought it was needed. And I talked to the dean, who then was our new dean, who had come down to us from Washington, University of Washington, after a brief, unsuccessful stay at Harvard. And we got him, and he just said, "You know, I know you from way back at the AAMC, in your earlier days, and I think you belong back in pediatrics." And I said, "Oh, that would be so nice."

So, I was going back into pediatrics. The chairman of pediatrics, or the chief of the Division of Hematology/Oncology, was a woman I trained at Duke, and I wanted to come back and just do hematology. I really did not want to do oncology. I'd been away from it now for quite a while. She did not want me to do that, because she didn't have enough help. I had great sympathy for her because I remembered what it was like when you didn't have enough help, so I had to accept going back, doing the whole thing, night call and all.

At that time, in 1976, I had started a hospice here in San Diego. Very, very small effort, having been inspired by Cicely Saunders from England, who challenged me to try to start a children's hospice because she couldn't take care of children. And I couldn't sell it in San Diego because the pediatricians weren't going to let go of the children. "Nobody can take care of children like we do." And I said, "I'm not talking about taking them away from you, I'm talking about adding to your abilities by using their system."

So, in anger, I said, "All right, if you won't have a children's hospice then I'll start a hospice for adults. In time, maybe we'll admit children." So we did, and now we have a world-famous hospice, which I'm terribly proud of. It teaches in all classes in the medical school. All the residencies at UCSD rotate through. We have 10 certified palliative care physicians on our staff. The entire staff, I think, numbers 360. Those are our nurses, nurses' aides, homemakers, clergy, social workers. We just have a wonderful program.

DR. BOULTER: Do you have any children in the program?

DR. HOWELL: Yes.

DR. BOULTER: You do.

DR. HOWELL: We'd like to have them all at our hospice, but we know it's not what parents need, and so we're maintaining our hospice base for the children at Children's Hospital [Rady Children's Hospital - San Diego], but they come to our hospice for certain cases. For example, we take all of the cases where we're going to discontinue artificial sustenance of life because that's very hard at the Children's Hospital, very difficult, and we'll do those. We take all of the newborns; these are babies that are known to be going to die soon after birth, or at birth if they're obviously going to die. That's another very hard area, where you have to work with the parents in a very different way. So they bring the parents, usually young parents, and the baby right into the hospice, and they stay in the same room. All the rooms are private.

DR. BOULTER: Would you take an anencephalic, for example?

DR. HOWELL: Yes. And whatever we have to do for a person who's going to die, whatever the cause of death is, we will take him. I think our usual census per year is probably between 30 and 50 children, so you see, it's never a lot of children. It can be maybe 2 in at one time or one and that's all, and the rest are all up at Children's, and we do the teaching at both places. It's been a great thing; finally Joan [B.] Kroc gave me \$18 million to build this beautiful facility.

DR. BOULTER: Wait a minute. Tell me about this. How did you meet Joan Kroc?

DR. HOWELL: On an airplane, flying to Chicago.

DR. BOULTER: No!

DR. HOWELL: [Chuckles] I was getting ready to give a paper. I'm not sure it wasn't at the AAP [American Academy of Pediatrics], and I was terribly nervous because I wasn't ready, as usual. And so what I had learned is, when you have to fly across country, which was still hard for me (I never got used to that long distance after being an easterner), I would take my own money and supplement what the organization paid to fly tourist and fly first class, because then I had a space on a chair big enough to work. And the girls wouldn't bother me, and it was quiet, and they'd feed me whenever I

was ready, not when the meals were ready, and I didn't have babies shoving me around and crying. So that was fine.

So there I was on the plane and I had the window seat. I got on early. Got my papers all out in front of me. I was working away like mad. And I noticed that somebody came in and sat down next to me, and I said, "Hello" and kept right on working. And the girls came and brought her drinks and whatever. I just said no and kept working. Finally, I guess I leaned my head back and took a few deep breaths, and she said, "Do you mind my asking? Are you at the university?" I thought, *Oh, how do you know that?* Then I looked down and it's on the papers—you know, perfectly clear. And I thought, *Excuse me. How stupid of me to not realize.* I said, "Yes." And I said, "I'm terribly sorry. I'm afraid I've really been rude, but," I said, "I don't have my speech ready and I'm a little nervous at being so bad at that, not feeling good about it yet." She said, "Well, please don't let me bother you. Keep right on working." I said, "No, I've done about the best I can do. I'm going to have to wing it from here on in. I hope I know what I want to say, and it comes to me usually at the last minute," but I just didn't feel yet ready.

So we started to chat, and I noticed her. I kept looking at her. *My, that's a lovely looking woman, beautiful woman.* Lovely jewelry, lovely clothes. She said, "What do you do at the university?" I said, "I'm a pediatrician in the Division of Hematology/Oncology." "Oh, do you know Faith Kung?" And I said, "Yes, very well. I taught her at Duke at Chapel Hill." She said, "You taught her?" And I said, "Yes, she was a medical student and then a fellow with me, and then I sent her up to Boston, and then she went to Miami, and then when the chairman of Miami came out here to take the chair of pediatrics here, he brought her with him. And when I left being a chairman in Philadelphia, I came to work in this department as assistant to the chairman, in the Division of Hematology/Oncology." So, I'd worked with Faith for 3 or 4 years by then.

She said, "Well, I can't believe that." I said, "How do you know Faith?" And she said, "Well, I give her some money occasionally to help the children who don't have any money." I said, "Oh, that's simply wonderful." And I said, "And your name?" And she said, "Joan Kroc."

DR. BOULTER: Did you know immediately?

DR. HOWELL: I didn't know Joan Kroc. I had never seen her. I knew there was a Joan Kroc, and I knew that we got money from a Joan Kroc, and I just said, "I can't believe it. I'm so embarrassed." And she said, "That's perfectly all right. I didn't know you." I said, "Yes, but I should know you, but," I said, "I've never seen you before." She said, "I try not to be too visible." But I said, "Well, you certainly have been a wonderful help to us,

and I thank you personally because you know our children need it badly. If you're young enough to have children, you're too young to have money, and most of our kids are poor." So that was wonderful.

So we got talking, and she said, "What are you doing?" I said, "Well, to be honest, I am a renegade. I'm trying to get a hospice started." She said, "A hospice? Do you know anything about hospice?" And I said, "I know a lot about hospice." And I told her how I tried to start one in Boston and Philadelphia and got shot down by the 2 children's hospitals who weren't going to have any competition, and then my board got into an internecine fight over whether the Episcopalians or the Catholics were going to run it. With that, I left for San Diego and said, "You figure it out, and I'll fly back to see you next month." Then I told them when I came back that, "I can't run it long distance. You've got to get a new chairman." And I left them because they weren't going to succeed. They didn't have the vision that they needed. So, I came back here and was so mad about hospice, I wouldn't tell anybody anything about it.

Actually, I had met with the pediatricians. When the pediatricians turned me down, that they didn't want that in this town, I was really just p'd off and brooded about it. One day I got a telephone call from a fellow who said, "This is Charlie Brown," and I burst into laughter. And this voice said, "It really is Charlie Brown." And I said, "Oh, I'm terribly sorry, Mr. Brown, I didn't mean to laugh, but it just hit me funny. I guess it's happened to you before." And he said, "Oh, yes, but it is Charlie Brown." I said, "Yes, Mr. Brown. And what can I do for you?" And he said, "I'm a minister and a social worker." I said, "Oh, that's very interesting. Where are you?" And he said, "Episcopal Community Services."

And he said, "And I have a group in the church called the Good Grief group." Well, I burst into laughter again. He was very huffy. And I said, "I'm terribly sorry, but you know, Mr. Brown, if you're a minister and a social worker, you know that grief is good. You have to grieve. You have to get rid of pain of losing somebody. You and I know that grief is good, but to call your group the Good Grief group I think is to not welcome the community to want to support you. It's too big a jump. They can't go from grief, bereavement, death to Good Grief. It's too much." And he said, "Well, that's what we're named." And I said, "Well, all right, it's not my business to tell you what you should be named, but I find it very hard to think that would be a good name."

And I said, "But why are you calling *me*?" He said, "Well, we needed somebody as a consultant for a hospice we want, and we called Washington, and they told us that probably the smartest person on hospice was you. You were out here. So we're calling you." And I said, "Well, they're very flattering. They probably just didn't want to do the job because I'm

certainly not the smartest one. I tried to do one in Philadelphia and couldn't. I've tried to talk to pediatricians here, and they don't want it. So, I'm not sure I want to talk to you or if you want to talk to me."

He said, "Would you please come and talk to us?" I said, "First of all, I'm going to tell you, hospice isn't a building. You don't want to build a building." "Oh, but we do want to build a building." I said, "No, you don't want to build a building. Hospice is a philosophy. It's a way of treating people. It's a way of meeting a patient's needs or a patient's wants, whether they're your wants or not. It's putting the patient's needs first. And you've got to learn to do that. Once you learn to do that, then maybe you could think of where you do that, but you don't build a building and then say, 'We're a hospice' because it won't work."

So he said, "Well, you come and tell my people that." So, I did. And they weren't too happy because they'd all pictured they'd build a building and put plaques on it and name it for somebody and have a hospice. A couple of them had been to England to see Cicely Saunders's St. Christopher's [Hospice], so they knew what it was. But they did listen, and they finally formed a board, and I was asked to join the board as the only doctor. I reluctantly did. And then we got a grant from the American Cancer Society in California, and they gave us \$30,000 to build up a staff to start up with. We ran a home care program from 1976, 1977 probably, when it started, until 1990, when we built that building. And it was in, I think, 1983 or 1984 when I met Joan on the plane. It was just before I left being chairman of the department, so it was about that time.

She wanted me to help her find where to build a hospice, and she wanted me to get the university to pull people together and help do this. I said, "I don't think you're going to find a cooperative audience, but I'll do the best I can." So, I pulled all the people I could together from UCSD. It was not a success because it became very evident that what they wanted was for her to give them her money and they would decide what they'd do with it. Joan Kroc doesn't work that way, or didn't work that way.

DR. BOULTER: What was her interest in hospice?

DR. HOWELL: Both of her parents had died in hospice in Bethesda, Minnesota, where one of the earliest hospices was.

DR. BOULTER: Bethesda, Minnesota?

DR. HOWELL: Minnesota, right outside of Saint Paul.

DR. BOULTER: No kidding. What a small world.

DR. HOWELL: Isn't this amazing? So anyhow, after a year of struggle with this committee, one day she thanked them very much for their patience and their tolerance of listening to her wishes, and said she'd be in touch, and she walked out the door and she was never in touch again because she saw that all they wanted was the money, and she wanted to have something to say about what her money did. And she wasn't interested in just giving them a blank check because she didn't think they knew what they were doing. And they didn't. So about 6 months later, I got a call from her, and she said, "I want to give you some money." I said, "Oh, no, you don't." And she said, "Yes, I do."

DR. BOULTER: [Laughs]

DR. HOWELL: And I said, "No, we're almost bankrupt. I'm currently the president of the hospice because our last president we had to fire, and I'm only doing it temporarily because I don't think a doctor should be the president of it. I think it should be a grassroots thing and it should have a community person as the president. Or a health worker, but not a doctor because doctors are always seen as authoritarian and running things, and this can't work that way. But I'm doing it now because no one else will do it." And she said, "I want to build a hospice, and I know the university doesn't see it the way you do. You see what I want, and so I want to give you some money." I said, "I can't take it from you. I honestly can't. I've got a board that's disparate. They've got to pull themselves together. We've got to pay off debts that we owe. Our past president ran up debts by not paying bills, and we're in trouble. We may go belly-up. I can't let you put money in, because if you throw money in, that board will just sit there and take it and squander it. It'll just pay off debts and that's that. It'll be gone."

And she said, "But I want to do it." And I said, "Well, give me some time, and I'll see what I can do." So I didn't tell anybody, and we worked for a year to straighten out the hospice and get our bills paid off and get everything straightened out and get a team working that was viable, and I thought it was a good one. I was able to hire a part-time doctor, so it gave us a person who was there, a body, and not just me because I couldn't do all that medical care. I wasn't trying to, even. So with that, I called her and said, "Okay, I'm ready to talk to you." So she gave us \$18 million, after paying \$2.5 million for the property, and we built a beautiful hospice.

DR. BOULTER: Did you in any way imagine that the check would be that big?

DR. HOWELL: Never.

DR. BOULTER: What was your reaction?

DR. HOWELL: Shock, just shock. I thought what we would be able to do would be to buy an old big house, like an old 5-bedroom, 3 or 4-bathroom house that you could make into a nice hospice unit for maybe 8 or 10 patients. You know, that was my biggest dream. Never bigger than that. But she was not that kind of a dreamer. She wanted a world-class hospice.

DR. BOULTER: Does that money fund the care of the patients?

DR. HOWELL: No, it built the hospice. We've had to do everything else.

DR. BOULTER: But you can get funding from patients' insurance.

DR. HOWELL: We get Medicare and patients' insurance and fund-raising.

DR. BOULTER: Because in a lot of communities, VNAs [Visiting Nurse Agencies] are in charge of hospices. Do you have VNAs?

DR. HOWELL: No.

DR. BOULTER: Not at all.

DR. HOWELL: No. But we have a wonderful hospice. It's great.

DR. BOULTER: That is fascinating.

DR. HOWELL: The part I'm proudest of is the educational part. To have that whole medical school involved, and the nursing school, the schools here in town, the social work schools here in town—they all rotate through—is just great.

DR. BOULTER: Do you personally do a lot of the teaching?

DR. HOWELL: Not a lot of it anymore, no. I did at first, but now I don't. I do some, but more out of courtesy. Because they ask me to do it to be courteous to me, I think. And I do it because I love to do it, but I don't try to. Because they're too good. They're so good. They're far beyond me.

DR. BOULTER: Will the hospice be self-sustaining from her original donation?

DR. HOWELL: No. The money went almost completely into building the building, and then what we asked her to do was to give us a small endowment and then let us sell the rooms for furnishing, as fund-raisers, because she was going to furnish them all. We said, "You could do that, but then we have no way to raise money, and if we can sell the rooms"—decorating rooms, you know, you don't sell the room, but you sell the bed or they can furnish a whole room and they can furnish a sitting room or a rocking chair or

something—“then we can begin fund-raising.” So, she gave us an endowment of a million dollars that sits there.

And then I guess 3 different times, we have gone to her for loans when we have been strapped and couldn't meet payroll because our money goes right back into patient care. We don't have any cash-flow sitting around; it's very rapid turnover. Medicare doesn't usually pay very fast, and at one point we were in trouble because our patients were living beyond the 6-month limit and therefore, for 6 months, we weren't paid, and we were in real trouble. And each time, she would come through and lend us the money. But we always paid her back, so we always had good credit with her.

And when she died—she had a brain tumor—she called our CEO [chief executive officer]. Didn't tell her she was sick or anything; she just said she'd been working on some of her affairs and wanted to straighten out some with her lawyer, and she said, “What's your greatest need? What is it you really want?” The CEO said, “Well, you know, you're asking me off the top of my head. We have many needs, always, and things we'd like, but I think the thing I'd like most would be enough money each year to know that I wasn't going to run up a debt, that I would have a pot to cover my unmet patient needs on patients who can't pay.” And Joan said, “Put a figure on that. How much is that probably a year?” And she said, “It comes to about a million a year that I'm short all the time, and I'm out there, digging away, trying to get more fund-raising going to bring it in.” And Joan said, “Well, that gives me some ideas. Thank you.”

Well, when her will was read, we received \$20 million, and so that's invested now, carefully.

DR. BOULTER: On top of the 18.

DR. HOWELL: Well, 18 is the building, and we own the building outright. It has no mortgage.

DR. BOULTER: So she essentially gave \$40 million, plus.

DR. HOWELL: Isn't that amazing? I can't even put down that many zeros.

DR. BOULTER: And you sat next to her on the airplane.

DR. HOWELL: I can't even balance my checkbook, but it's so successful.

DR. BOULTER: I remember reading when she died that she had 2 or 3 pet philanthropic organizations, or organizations that she gave—

DR. HOWELL: Her greatest gift went to The Salvation Army [\$1.5 billion] because she said they—what is that word she used?—I’ve forgotten the word I want, but I’ll use the word *mentors*. They mentored their money so well, meaning they took care of it so well. What monies they had, they used wisely. They were always accountable. They knew what they were doing. They were careful. They guarded their money well. And so, she felt that they could well take a large piece of money and replicate the Joan Kroc [Corps Community] Center that she built, which is a huge community center in the poorest part of town, a very mixed community; there’s something like 40 different languages spoken in it, and all low-income people. And they have built schools, a gymnasium, a fire department, playgrounds, swimming pools—just unbelievable. It’s just beautiful.

DR. BOULTER: Did she have children?

DR. HOWELL: One daughter and two granddaughters. But the Salvation Army was the greatest recipient, and then other places have received gifts of various sizes. They’re still coming out. They haven’t all been released yet. But she was so generous.

DR. BOULTER: National Public Radio [to whom she gave more than \$200 million] was one of the lucky ones too.

DR. HOWELL: She had given a lot to [University of] Notre Dame, to build a peace program there [Kroc Institute for International Peace Studies], and she gave to the University of San Diego here, for a very large peace program [Joan B. Kroc Institute for Peace & Justice (IPJ), part of the Joan Kroc School of Peace Studies]. Just a wonderful woman. It’s just tragic that she had to die so soon, because she used her money so well, so generously and so carefully. She was very careful with it. She didn’t like to see money wasted because she came from nothing. She played piano in a music store to sell sheet music to earn her living, and then began playing at churches, and then finally at honky-tonks. And that’s where she met her first husband. He was a musician, and he turned out to be an alcoholic, and that turned her against alcohol, and she became a very strong advocate for controlling alcohol. When you went to her home, you would be served one drink, very graciously. She was very happy to give you one drink. And at dinner, a glass of wine. That was all. And she never drank.

DR. BOULTER: That’s an amazing story.

DR. HOWELL: Isn’t it? As I said, I’ve had an amazing life.

DR. BOULTER: You really have. I’ve heard about several different careers that you’ve had.

DR. HOWELL: Really?

DR. BOULTER: Patient care, teaching, being a dean, working for AMSPDC.

DR. HOWELL: I was never a dean. No, I didn't get to be a dean.

DR. BOULTER: A department chair.

DR. HOWELL: Department chair, in 2 different schools.

DR. BOULTER: Right.

DR. HOWELL: Two different departments.

DR. BOULTER: Right. And traveling around the country—

DR. HOWELL: You'd think I couldn't hold a job. [Laughter]

DR. BOULTER: That's not how it comes across, actually, at all. And now you have some ideas—you're how old now?

DR. HOWELL: Eighty.

DR. BOULTER: You're 80.

DR. HOWELL: Yes, I'll be 81 in December. I can't believe that; I don't like that.

DR. BOULTER: And you're branching out. You're going in a totally new direction now.

DR. HOWELL: Well what happened, when I retired in 1991, I'd been given a lot of nice awards by different community groups, like Soroptimists [International of La Jolla]; and each community group, when they honor you, usually says, "Wouldn't you join us? Would you like to be a member of our group?" And I would always, while I was working say, "Oh, no, I can't do that because I really don't have any time, and I can't get to meetings. I can't guarantee I'd ever be there on time, let alone get there. But when I retire, then I'll do some things because I've never had a chance to do any women's things, never."

END TAPE 2, SIDE B

DR. HOWELL: So, the day I retired, I swear the phone started to ring, and all these people kept saying, "You said that you would join us when you retired." And oh, dear me! So finally I thought, *Well, I will. Soroptimist is a*

nice group of ladies, and they want to do good works in this community, and I could afford to just do non-medicine. I'll just do good works for a while until I sort of feel what I want to do with this retirement business. I didn't want to retire. That was the hard part. My arthritis got so bad that I would have to try to get as much physiotherapy as I could to keep upright and keep moving, and to do that, there was no way to get physiotherapy at night, so I'd have to squeeze it in during the day. And that meant I'd have to get somebody to try to cover the clinic or the ward for me. And you can only do that for a little while before you begin to abuse your friends. I just felt that, as much as I didn't want to stop working, I really it owed it to them to get out of their way and let them fill the job with somebody who was full-bodied and able to carry the workload and particularly the night load.

So I joined the Soroptimists, and the next morning, practically, I found that they had a health committee. And now I was the chairman of the health committee.

DR. BOULTER: [Laughs] Surprise, surprise!

DR. HOWELL: And the health committee came from the fact that many of the women in the Soroptimists are middle aged because, to be a Soroptimist, you have to be a successful professional or business woman. That's the criterion for membership. And so many of these women were reaching menopause, and all of them were getting totally different answers and recommendations from their doctors, and they were so confused. So the minute I appeared, they all wanted to know why didn't everybody get the same word about menopause. Well, what I knew about menopause was personal. I'd had it, but I didn't know much more. I found I had to get back to the books in the hurry and become an expert on menopause to answer their questions, and so it became very evident that there was so much confusion about menopause because we didn't have enough research done.

Well, this happened to coincide with the time that the NIH came under leadership of a woman who also recognized that there wasn't enough research being done on women. She opened up the whole women's movement in the NIH by starting the initiative for women's health [Women's Health Initiative] at the NIH in 1991. And here I am, in 1991, in the Soroptimists, trying to help them. So we decided to have a symposium on menopause. And we got Wyeth to give us \$10,000 so we could bring in some experts from the different medical schools to talk on different aspects and problems related to women's change of life.

It was a fascinating 2-day conference to which we invited not only laywomen in the community who wanted to know more, but professionals who were concerned and interested, and particularly nurses who were involved a lot. And we had a very good audience. For a 2-day meeting, we had a very

successful program. Every one of the speakers ended his or her speech with the same line practically: There hasn't been enough research done on this.

At the end of the time, when we counted up what had happened, we had enough money to pay to have the minutes of the meeting of the whole symposium transcribed, put into a bulletin, book, booklet, and distributed through the NIH, and \$4,000 left over. So the Soroptimists said, "Oh, isn't this wonderful? We've got \$4,000 for charity." And I said, "Oh, isn't this wonderful? The health committee has \$4,000 because we did the work."

DR. BOULTER: [Laughs]

DR. HOWELL: "And I think the \$4,000 ought to be used to do what the speakers said needed to be done. I think it ought to go into research for women's health. But \$4,000 isn't a drop in the bucket as far as making any difference in women's health, so we've got to use the money more wisely than that, and I think the way to do that is to invest \$4,000 in students by enticing them to study women's health. And then, for every student who studies women's health, we will just keep increasing what's happening." And so now, 8 years later, we've given 75 grants to students in 3 universities here in San Diego, who are being mentored in laboratories of professors at their schools, on a project that they have helped devise, which will make a difference in women's health.

DR. BOULTER: Is this at the college level?

DR. HOWELL: Yes.

DR. BOULTER: Wow.

DR. HOWELL: Because if you don't catch them then, they don't go. They get into college and they get trapped into something else. At the University of California, San Diego, what frustrated me so much is the students couldn't even get into labs because the faculty here are very research oriented, and the students get in their way, so students couldn't get into labs until they were juniors. Well, by that time, that wonderful drive that you've got in high school, all that enthusiasm about science, is now just squeezed out of you or drifts out of you because you're not in it or you're doing very minor biology courses and not really involved. If you could just trap them earlier, when they're still excited, and give them a chance to really get wet, then they'll know whether they want to pursue it or not. If they don't, they'll get out of the way. We don't need bad scientists; we need good scientists. But if they get in it and they're hooked, I don't even have to support them anymore. The lab mentor gladly gets an NIH grant and keeps them, and on they go. And so now we've had 75, and we're so proud of them. It's wonderful.

DR. BOULTER: You know what's amazing in your life history is that you trained in pediatrics and yet a lot of the contributions you've made have been in the field of adult medicine, death and dying, and now women's health. That makes you, I think, very unique.

DR. HOWELL: Peripatetic.

DR. BOULTER: You know, most pediatricians think they're unique if they just pick just newborns, or just adolescents, or just school-age kids. You've gone way, way, way beyond any of those.

DR. HOWELL: Of course, the women's health thing has really got an ulterior motive. I can admit it to you because you're a pediatrician. I really believe, with all my heart, that if we are to change problems in children, we've got to do it through the mother. She is the linchpin. She is the key to everything that happens to a child. A child without a mother has a very rough life, even with the most loving father and loving grandparents, because that mother is so key to that child's every action. A bad mother is a bad key, and an ignorant mother is an ignorant key. That child's lost to us. There's no hope. I mean, it's a rare child who can rise above that and become something. The genius child can do it. All the others just drift along and can never be what they could have been if they'd had the guidance they need. So, I'm convinced that mothers have to pick up the responsibility to be mothers and teach children what they need to be.

Now how do you do that? The mothers have to learn what they have to be, and mothers don't know because they didn't learn. Somehow, we have to break that terrible habit that we've fallen into as life has become easier and easier in some ways, because we have so many things that help us, and as mothers become less and less home mothers—they have part-time jobs, full-time jobs, big jobs—the opportunity for exposure and for teaching and learning is thinner and thinner, harder and harder. Somehow, we've got to find a way to get back to it. We've tried to do it with daycare; we've tried to do it with nursery schools; we've backed up education into preschools.

You know, we've looked at all sorts of ways to avoid the mother, to give her a substitute, but no substitute is like that one person who every day, all day and night, 7 days a week, is reminding you of what to do because children don't learn on one time or 2 times or 3 times. You've got to say it over and over and over again until finally, it's so ingrained in them that they know that that's what they should do. I believe we won't have childhood obesity when we teach children how to eat well, eat right, because we'll start early enough to teach them what is good and what's good for them. And we don't give in to them, "I like candy," and "Joe gets candy," and "Mary gets candy, so I want candy, and I'm going to cry and scream and have a fit if I don't get candy." And the mother who says, "All right, shut up. Here." We see it

every day. You just go into the grocery stores and see mothers placating children with all sorts of sweets and goodies, just to keep them quiet.

And there are the dangers of the boob tube. They sit them in front of it because it's a cheap babysitter, filling their brains and their hearts and their minds with the most awful stuff. I mean, it's bad enough, the blood and gore that they see on these terrible programs, but look at the advertising. As you and I were talking about earlier, all the cereals with all the sugar on them, and all the tricky ways the advertising is done to make a kid watch the comic, watch the silly man, watch the clown, watch the toys, watch the flashing lights--everything that would attract a child. We thought the tobacco companies were bad at recruiting children to want to smoke, but TV is just insidious.

DR. BOULTER: It is.

DR. HOWELL: It is destroying our kids, and we're letting them. We're giving it to them that way.

DR. BOULTER: So being a parent is both easier today because of the conveniences, but much harder in many ways because of the all the temptations that children have.

DR. HOWELL: Much harder. Yes, because we're not coping. We don't know how to cope with it, and we're throwing up our hands and giving up because you say, "What can I do? What can I do?" We've got to find out what you can do. We've got to find ways to help you do what you have to do, and not do it for you because there is no substitute for that loving mother or the loving father. The fathers have to become more involved and be part of that. This is what I've found is my entrée. I couldn't find any other way to get at it except if I can get to mothers; then maybe I can get them. What I attract mostly are middle-aged mothers, and that's too late. I tell them, "It's your job to teach your children that their grandchildren have to be raised better." We may lose a generation yet, but the third generation is not going to be where we are now if I have anything to say about it.

DR. BOULTER: Those are wonderful ideas. What do you think about pediatrics and pediatric training? You're talking about the changes that families are undergoing and how some of those changes are so detrimental. What about the changes in pediatrics and the way pediatricians are trained and the careers they have now? Do you have any ideas about that?

DR. HOWELL: You probably can tell me better because you're younger than I am, but I don't see pediatrics teaching parents much about parenting. I think the older pediatricians did more of it because they did it sort of out of their hip pocket. You had more time to sit and talk to a parent. You made

that time. That was what you did. And you talked about the problems at home and the behavior problems and the school work. And now the pediatrician sees patient after patient as fast as they can get them through, give them their shots, check them out, make sure they haven't got anything really bad, but there's no casual chitchat in most offices that I see. Now I can't speak for every pediatrician. I hope there are a lot of them out there still doing lots of talking, but talking loses money. Nobody pays you for that, and nobody pays the overhead and pays your staff, and you got to keep going. You can't stay open. You can't run a practice for free. So how do we find answers to these things?

DR. BOULTER: I think people are looking for answers right now.

DR. HOWELL: Oh, I'm sure they must be.

DR. BOULTER: In major ways. Everybody, of course, blames the insurance company or the payer. I think there are a lot of factors.

DR. HOWELL: Well, you have to blame somebody, and you always blame somebody else.

DR. BOULTER: Right.

DR. HOWELL: That's how it is. But, I think if you look at your own self first and then look at the others and try to get collaboration. I guess that's another thing that I've not mentioned all the way through here. My whole life, I've always tried to find a way to collaborate with other people because I think it gives you make so much more mileage if you can work with others. When you try to do it all by yourself, you just go so slowly. And you backslide so much, and you just don't get where you want to go. Here's your mind racing ahead, and your body is dragging along behind, and it's heartbreaking. But we can't learn everything. I think that's one thing about modern science that we do now recognize. There is no way that you can be like I was when I graduated from medical school, and I was perfectly sure that I knew all the medicine there was to know.

DR. BOULTER: [Chuckles]

DR. HOWELL: I found out very quickly I didn't, but at that point in time, my professors had made me believe they had stuffed me full and it would be there. But it deteriorated very quickly. And now there's no way to learn it. You can't even keep up with your own specialty or subspecialty. You keep getting narrower and narrower, just to keep ahead of it. And so, you've got to learn to have other people work with you, so that you're exchanging pieces of information and you're all working on the same thing, so that the whole gets completed, because one person can't do it.

DR. BOULTER: What do you think, in looking back at your career, is the one thing that you're the most proud of?

DR. HOWELL: Survival, maybe. [Laughs]

DR. BOULTER: Survival. [Laughs] Your own survival!

DR. HOWELL: I don't think I ever thought I'd live this long, and I never thought I could have so much happiness out of looking back at what I've done, when I realize how much grief I went through to do what I did. I don't have any sense of grief, but when I tell the story, when I think about it, I can go from grief to grief to grief to grief and think, *My goodness, isn't that amazing, how you grow with grief?* I mean, it hardens you; it matures you; it pushes you onward, and someone always reaches out and gives you a hand. And, I guess I hope I can always reach out and give someone else a hand. By collaborating, I think that's the way to go.

I hope pediatrics will grow that way. I wish I could have more influence on future pediatrics, but I think at my age and with what I've done, I have one little project left—childhood obesity. The Doris A. Howell Foundation for Research in Women's Health has collaborated with San Diego and Imperial County Girl Scout summer camp to provide nutrition and cooking sessions for these future "mothers" to prepare them to be role models for their future families.

DR. BOULTER: I think that all your jobs, your different jobs in your career do go back to what your mother and your grandmother wanted you to be.

DR. HOWELL: I think so.

DR. BOULTER: You were right about that.

DR. HOWELL: Isn't it amazing?

DR. BOULTER: You're definitely a teacher. I don't think there's any question about that.

DR. HOWELL: Born to be, whether I wanted to or not.

DR. BOULTER: That's right.

DR. HOWELL: Kicking and screaming. [Laughs]

DR. BOULTER: And you took a route that made you a lot more influential as a teacher than if you had taken a traditional route and just gone to teachers' school.

DR. HOWELL: Yes. Wasn't I lucky?

DR. BOULTER: You lucky thing.

DR. HOWELL: I was so lucky. I had so much good fortune.

DR. BOULTER: But you've had a remarkable career.

DR. HOWELL: It's been a wonderful one. And I thank you for listening to it.

DR. BOULTER: Well, it's been a great, great pleasure and honor to be able to do this interview, and hopefully this will all get typed up and you'll be able to look through it and have a different perspective. But you have not lost any of your brain cells, as you told me some of your friends had that you have tried to interview in the past 2 or 3 years.

DR. HOWELL: Oh, it's been heartbreaking.

DR. BOULTER: You're really an admirable woman and a role model for me.

DR. HOWELL: Well, thank you very much.

DR. BOULTER: And I know many, many other people.

DR. HOWELL: Thank you for that.

DR. BOULTER: And I thank you.

DR. HOWELL: Good.

[End of interview.]

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