



Interview with Eleanor Gossard Shore by Lesley Schoenfeld for the
Women in Medicine Oral History Project, May 20, 2008

SCHOENFELD: Today is Tuesday, May 20th, 2008. We are in the Maxwell Finland Conference Room on the third floor of Countway Library at the Harvard Medical School. This interview is for the Women in Medicine Oral History Project. We are speaking with Dr. Eleanor Gossard Shore. My name is Leslie Schoenfeld. Dr. Shore, thank you so much for being here today. So you were born in 1930 in Ottawa, Illinois and you spent your time in Illinois until 1944. And I was wondering if you could talk a little bit about your childhood in Illinois.

SHORE: You're right. I was born in Ottawa, Illinois but that was because there was no hospital in Marseilles, which was the town that I lived in, and that's the way it was pronounced. The French pronunciation hadn't reached the town yet. So I grew up there until I was six and then moved to Chicago, while my father wanted to get a Ph.D. in education. He moved his family, with three children and a mother-in-law, to Chicago and started at the University of Chicago, getting a Ph.D. in education. He was a superintendent of public schools all his career, but he wanted to move to larger cities. The time in Chicago was curious because I'd had four months of school in Marseilles, then went to University of Chicago Lab School, because my father wanted to see what a university elementary school would look like. But it had tuition. This was during the Depression; it was 1936. So when he had an emergency appendectomy, the tuition money had to pay the hospital bill and we were taken out, after just a

few months—out of the Lab School and moved to another public school, the Fisk School in Chicago. And then all the neighbors told my mother that wasn't the school you go to. "You should go to the Ray Experimental School" where they tried out new curriculum methods. So then we moved to the Ray School and then my father got his first larger job, post education, in Bloomington, Illinois and we shifted again. So the early education was very atypical, and I forgot to mention that I started in the second grade, because my mother said that the worst school year of her life was first grade because it was so boring. She knew how to read and you had to wait for everyone in the class to learn to read, and she would never subject one of her children to that. So all three of us were taught to read at home and we all started when we were six, in the second grade. So not only was I the youngest, the smallest, and five schools in the first two years, but I think the—the positive feature of all that was I learned very early how to be a misfit, never sort of matched what my friends and so forth were doing. And by and—by and by, you get comfortable being a misfit, and that served me well, I think, for the rest of my life. It was a time when most children were staying in their schools. It was not an Army town or anything like that, so it was always being the new one. However, we stayed there until I was 14, and then my father got a job as superintendent of the Quincy Public Schools. And we moved from Illinois to Massachusetts, which was another big shift. On the 10th grade, my accent didn't match anybody else's. I was sort of their source of amusement, my pronunciation being sufficiently different. But once again, you know, one survives and it just solidified that you could be a misfit and enjoy life.

LS: How did you get along with your siblings? Because you were a middle child?

ES: Mm-hmm. Well, that's a good question. My sister was three years older and my brother was five years younger. So my sister was a very smart and athletic girl, was one that I had to work constantly to keep up with. It was a challenge all my growing-up years and she and I fought constantly. When we were—I had to be either six or seven, because it was when we first moved to Chicago, my father came up with the idea that if we could go 30 days without fighting, he would give us Mickey Mouse watches. The only thing is it didn't have to be 30 consecutive days. It could be just cumulative 30 days. It took us so long to make the 30 days that I got a Mickey Mouse watch, you know, a year or two later, but my sister had long since outgrown the wish to have one. I don't know what she got instead. But it was an interesting combination. Enormous. I had enormous admiration for her and was very eager to do everything she did. So why we fought every day, I do not know. My younger brother was also very smart, which was very good, because he could play games with me, Monopoly and other things and keep up. So he was, odd as it seems, sort of a playmate and had a very nice disposition. I do not ever remember fighting with him; I'm sure we must have, but never did. And I thought that I had major responsibility for him; I probably didn't but I thought I did. And that was a very pleasant relationship. Now as adults, everybody gets along pretty well.

LS: So you're 14, which is an awkward time for many kids, and you've just moved, you know, halfway across the country. How was school for you?

ES: I think it would be fair to say that I always liked school so that was a big plus. And there was the additional pressure that my mother put on all three of us, that if we didn't do well it would appear that our father could not superintend a school system where the children came out doing very well. So there was this added sense that we were his representative and we better do well or else. So it was—but I liked school so it really wasn't a problem. And it wasn't—it was hard moving from Bloomington to Quincy because the school systems were different. The number of courses you took in Bloomington, Illinois was four a year, the number in Quincy was five a year so they were a little farther ahead in English and math, so it was a matter of playing catch up for a year or so. But that was all right. It was a totally different world. We lived four doors from the ocean. We'd never had any real contact with the ocean, and we ran down to jump in the water the first night. It—tasting salt water was the biggest disappointment of my [chuckles] early adolescent years. You know, I had visions of swimming all day, every day and at night, and only been swimming in the YWCA and a quarry in Bloomington. There was no real natural water to swim in, and liked swimming a lot. So that took an adjustment and had to find another YWCA and sort of learned to adapt to a different culture.

LS: So you talked about what your father did. What was your mom doing?

ES: That's very interesting. I have to say—she was a formal woman. They both grew up—my mother and father grew up in Ohio in different cities, and they met in Worcester College in Ohio. And she was very smart. We always knew that she was the first person in 20

years to graduate with all A's. So that set a rather [chuckles] high standard for everybody. But she went on and got a master's degree from Radcliffe in 1922, which was very unusual, and taught for a few years at a junior college in Salt Lake City, Utah, and then married my father. She never worked for money after the first child was born, so she was of another generation. She was a stay-at-home mom but very active in the League of Women Voters. That was her vocation, in fact, and very active in the United Nations Council and many volunteer organizations. So she—she was working hard but in a different way; it was all pro bono.

LS: How did a nice girl from Ohio end up all the way to—to Cambridge, Massachusetts for college? I mean, did—

ES: Actually, she went to college in Worcester, Ohio.

LS: Oh, but she went to—

ES: Then got a master's degree at Radcliffe. She went to Worcester, I'm sure, because one of her teachers in Dennison, Ohio, where she lived, suggested that's where she should go. And then how she knew to go to Radcliffe, I have no idea. That just happened somehow. And she treasured that experience. She remembered the names of all her professors. In all our growing-up years, she told us about what this professor said and what that professor said. And it was a remarkable sort of piece of her life that she never let go of. And after she died, her sister told me this anecdote that she had never told us, that she was sitting in class one day. And the professor called on her and said, "You in the back without a thought in your head"—and then asked a question. Why she wasn't turned off, why she wasn't furious, why she never told us that, I have no idea. But that was the era when all

the classes were taught separately. The Harvard professors went to Radcliffe and gave their lecture all over again, and she did very well there too. And nobody liked studying more than she. Her sister told me that her friends didn't like it, because when they visited her room and she was reading a book, she kept her finger in the book so that she wouldn't lose any ground when they left. So she was—she was a force to be reckoned with, but was a stay-at-home mom, so it was a different time and a different place.

LS: So when did you first become interested in science?

ES: That happened in the 10th grade when we moved to Quincy and I took biology and had a wonderful biology teacher. She taught more than 40 years in North Quincy High School, because we went to her retirement dinner. So I think she'd been teaching only a few years at the time I was in her class. But she was so enthusiastic. On Saturday, she had a biology club and she would take us all along the South Shore to, you know, lift rocks and find the sea creatures and learn all about the ocean. That was remarkable for a public school teacher to use her Saturday afternoons that way. So that gave it a big sort of—it was a job as well as a—as well as a responsibility just to learn it. So I never doubted when I went to Radcliffe that I'd major in biology. That was first choice, always was.

LS: The 10th grade. So you knew for some time that you—

ES: That that was the most fun.

LS: That was it. So that actually leads me to my next question. How did you decide to apply to Radcliffe?

ES: Well, it wasn't very hard to decide. My mother had gone there and loved it, and my sister was there, two years ahead, so I'd seen it

second hand. And I'd applied there and to Swarthmore, and my father said, "You can go anywhere you want as long as I can call for a nickel." [chuckles] So if I had really wanted not to go there, he would have supported that, but the implication was that nearer was better. And they went to a great deal of effort to allow us to live in the dormitories, even though we lived—four in my high school went to Radcliffe, and the other three all commuted because it was a doable thing. But my mother was adamant that we should go live there, be immersed in whatever happened. So that's how I got to Radcliffe.

LS: So that was in 1947.

ES: Mm-hmm.

LS: So I was just asking you to describe your experience at Radcliffe, where you lived exactly, classes you took, people you knew.

ES: I was probably one of the happiest freshmen at Radcliffe, because the outcome of having a very strong mother, compensated for by the fact that I had a very kind and imaginative father, so he was always doing little science experiments at home, just for the fun of it, just to demonstrate something. She was busy reading and so they were a good combination. But getting out from under the thumb of this very strong mother just was miraculous, as far as I was concerned. No one to report to about where I was going or when I'd get back or anything. That freedom was wonderful. So that was the first sensation. Then I started biology as a freshman, along with the other courses, and liked that a lot. And there was a lot of social activity, because at that time, I—I would have to check what the actual ratio was. I can only say that there were many, many more men than women, so that there was always something fun to do and someone fun to do it with. So it was

a very first sort of advancement from high school. And it was after—just after the war so they didn't have enough housing. And I lived in an off-campus house on Linnion Street for one year and then moved into a dormitory. And my high school friends came to visit; they were appalled with the room that I had in this sort of converted house that had, I forget, maybe 20 women in it. They couldn't imagine why I'd want to live there instead of at home. They couldn't fathom the freedom that went with this minute little room.

LS: How often did you go home to visit your parents and your brother?

ES: For holidays, I'd say, so every month or two. It was—you didn't go back every weekend—mostly on three-day weekends or Thanksgiving, Christmas.

LS: And you and your sister overlapped for—

ES: Two years.

LS: How was that?

ES: Oh, it was fine. Here again, she set a rapid pace. She was a biochemistry major and she was a hard worker and did very well. So you know, I was watching her out of the corner of my eye. But I liked having her there. We were in totally different dormitories, totally different classes but I'd bump into her now and then. It was fine.

LS: Did people—

ES: No fighting then.

LS: People know that you were sisters?

ES: I'd be stopped on the street and asked, though she was much blonder and taller. I cannot imagine how you could see it but I would be stopped. They figured it out.

LS: So talk some more about what your classes were like. You said you took biology. Did you have any other classes that you enjoyed? Classes that you remember?

ES: The interesting thing about the science classes was that, for most of them, there were so—there weren't enough women to run a separate class, because as I say, this was post-war and they were still teaching some of the classes separately. The professors would come across the Cambridge Common and say the whole thing over again, which made no sense. And it got harder and harder during the war, when many faculty were in the war, so only, really, the big classes were taught separately. The smaller science classes were taught to the. So most of my education was co-education, though some were still separate and really didn't make any great difference. It was—I think the thing that defined those years was that there was so much laboratory work, whereas my fellow classmates had the afternoon and evening to—they had their homework to do but they—they were free agents, whereas most of my afternoons were spent in the lab. But it didn't matter. It was interesting. The other students were interesting. I never minded it and I—my sister and I both swam for the Radcliffe Swimming Team, so that was the other thing, that many afternoons at the end of that, one would go practice because we were on the team, which was pretty pathetic, in retrospect. Girls sports were not featured and training—yes, we had coaches but nothing like today. And the Radcliff swimming pool was so shallow that they had a little, low board, which was described as dead. It had no spring to it whatsoever, but it's the only board we had, so we practiced on that board and it gave us a great advantage when the other teams came to Radcliffe,

because [chuckles] they were totally unacquainted with this low, dead board. Of course, we were out of hand when we went the other way, but—I was not a speed swimmer, but a diver, so diving was my favorite activity. And that—I got a lot of pleasure out of—we went to other schools. When we went to Wellesley, the pool—or the gymnasium had been donated by an alumna with the provision that there could be no competitive sports in that swimming pool. So when we went to—when we went to Wellesley, it was called Play Day, and then we did everything. We had all our races and did everything the same, but for the legality of it, it was Play Day. I can't remember where all we went but it was—and very miniature sort of sports competition. We enjoyed it.

LS: Part of that, was it—was it the camaraderie with the team?

ES: Mm-hmm.

LS: Did you do anything organized in high school like that?

ES: There was no swimming team, but we used to take the MBTA in and we took diving lessons at the YWCA on Clarington Street. So that—with a cluster of girls from North Quincy High. So that was fun. We never competed.

LS: Your parents were obviously very focused on academics. But were they also supportive of your sports as well?

ES: My father, yes. My mother, less so, because I also liked to ice skate. And my father flooded the back yard in our home in Bloomington every winter, because the whole back was cemented in. The previous owner had a woman who couldn't back out of the driveway, so her husband just put cement over all of the area around the garage so she could turn around. And that made a good base for an ice skating rink.

So he would spray it every winter and make this ice skating rink—actually appeared in something like “Better Homes and Gardens.” It was really very inventive at the time. And we loved that and then we went skating at the arena here. And I told my mother that I decided that what I wanted to do was be in the Ice Capades and that would be my—and she said, “You can have skating lessons or you can go to college.” There’s no in between, no a little of this or a little of that. So anyway, I never had an ice skating lesson. My sister and I tried to teach ourselves out of Sonja Henning’s book. She—after she won the Olympics, she wrote a book on how to skate. Well, you try to learn to skate reading from a book. [chuckles] It’s almost impossible but nonetheless, it was fun.

LS: It’s good that you tried.

ES: We tried.

LS: So you talked before a little about lab work. What kind of research were you doing?

ES: Well, in—for the first three years, it was just learning lab. You know, biology, chemistry, physics, organic chemistry. But in the last year, I did a year of individual research and actually in botany in the—the growth of the apical meristematic stem of *syringa vulgaris*, which means the tip of the lilac. So that—that was a defining moment, which we ought to get to at some point.

LS: How about right now?

ES: The—working alone in the laboratory was not satisfying enough for me. I found my own company wasn’t that interesting, you know, with nobody to talk to but myself. I had the feeling the world was passing by and I was sitting in that laboratory. So although the research went

well, you're trying to find out about the callus growth of the tip of the lilac bush to see why it wouldn't organize. It was like a cancer. I mean, that was the rationale. It was a very disorganized growth that came from this tip of the lilac, and if you could have figured out how to make it organized instead of disorganized, you'd have a big leg up on a lot of abnormal growth. But I will say, we did—never got that far. And still—it's still—that mystery has not been solved by 2008. So it was in the course of that year, that fall, really, that several things happened. I took biochemistry, which was a rather new science at the time. And my professor was George Wald, who later won the Nobel Prize. I thought this was really an opening, a door opening to understanding what happened in biology that had never been available to me before. And I loved that course and really worked very hard on it and did well. And so I decided I would be a biochemistry graduate student. And I applied to five graduate schools of biochemistry. In the meantime, as I say, I got—it got more and more lonesome in that laboratory, and I went to the only meeting of the Radcliffe Pre-Med Society that I ever attended. I had paid no attention to it. And so this is the fall of 1950, and the director of admissions from Harvard Medical School was there to try to encourage women to apply. See, women started at Harvard Medical School in 1945. This was now the fall of 1950, and they were out there sort of beating the bushes, trying to get women to apply. And so he came and he said that they were looking for women who would not give hour for hour the same amount of time as the men, but would bring the perspective of wives and mothers. I thought that was astonishing. Nobody had ever said that the medical school, any medical school was interested in women

because they might be wives and mothers also. And I thought, ‘That’s for me.’ So I called around to all the Boston medical schools, because the application date had gone by before, and Harvard was the only one that would take a late admission. They were so eager to get women, and there were so few women scientists anyway, whether they wanted to go to medical school or not, that they said okay to apply. And I did. And when I went for my interview, it was the same admissions officer who had come to the Radcliffe pre-med. So, well, it’s a long, complicated story but I had taken the Graduate Record Exams to go to graduate school. But I had never taken the MCADs. So anyway, in the midst of this, I went to George Wald, this very famous professor, and said—and I’d been admitted to all five of the graduate schools, and I said, “Now, how do you decide? Which one do you pick?” And he said, “You pick the man you want to work with.” And I sort of felt as though a door had shut. George Wald worked on visual purple, a pigment in the back of the eye. And I thought, just having met biochemistry that fall, I was supposed to pick someone who spent his life working on a pigment in the eye? You know, I—I said, “I can’t do that.” So that’s when I bolted and decided that I would go to medical school instead, and never regretted the choice. But there’s a subplot here. In addition, because I knew no physicians, other than seeing one occasionally, you know, for my own health problems, which were rare, I took organic chemistry with Miles Shore, my now husband. And so we studied together. Well, I better put—I better really tell it how it happened. There were 10 hour exams in the first term, and you were allowed to throw out your worst, so your grade would be based on nine hour exams. And he and I both

went—I didn't know him at the time—went into the first organic chemistry hour exam thinking that it would be like other science courses, about the principle and why things happened. Neither of us ever dreamed that you were supposed to memorize all the formulas and be able then to rework them like a puzzle in the hour exam. That concept escaped us and we both did miserably in that exam. So now we had wasted the one throwaway exam, and I met him at the end of that exam as we were sort of stumbling out in great dismay. So we began studying together, and we did—we did fine. Life went on. But I knew how he studied and I knew what he knew, and he was a year ahead. And he went to Harvard Medical School the year before and I watched him very carefully. And I said, "If he can do it, I can do it." So that is really what gave me courage to do it, not having any mentor or any—in fact, my biology professor, with whom I did the individual research, said to me, "You know, if you're going to get married ever, it's a terrific commitment of time and energy and emotions. And you have to think very hard before you go to medical school." He said, "Why don't you work for a year in my lab as my research assistant?" Well, I'd watched his research assistant that year, and most of what she did was cook up media to put these various transplants on. I'd never liked cooking anyway. I thought, 'No way am I going to cook media for a year.' He thought that the interest in going to medical school would sort of evaporate and then I'd turn into a good wife, which was not my plan. And then when I actually was accepted, I went home because I had no money and—to talk to my folks about it. And they—they were sympathetic and encouraging. But believe it or not, my mother, who was this one that—the constant pride—said she

was afraid if I did that I'd never get married. I couldn't believe she'd say that but anyway, I thought, 'It's a chance worth taking. I will'—because I'd watched her and, though I admired a lot of what she did—she was so smart and so well educated and never took or had the opportunity to use it in anything except the house and spent an enormous amount of time just housekeeping. And I not only was not interested in cooking; I wasn't interested in housekeeping. So I thought, 'That's not a way I really want to spend my life. And I'll take a chance and go.' So they were not only supportive but they lent me all the money to make the difference between scholarship, working in the summers. Whatever was left, they lent it, no interest, that I could pay back at my convenience, which was very supportive. And at that time, believe it or not, the tuition at Radcliffe had been 400 a year. Harvard Medical School was 800 a year. So you know, that was doable; it isn't anymore. To get a scholarship and get a summer job and borrow a little and you're home free. Now, you can't touch tuition in a summer job. So they were very helpful and I started out and no regrets.

LS: What did your friends think about this decision?

ES: High school friends? College friends?

LS: Any of them. Were they supportive? Were they confused?

ES: They didn't have a vote so that was the first. I think they thought it was a very long stretch, that to commit oneself to four more years of education. I was married at 22 and was the oldest of my friends who got married. They—they were—it's another era. They finished college and they got married and that was it. So I think they regarded me as a late bloomer, at best. And I was married after the second year

of medical school to Miles. And believe it or not, he was an only child and his parents said they hated to see a young couple go into debt. And they paid all our expenses, mine included, and tuition for the third and fourth years, so that by the time I was done, my debt was only what I owed my parents at no interest. So that was really pretty supportive for the early 1950s, that both sets of parents really pitched in.

LS: So I just want to go back to the application process. Did you get any help? I mean, how—you were doing it quickly for medical school. I mean, nowadays, when folks apply to college or grad school, it's a huge process. How was it for you?

ES: No help, and I applied to only one school, so that didn't take much time. And as I say, it was just a fortunate time and they really were looking for women scientists, and I'd done very well on the Graduate Record Exams and done very well in my science courses. And so it—it wasn't—and I didn't tell my folks I was applying, because there was no point in getting into this tangle. If it didn't come through, then you just laid it aside. So it wasn't stressful, and I still had the graduate schools in my back pocket in case this failed. It was sort of a—it was such a late decision that there was no time to get stressed about it, and I hadn't made a lifetime commitment to doing this, so it was easy.

LS: So you said you know some about the medical school beforehand because of Miles. But what else did you—could you expect beforehand? I mean, did you know about where the classes went? About the professors?

ES: I only knew what I saw him do. You know, the courses he took and the professors that he had. Other than that, I knew nothing. I told a physician at Radcliffe Health Service—I'm not even sure I told her I was applying. I asked her about what she was doing, and she told me she worked in the outpatient department of Children's Hospital. And I was so ignorant. I thought that meant just discharging patients. Outpatient? I thought, 'What an awful lot of work, to become a physician so you can discharge patients from the hospital?' So I never pursued that with her at all. It just seemed such a dead end. So this was mostly a flight of hope and—and really watching Miles.

LS: Do you feel like you faced any obstacles during this process?

ES: Not really. I think, if you remember your videotaping of Rachel Cohen, she was in the first class. And to the extent that there were obstacles, she would have faced many more, because it would be so unusual to have women in the class. But I was the seventh class and everybody had adapted to this. And I don't remember any real hurdles. You know, there were a few sort of unhappy incidents but I think no more than the men had—you know, of professors being harsh. But I don't—I don't think that it was really discriminatory. And there were eight women in a class of 120, so we had some company all in the same boat. There were oddities; for example, women weren't allowed to live in Vanderbilt Hall in the dormitory. We never knew was—we would distract them or they would distract us, but we had to go out and find our own housing and hike back and forth at night. Nobody worried that we were unaccompanied sort of wanderers in the night, how they kept Vanderbilt pure. But my roommate and I got an apartment for \$40 a month on Peterborough

Street. And we shared it so it cost us \$20 a month apiece, and that's just how it was. We were—thought we were so lucky to be there that we never questioned—women nowadays wouldn't take that for a minute. But we never questioned or asked why we couldn't or whatever. So that was, in retrospect, an oddity but it wasn't a problem at the time.

LS: Describe your apartment.

ES: My—

LS: Your apartment, describe it, on Peterborough Street.

ES: Well, it was a fourth floor walkup with one wooden staircase. By today's fire standards, there was—there was one metal kind of balcony that went to the next apartment over. So I think you had one chance to escape to one different apartment, but that was all. And I never worried about that for a minute; it's only [chuckles] when I was older and thought back about it. So it was—had one bedroom, one little alcove, one hall and one kitchen. And we got this because, first, my roommate and I lived in a boarding house, which we really depressing. You had a little box where you could—a locked box where you could keep your food, and then you were expected to come down. It was a communal kitchen—you know, take something out of your refrigerator. It was extremely depressing house. And then a classmate of Miles was engaged to a classmate of mine at Radcliffe, and that's a whole other story, which we won't go into. But they were engaged and there was great parental objection because of religious differences. And after he had rented this apartment and painted it—with no drop clothes on the floor, because he was then going to finish the wood when he got done, so that there was paint all over the

floor—they broke up. And the—the apartment was available. So my roommate and I moved in. We thought we'd gone to heaven. But the [chuckles] floor was all splattered and we had no—neither time, money or interest in fixing the floor. So we lived like that. I had a borrowed bed and dresser from my biology teacher, the 10th grade teacher, who lent it to me. And she and I went to the Goodwill and got her a bed and a chest of drawers, and we got a little table, a dining table, and that was it, the sole business. But as I say, we thought we were so lucky to be there. It—and to be on our own, because we'd been in dormitories before that. We thought it was very fine.

LS: Do you remember the in of your biology teacher?

ES: Wilma Shields.

LS: And your roommate's name?

ES: Was Georgiana Sikes.

LS: She was the same year as you at medical school?

ES: She was. She'd gone to the University of Arizona and had come to Harvard Medical School. And we would trudge in the winter through the slush from Peterborough Street to Harvard Medical School. And she would tell me every day, "Do you know that the sun shines every day in Tucson?" I have to admit, I got quite annoyed and I kept thinking, 'You know, if it's so much better in Tucson, you know, why are you here?' But anyway, we roomed together for two years till I got married.

LS: How did you decide to be roommates?

ES: Somehow, we must have—one or the other of us found out the names of the eight women and just, I think, cast about to see if we could get a pair. There'd be no other way. We wouldn't have known.

LS: So tell me about your first-year classes. What was your daily schedule like? Where did you study?

ES: Well, the first-year class—were anatomy and histology when we started. And there were four of us who were assigned to one cadaver for anatomy. And I knew almost no one in the class, but I did know one male, with whom I had had a blind date when I was a freshman [chuckles] at Radcliffe and never had any acquaintance with him after that. And so he and I went out and found two others and formed a team of four. The other three are all dead. I am the last standing member of that anatomy group. And—which is too bad. I—one little parenthetical thing, I also had a classmate who was a newspaper science writer in New York. And he was, I think, 16 or 17 years older than I. And he came to Harvard for a Nieman Fellowship and did his pre-med there and started the medical school with a wife and two children. And he sat next to me because my maiden name was Gossard with a G, and he was Grant with a G. And we were lined up at this lab bench. I was at the end so he was the only person I had to talk to in my second year. And died and he was past 90, recently. But just before he died, I, in a Christmas card, wrote how sad it was that all the anatomy partners had gone to their eternal reward. And he wrote back. He was really sorry about that but he said, “Ah, the pathology team.” [chuckles] Here are the four of them lined up, all of [chuckles] whom were alive. So to his view, some teams were just stronger than others. But then, in his 90s, he checked out too so [chuckles] I don’t know.

LS: So you said that you didn’t feel like there were any obstacles. But do you remember how male students reacted to you?

ES: We were treated very well. We were not—but I did want to get back. The second course was histology and I think I met two women who may have been assistant professors. And those are the only two women instructors or professors that I had in four years at Harvard Medical School. There were a few others scattered around but I just never, you know, was assigned to a course with them or whatever. So those were the only ones I saw. And one of them left Harvard because she wouldn't sign the loyalty oath at—in the McCarthy era when they wanted everyone to sign this loyalty oath, and she wouldn't and left. So that reduced the number I knew to one. So it was extraordinarily different environment. That said, we were very well treated by the male instructors. So I don't recall—I've said to medical students, "The obstacles weren't in medical school. The obstacles are later, when you try to combine work and family. That's when the going gets rough."

LS: Did you feel like you fit in?

ES: Excuse me?

LS: Did you feel like you fit in? Did you feel like one of the gang? Just doing your work or—

ES: Well, I told you, I was a misfit from the start. And the women weren't allowed, as I told you, in Vanderbilt, so we—we occasionally ate there. But the—the group sort of mentality occurred in Vanderbilt and you know, with the males who were there. So we didn't exactly fit in but it didn't matter. You know, we went off to our apartment and we had friends and did things with them. But I don't think I ever felt part of a gang [chuckles] or a group. Just, it wasn't—it wasn't to be.

LS: Did you study on campus or at your apartment?

ES: Both.

LS: Both.

ES: Mm-hmm. Probably more at the apartment. And I always thought that was an advantage. They—at that time, they scared each other so. You know, they'd sit at the table and say, "Do you know, you know, the insertion of the such and such muscle?" or something. And then, of course, the other person wouldn't know. And then they'd be in a knot and then they'd sort of ruin the supper and—so we had none of this—it was kind of half teasing, half checking on what you knew, half prodding each other to keep up. But we were spared that. So I think actually it was easier for us.

LS: So there were eight women scattered out of a class of, I believe, 118. Does that sound about right?

ES: I thought it was 120 but I could be wrong.

LS: One hundred and twenty. Small—you know, small percentage of women. How often did you see the women in your class? Did you ever encounter women from the other classes? The classes that came before you and the classes that came after you?

ES: A bit. Mostly, in our year—well, I lived with the one in the apartment. And the others, we saw in class and one of them lives in Medfield. I still see her now. Bt mostly, we—I forgot to mention that this was a 10-year experiment. I've never found it in writing or in any of the archives, but we knew it was a 10-year experiment and we were the seventh year. And we all were aware that if we really didn't do well, it would make it much harder for women to be admitted after that. So that was another responsibility for trying to keep this effort

alive, so I think we all worked very hard. I don't think we looked to the right or the left very much. That's my memory.

LS: So you said you—you came in contact with two female instructors. Would you consider them mentors?

ES: Not a bit.

LS: Not at all.

ES: No. They'd show you on the slide where the cell was but I never had a personal conversation with either.

LS: So no special treatment.

ES: Nothing.

LS: Nothing.

ES: No women in the dean's office. Nothing. [chuckles] There was just—but as I say, we thought it so extraordinary that they let us in that we—we never complained. You know, we asked for it, in effect.

LS: Did it feel weird after coming from Radcliffe, which had such a history of being, you know, about women and school for women?

ES: The only thing I remember was going back once to dinner at—in my dormitory and it was so odd to hear the noise level. It was so high pitched and sort of [chuckles] screechy and so different from the—the noise in Vanderbilt Dining Room that I—it was startling. But I think the reason it didn't feel different was because my science courses and labs were all with men. And so I really knew more men by the time I graduated than women, but because we were separate, we never did our reunions together. We never did our 5-, 10-, 15-year reports together. So we didn't keep track of them, really. It wasn't like having a cohort in your women's dormitory. But for me, it felt comfortable. I think maybe the ones coming from women's colleges

where they really studied together and went to lab together, maybe it would have been more startling. But this seemed okay.

LS: So you were married while you were in medical school.

ES: Mm-hmm.

LS: You told us a little bit about how you met your husband, Miles. Did you study with him at all? I mean, he was a year ahead of you.

ES: No, because [chuckles] he was a year ahead. You know, the—that was the only course. Actually, we took—that year, we took chemistry and genetics together back to back, so you'd walk from one to the other. And it's just fascinating to see how far genetics has come. We studied the fruit fly. And we had to raise fruit flies and we had to try to determine their genetic background totally through the color of the eyes. That's the only thing we did was to look at the color. And it was a hair-raising business, even though terribly simple, because you had to anesthetize the fruit flies on the platform of the microscope. If you over-anesthetized them, they died and their eyes all turned brown. If you under-anesthetized them, they all crawled off and you had to keep them on their little platform long enough to see the eyes and see how they segregated and see—so the other thing that cemented my relationship with Miles was that he was from Chicago. And he had to go home for Christmas vacation. And we were working on these unknowns, and the trick to the unknowns was you had to take the eggs out and put them one egg per vial so that you had a virgin fruit fly so that the eye colors didn't get mixed up. And he was leaving early. At the time, I didn't know that he was leaving early to visit a girlfriend. But nonetheless, I lived in Quincy and had to—and commuted in over the Christmas vacation to keep these fruit flies going. And he asked if

I'd take care of his fruit fly, his unknown. So I did. And I kept them—but I also didn't know was that he didn't totally trust me. He took a vial in his suitcase, or multiple vials, as backup if I let him down. So I kept those going for a couple weeks and they were alive and well when he got back, so that was his first piece of basic trust.

LS: Did you feel competitive with him academically at all, since you were both at the medical school together?

ES: Being a year apart really separated that. No, I didn't. And we had different interests so that really didn't enter it.

LS: When did you first officially start dating, would you say?

ES: Officially started dating—I think he had to say thank you for the fruit fly episode. [chuckles] I think he—he took me to a Walt Disney movie, which at the time was sort of extraordinary.

LS: So you were married July 4th, 1953.

ES: Right.

LS: Describe what it was like to be married in medical school. How did it change your life?

ES: Well, first, we had to get a new apartment and we got it on Park Drive. I—219 Park Drive. I drove by it yesterday and [chuckles] sort of like old home. And we got—it had one living room, one bedroom and one kitchen. And we decided we would go paint it. So it was—what's now—the landmark was the Sears Building. And so we went over to Sears, looked at all the little paint chips, picked what we thought would be nice. It was supposed to be beige with a slight rose tone, just a little pink in it. And we put it on the wall and it came out bubblegum. I just hated that wall but we didn't have enough money to paint it again. That was the thing. So we lived for just a year—a

year with bubblegum walls. Other than that, it was fine. And I was still—well, we were both going out to the hospitals because in the third and fourth year, it's all clinical experience. And that—it was fine.

LS: Did students treat you differently now that you were a married couple in medical school?

ES: I think not, because the break occurred between the first two basic science years and the second two clinical years. So at that point, the class met each morning for a lecture and then we scattered all over the city to these hospitals, and you were always moving and always rotating and always having different sets of people that—who were your classmates, so that it made zero difference. I would say the only thing I noticed was that Harvard, at that time, took in a good number of transfer students in the third year, because they had more clinical capabilities or capacity than basic science. So this cluster of transfer students came in, whom I never really met, not living in Vanderbilt and not—you know, just by chance, if you happened to be matched with one in a rotation. So there was a whole cluster there that I never met. They stopped this large transfer group later for two reasons. One, two-year medical schools were phased out. But at that time, Dartmouth and, I think, Missouri and Mississippi and various places just had two years. And we had a fair number of those. The other reason they stopped doing the transfer students later was because of the Harvard MIT program. And they—they kept their capacity about the same. But instead of transfer students, they had the cluster of about 25 students who were particularly interested in math, engineering, physics, et cetera.

LS: Did you and Miles discuss balancing your careers and a family?
When did you—and when did you do that?

ES: Well, for quite a while there were no options. We had to finish school and training. And the first sort of problem about keeping these two careers going was when he was matched as an intern to a Chicago hospital, and I had a year left to go here at Harvard Medical School. So the first thing I tried to do was see if I could transfer for my fourth year. And the answer was no, because in Chicago, they did their fourth—what we did in the fourth year, they did in the third year and vice versa. So that option was out. And then I had my first academic administrative experience by going to the dean's office and asking how many months you could take on exchange credit at other medical schools, because they allowed for it. And the answer was six. So I took medicine, pediatrics and obstetrics at the University of Chicago and psychiatry at University of Illinois for a total of six months. But the curious thing is that University of Chicago was much smaller, maybe half the size, maybe, of Harvard Medical School. So your teachers were the professors, whereas here they would be the chief resident or the very junior person. But you'd have lectures by the seniors but they wouldn't be hands-on teachers. So in Chicago you had—the professors were your teachers. And Dr. Robert Ebert was my teacher in fourth-year medicine. And then later, he came to be dean here at Harvard Medical School. So years later, when the question of my working for Derrick Bach emerged and Derrick Bach asked Dean Ebert what he thought one of the idea, he said, "That's great. She was my student." Who would have guessed that by going halfway across the country, you would bump into the person who

played a role in hiring you years later? That was an interesting experience, seeing the other medical schools. Awkward. I had to do medical and surgery here. Those were the core ones. Those, I had to do. And I had just one bad experience in the exchange, which was that I went to see Dr. Duncan Reed, chief of obstetrics here at Harvard. And I asked if I could get—take this exchange because the rule was you had to have the signature of the chief in both places. And he said, “All right. You can do it but you get no credit for delivering any Chicago babies.” The rule at that time was you had to deliver 10 babies to graduate. And even though the textbook that we used at Harvard Medical School was written by the chief at the University of Chicago—it was the University of Chicago lying in with all the same trappings. I delivered babies for a month there and got no credit for any of them. And so at the end of my fourth year, the last two months, I guess, I had to spend every weekend in the lying in, waiting for a baby when the resident and the intern and the assigned student—when they’d all done their deliveries. Anything that was left over, I could have. And I got 10 in time to graduate. But that was small and competitive. I gather the two were professionally competitive. Again, nowadays, no woman would put up with that. But again, I was so dependent on him saying yes. But I—that’s the only instance I really remember of a faculty member being—going out of the way to be difficult, and that’s the end of the fourth year.

LS: Describe where you lived in Chicago during the six months.

ES: We were entitled to live in the university hospital’s housing for interns for Miles. His father was provoked because I think he was paid 40 a month and had to pay 80 a month for the—for this one-room

apartment. [chuckles] My father-in-law didn't think that was fair. But what it was was one giant room, which was living room, dining room and bedroom, because it was outfitted with a rollout bed, and a kitchen. So it was one giant room and a kitchen. But actually, one whole wall was shelf space from ceiling to floor that had a burlap kind of drape across. Astonishing what you can put in one long wall, so it worked just fine, and he was interning and I was going to these classes. So we had very little time to spend in it. But I'll tell you, it was ruinous for a party because the only furniture we had was the one long—what do you call it—convertible bed and two chairs for around this table, the kitchen table. So if you lined people up, sitting like this, you can't have a conversation. So it was zero value for sociability but it was fine for just living.

LS: Was his family close by? Did you see them?

ES: They lived in Chicago. Right. He was born and lived in Chicago until he went to—he went to University of Chicago for two years and then transferred to Harvard College for two years. So, yes, they were there and we saw them a fair amount.

LS: How was it, having your in-laws so close by?

ES: Not a problem because we were busy all the time. So it was—and few people can say this, but he had a mother who was one of the pleasantest people you can imagine. I think she was born pleasant. She was the eighth child and I think no one paid any special attention to her and the most pointed criticism she ever made of anybody was, "He's just looking for attention." And I guess that's the worst thing that an eighth child can try to do. So she was very pleasant and his father was fun and interesting. And as I get older, I wish he were here

now because a lot of his views, which I thought were a little outrageous at the time, at—now at—I'm the age he was then, seem kind of reasonable. [chuckles] So—

LS: What kind of views?

ES: Oh. I can't give you an example on the spot. I don't think I can conjure one up for the moment, but he was a character.

LS: So I want to go back a little bit. How was your experience going from your first to your second to your third with—were there promotion boards that you had to deal with in terms of—

ES: In medical school?

LS: Yeah.

ES: Well, there were just regular exams and then national boards after two years for the basic science. And for that, I took the national boards one week before we got married. All you had to do—I didn't get terribly worried. I mean, you obviously had to pass them but they weren't—they weren't pivotal to the rest of your career. So I did that and then at the end of the fourth year, you had to take national boards again. And then at the end of internship, one had to get a license. But that wasn't—that wasn't an examination, really. So those were the big milestones. But they just sort of happened and they weren't—they weren't meant to weed out the majority of medical students. I mean, they—they were reasonable.

LS: So do you remember anything—any stories from your clinical work in your third and fourth years?

ES: Well, I have to think about that a minute.

LS: Any—

ES: I liked the clinic. I thought, you know, that research was my main interest coming out of college. And then gradually, as you get into the clinic, life changes and I thought the patients were the most interesting, and I enjoyed it. I can't remember any specific episodes, but I was glad that I'd chosen this instead of a life in the laboratory. That always made a nice contrast, you know, to think how much better this was than that would have been for me if I had been a researcher by personality, I think. The people who probably were the unhappiest in the class were those who really wanted to do original research. And they found this learning the parts of the body or learning the biochemistry of—just clinical biochemistry—terribly—they didn't think it was interesting or challenging. And several of them dropped out and went back to Ph.D. programs, only a couple. But for me, it was quite the opposite. I thought it was just the place to be.

LS: What hospitals did you go to for a class? Do you remember?

ES: I had medicine at the BI Deaconess and University of Chicago and the Boston City Hospital. At the—I had surgery two place—at the MGH and the BI Deaconess Pediatrics was in Chicago. One curious thing was that my fourth year medicine here at the Boston City Hospital, they—again, as I say, it was different from Chicago in that the resident was your main teacher. And my resident was Dr. Roger Nichols, whose life just kept intertwining with ours. When I went back to the public health school later on, he was a professor of microbiology there. And yet later, when I did microbiology research, he was sort of the mentor who got us to go to Saudi Arabia to collect specimens. And then later, he became director of the Museum of

Science and he asked me to be on his board of overseers. And I—this is how many years later, and I am still on the overseers, though emeritus now. Very committed go it. So these little sort of strands just keep crossing.

LS: It's a small world.

ES: It's a very small world.

LS: I was looking at some old catalogs from the Harvard Medical School and one of them mentioned s Women's Students Club Room in the Administrative Building, which I guess is now Gordon Hall.

ES: Mm-hmm.

LS: Did you know anything about this?

ES: I know a little. Somewhere, somebody must have said—there was no place for women, since we didn't live in Vanderbilt and we were hiking or commuting to wherever we lived, there was no place to stop in the middle of the day or whatever, for lunch or—I'd completely forgotten about that room, to tell you the truth. And so it was down at the lower level, approximately where Public Affairs is now in Gordon Hall, then Building A. And it must have had—there were no microwaves so it must have had a stove, a refrigerator. I—and I think I—I doubt I went in there six times, but maybe my memory has grown dim. But it was not particularly appealing, was sort of a bare room with—probably had chairs and a couch. So it didn't figure in my life.

LS: Sort of the one concession to women was giving them this room.

ES: Yes, I think so. I think—it wasn't there our first year that I remember. It came somewhere in the middle and I never relied on it.

LS: I've also read that other women students at the medical school had trouble finding a bathroom sometimes, because they hadn't—

ES: I know they complained about that.

LS: Was that ever your experience?

ES: No. I mean, you sometimes had to go to a different floor. You know, they alternated or something but that was not a problem.

LS: So—

ES: But I wasn't a surgeon either so [chuckles] that might have been different.

LS: I have that you were part of the Boston Medical Society.

ES: Mm-hmm.

LS: What was that?

ES: That was a student society with a professor, Ed Cass, who was the—he was the real sort of spark for that, very interesting guy. And he was also my first visit, the—meaning the senior professor who works with you in the—in the clinical rotations at the Boston City Hospital. So that same year when Roger Nichols was the resident who was teaching me how to do what you need to do, he was the visit who come around several times a week or maybe every morning—I don't know—and quiz the students and try to expand on what the problems were, help with the tough diagnoses and so forth. So he was a bright light and it's his widow, Emily Cass, who's done so much for this library and who's contributed one or two fellowships to the 50th anniversary fellowships every year, so that strand goes on too. But the Boston Society was a group that wanted to give papers, and you had to be invited to join. So I was very flattered to be invited to join, but I never got to give a paper because of the six months I had to spend in Chicago that took the heart out of the time to prepare and deliver. But I enjoyed it.

LS: Were there other women who were invited?

ES: I can't remember one. There may have been but I don't remember.

LS: So in the yearbook for your graduating year, your plans are listed as pediatrics. Can you talk about that decision?

ES: But I didn't go into pediatrics. That was—

LS: Right, so—

ES: —plan that never happened.

LS: —talk—please talk about that.

ES: I was ambivalent about whether to do internal medicine with adults or pediatrics with children. I sort of wobbled in my thinking and I applied to both internships in pediatrics and in internal medicine. And I was matched to internal medicine. And so I have no regrets about that because I particularly liked talking to my patients. And it's—for the—you know, the first year or more, you really can't talk to your patients. And the only thing, at that time, the doctors themselves gave the immunizations. So every child left crying. Now, they are smarter and they have the nurse give [chuckles] immunizations so the doctor remains the one that's supposed to be supportive. But at that time—so that—those are trivial reasons. If I'd really wanted to do it, I could have circled back but I never regretted that decision. I always liked adult medicine.

LS: So could you talk about your internship at the Boston Medical Center?

ES: I interned at [unclear] Medical Center.

LS: Oh.

ES: So that was—

LS: I got that wrong. [chuckles]

ES: —interesting year in that you were on every other night and every other weekend. So there was enormous time invested in that. It was—it was a good internship for me, because it really focused a—more on the diagnosis and treatment of patients than on acute emergencies that came and went. If one had been matched to Boston City Hospital, you know, it would have been a totally different experience. This was a referral hospital for much of Maine. There was a Bingham program. And the Bingham program was intended to improve medicine in Maine by this hookup, and the complicated patients that couldn't be taken care of there were shipped down to Boston. And that was very interesting population, had some very good teachers. Dr. Weinstein, who was a legend in infectious disease; Dr. Damashek, who is on the cutting edge of being able to treat cancers with medicines, steroids at the time. I had very good teachers and I liked the people I interned with. There was one unhappy part of it, which is that to keep this Bingham program going, every intern had to spend 10 weeks in Maine, either at—in Lewiston or Bangor. And so what Bingham, I guess, thought would be bringing medicine to Maine, the people—the old-time physicians thought we were just wet behind the ears, which we were, and we did the night duty and the weekend duty. So we were a value just as service providers. But they were not—they made it very clear they were not much interested in our opinion, and we didn't know that much yet. We were still interns. So they were correct about that but they were quite unwelcoming, I think it would be fair to say. So I got up there and my fellow interns were either male or a little cluster of foreign women. The foreign women sat in the dining room and spoke in their native language. I

think it was something—Southeast Asian or something. And the men—there was a men's TV room. And in the evening, on the every other night when you were off, they went into the men's room and watched TV and so forth. So I was odd man out, nobody to talk to. I would never have dreamed of—I never even thought of going into the men's TV room. So I did more reading in that 10 weeks, and Miles was here as a resident in—at Mass Mental Health Center in psychiatry. So every other weekend, he could come up or I could go down, but I would say that is the loneliest I have ever been in my entire life. And as—toward the end of the 10 weeks, the man nominally in charge of our education invited me out to dinner, the only time in 10 weeks that anybody had ever made a personal gesture. And then they had the nerve to come to me and say that they were very short of psychiatrists in Lewiston. Would my husband be interested in practicing up there? And I thought, you know, 'If you ever wanted to lure us to Lewiston, you should have made this a pleasant experience.' One night, I walked—I never go to movies alone, just—I'm a sociable person. I walked to the movies alone and I got there and it was a western, which is the one kind of movie I really don't care for, and walked back home. Now, is that the lowest of the low, to get yourself out and then turn around and not go to see it? So anyway, that clarified that I never wanted to move to Lewiston. [chuckles] And then we went straight into the Army.

LS: Were there any women in Maine—

ES: In Maine?

LS: —doing medical work there that you came in contact—

ES: Well, I never met a practicing physician. There were these two other—two, three other—the foreign trainees that always spoke in another language, but that's all.

LS: Do you know how they came to—the three of them came to be in Maine, of all places? No idea?

ES: It's a very good question and I should have asked, but I don't know.

LS: Do you think maybe we should stop and take a break for lunch?

ES: Sounds good.

LS: I mean, it's just about noon and so I don't want to—

ES: Excellent.

LS: Okay. I think that's probably a good stopping point too, unless—

ES: And then we can—[tape turned off/on]

LS: Today is Tuesday, May 20, 2008. We are in the Maxwell Finland Conference Room on the third floor of the Countway Library of the Harvard Medical School. This interview is for the Women in Medicine Oral History Project and we're speaking today with Dr. Eleanor Gossard Shore. My name is Leslie Schoenfeld. Dr. Shore, I wanted to go back to your first year of medical school. Do you remember your first class that you took?

ES: Anatomy, mm-hmm.

LS: Can you tell me a little bit about what that experience was like?

ES: Well, it was startling, as it would be for anybody. And you're given a great deal of help by the fact that the cadaver is totally draped and wrapped in some kind of gauze or whatever. And you only work on one section at a time, so you lose the idea that this is a whole person, when you can. Sometimes, you can't avoid it. So it was—it was a growth experience and I took it very seriously because, as I mentioned

before, we were part of an experiment. So I laboriously learned the origin insertion of every muscle and all the nerves and so on, and overshot. But that, I mean at the end of the year, the top 10 students in anatomy were called pro sectors, and that was a nice honor but it turned out when you were a pro sector, you had to dissect the demonstration cadaver for the next year's first year students, so they could look and see how it should look when it's done throughout the anatomy course. And that was very disappointing because doing it once was more than enough, and doing it a second time [chuckles] was twice too much. However, life improved after that.

LS: So were there any other women that year that were pro sectors?

ES: I know one other, who turned the honor down. Never occurred to me to turn it down. And she said, "No, thank you."

LS: Interesting. So let's move ahead to when you were done with medical school and you were married. When—can you talk about your decision to start a family?

ES: I—I need to catch you up a little bit, because after internship Miles had to go into the Army in the Medical Corps in the Berry Plan. If he didn't go into the Berry Plan, he could be drafted as an infantryman, and he preferred to be in the Berry Plan as a physician. But it meant we had to leave Boston at a—at an awkward time in terms of our careers. So we went to San Antonio after my internship and after his first year of residency training in psychiatry at Mass Mental Health Center. And he was made head of the outpatient unit at Fort Sam Houston, Brook Army Hospital. So my license was now a month old and there was no medical school in San Antonio and no teaching hospitals when I should have started residency. But the Army would

recognize a license from any state, and my month-old Massachusetts license was just fine. So I was hired as a primary care physician in the Medical Outpatient Department at Brook Army Hospital as a civilian, who would take care of Army retirees, wives, children—anyone eligible for care, who was not in the active service. And I did that for two years. It was a wonderful introduction to primary care and an interesting group of people. I had a Spanish American war veteran as—he told me he liked to come see me because I reminded him of his mother. So that was a little [chuckles] daunting. But after—when it was time to come back to Boston, that’s when we had our first child, and then, subsequently, second and third. So I put off doing residency training longer than I would have if I had had total control of my life. But what got me started again was that the—there was the first version of the Radcliffe Institute that Polly Bunting started. And they had fellows from many fields, but the Macy Foundation gave them money to find out why more women didn’t go into medicine and why they didn’t get more training. And it was an unusual fellowship. It didn’t give you a stipend. It paid you everything that you could document that it cost you to be out of the house. It would pay for your childcare, having your house cleaned, anything you could think of. It’s the first time I learned how to use help effectively, to let somebody else do the laundry. I thought only I could do the laundry, but once that was the only reimbursement you could get, I found somebody else could do it. And then I began thinking, ‘What, at the end of the day, could the family tell whether I’d done or somebody else?’ So I gave up all cleaning, laundry, et cetera, and I did the shopping and cooking, which then they had a preference for. I could

accommodate and I began doing residency, the first year, halftime over two years, and then, because it was in preventive medicine, a year in the Public Health School, getting a master of public health, and then a third year fulltime, and at the end of which I could qualify for boards and preventive medicine.

LS: So when your kids were really young, how did you balance your job?

ES: When they were young, I only worked part time and I worked part time until the youngest went to kindergarten. And that was really a great privilege to be able to do two things at once. Part time always swelled. You know, it sort of became two-thirds time, three-quarters, but it was much better than fulltime, because it meant, you know, in the afternoon you could get home early and take care of what needed. You could go to teacher conferences or the pediatrician's office, so that, I felt, was a very workable solution. I think it's very hard to work full, full time and have little kids that you have time to enjoy and time for them to know that you're the parent.

LS: Could you describe a day, sort of from start to finish when you were doing your part-time schedule? So how early would you get up? What would you do with your kids?

ES: I had—and this is very important—really had excellent help. I had a mother, who I found from the Mass Employment Agency, who came for six years. She was mother of 11, all alive and well. And when our third child was born, she said she was too old to help with a new child, and she wanted to send her daughter. So I resisted that for a while, because you know, you don't know exactly what you're getting into. But the daughter came, who was everything her mother was and twice as energetic [chuckles] because she was half the age. And she

has now come for 43 years. She would be there while I was gone and then, after the last child went off to college, she became part time and has been part time ever since, because when you have a full, fulltime job that spills into the evenings and weekends, it's very hard to keep everything going at once. There are no miracles. And so the only way to deal with it, really, is to buy help. And for the early years, I'd say, my salary was split 50/50 with the babysitter, housekeeper, whatever. And then, you know, as I got older and had more responsible positions, then there—it wasn't 50/50. But I had a very kind of—a clear idea of what one had to do to keep help, because the woman had worked at Raytheon before but really liked little kids better. And she came and I figured, if I didn't treat her as well as Harvard would treat her if she had a staff position, then why doesn't she just go work for Harvard? So that was my invisible comparison, so I tried to keep her wages and her benefits, her health care and her Social Security, tried to make sure that her life was as good as if she had gone to work at Harvard. And she gets paid vacation. Her—our neighbor said, "Why does she drive a better car than you?" And I said, "Because if she's happy, I'm happy." And that was how one is able to manage that. My mother lived in Quincy and she also—if I were desperate—you know, if a kid were sick or whatever, she'd drop everything and come—she didn't come often. But it was a—made you feel secure that you had backup to your backup. So that went pretty well. And we lived in a town where the kids walked to school, K through 12, in the public schools, never bused. That made it easy, because I watch my daughter trying to transport these kids every morning and afternoon and so forth. It really ties one down, so the

combination of ease of getting to school and having a very reliable babysitter—each child broke one bone in their childhood. And each of those happened on my watch, not [chuckles] on the babysitter's. So I think she got high marks.

LS: So if I've done the numbers correctly, your kids are basically evenly spaced, the years between them. Is that a—

ES: That's right.

LS: On purpose? Did that tie into your career at all?

ES: It just seemed right. I don't know whether it was a career decision, exactly. But my sister and I were three years apart, so it seemed like a logical sequence.

LS: Did your own experiences, balancing—I mean, how did your own experiences, balancing your children and your career inform the work that you did with the 50th Anniversary Fellowship Program for Scholars in Medicine?

ES: I think it had a really—a direct impact. That one—the Macy Fellowship in the Radcliffe Institute was not only financial help. It provided courage, because when I went to see the woman, Connie Smith, who headed it and I had the three children then—and I hadn't done my residency training (it was out of order), it was sort of—it was daunting to think about how to get going again. And I went over to see her. She was right across the street from the health service where I worked all these years. And she said, "Now, tell me. What can we do to help?" I thought I would faint with joy, you know, that somebody was just there with that as her mission. And the fellowship, it was, A, sort of a vote of confidence. B, it allowed you to—sort of group therapy with all the other women, who were trying to get more

residency training when they had their families. It was sort of a support group. And as I mentioned the courage part; when I started my residency, I went over to the Cambridge Hospital and met—had lunch with the chief of medicine there. And he said, “We’re so proud to have a Macy Fellow here,” whereas I was thinking, ‘I’m five years behind my colleagues in getting residency training.’ I’d been doing primary care, but I didn’t have specialty training. And so where I was feeling sort of guilty for being five years behind, he called it a feather in their cap, that they had a Macy Fellow. So it reminded me what the vote of confidence can do when you’re at a shaky point. So when the time came to celebrate the 50th anniversary of women being admitted to Harvard Medical School, one of the last schools in the country to do so, we had two choices. One was to hide it and the other was to celebrate it. I remember Carola Eisenberg sending a letter saying that we should really do something (at that time, I was in dean’s office) to celebrate. So we had a colossal celebration. We had a whole weekend with dinners and panels and I can’t remember what all—exhibits. And at the dinner on Saturday night, we announced what a committee had agreed upon, that we would have a fellowship program for young—not young—they could be any age, but very junior faculty. The—one of our committee members was a “Globe” writer, a “Boston Globe” writer. And she—so we said we wanted a gift from the older women to the younger women. And she said, “I think you should stand up and say you’re going to raise \$3 million.” She said, “If you don’t say that, nobody will take you seriously.” Well, we hadn’t a cent in the bank, and the thought of just saying [chuckles] \$3 million didn’t seem very wise to me. So instead, we agreed that we

would try to raise the money for ten fellowships a year for five years, and each fellowship at that time—it's more now, but at that time was 25,000, not like the Macy Fellowship. But this was to buy protected time, so if you were working fulltime and you have no time to do the research, the writing, the grant preparation, manuscript preparation, you could buy a piece of time from your chief and have that to work specifically on things that would help your academic career. And if you're in a lab, you could buy a research assistant, because four hands works better than two. So we—we made this commitment for 10 and started out fundraising, which was a little scary, because it was a matter of persuading people that this was a good idea. In fact, Emily Cass was the first one to agree to do it. And the first one's the hardest, and then once one person has done it, you can move on to the next and the next. So that first year, we actually got 11, and the number has increased every year since. This last July, which was either the 12th or 13th year—I'd have to calculate—we had 96. And the hope is there'll be more for this next year. We persuade hospitals, departments, divisions, friends, foundations, anybody we can talk into. And the hospitals have adopted it with vigor, because they found that once these women have had this sort of boost, they're better fundraisers and they take more responsible positions. So the Mass General started its own Claflin Fellows, which come under this, and they're now giving 50,000 a year for two years. Children's Hospital has many fellowships, and they're doing 50,000 for two years for most of them. So—and then we have just a wide variety of departments. And it wouldn't keep growing, if the department heads didn't like it. But they see what a boost it gives to somebody in their

department and they continue. Some of them add a second one. So it has—it's an idea that—whose time has come. I should say, they're not all women. It is open to men and women but the subset picked by Harvard Medical School Faculty Committee has a—an equation with two-thirds of the credit going for academic promise and one-third for obstacles. I had someone criticize me for saying that children were obstacles. But what we were saying is, "If you're trying to take care of little kids or sick parents, or you have a crushing clinical load and you just have no time to do anything that will help you academically to rise and—up to professor, hopefully, some day," then the women could defend more obstacles—the women more obstacles than the men. So though there are some of each, there are more women than men.

LS: What kind of feedback have you gotten from folks who've gotten a fellowship?

ES: We get wonderful feedback. We did one survey, I think four years ago. And to a person, they said it made a difference, not just the money, but sort of their position in the department, and then they were on the radar screen for the department head. And more often than not, the department head would find money to help them for another year. And then we made the mistake of asking, "What would make this fellowship more valuable?" And we didn't need to ask that question. Everyone said, "More money in two years instead of one." And we would like to do that. That is a goal but, at the moment, we can't persuade everybody to do that because it's—it's a large financial commitment. But they—I've never had anybody complain about getting it.

LS: Are there so many people applying for it that you're turning lots of folks away?

ES: Absolutely. There—that's the shame of the whole thing, that there are many people who would benefit from this, and we just don't have enough money. But that is something that my husband and I, in my retirement and his semi-retirement, do is fundraise to try to see how many we can get. You have to realize that the faculty is 10,000. And we have 5 or 6,000 instructors and another 1,000 assistant professors. And the fellowship is only for instructors and assistant professors, but the pool is enormous. And they don't all need this boost, but there's so many that do that it's—there's no end in sight.

LS: I'd like to go back to your early work as a physician. So if I have the dates correct, you were working at Radcliffe Health Services before you did your residency? Is that correct?

ES: That's correct.

LS: Could you talk a little bit about your work at Radcliffe? Did you—I mean, did you feel supported? Did you feel prepared?

ES: I—that was my first clinical position after the two years fulltime in the Army hospital. And I forgot to mention, those two years as a physician were the only two years in our 55 years of marriage where I made more than my husband made. [chuckles] So that was kind of—that was fun. But it—because there were so few civilians who wanted to work in an Army hospital—they wanted to be out in their own practice—that they had to pay more than the going rate to persuade civilians to buy into their system. Anyway, when I came back, we now had our first child. And I sort of tested the waters by doing a research project for Martha May Elliot, who was a professor at the

School of Public Health, and she'd been head of the Children's Bureau in Washington. And I did a—it was really a library research project for her. And then, with a little more courage, I began working part time at Radcliffe, and that was—that was fine. I enjoyed it. It—it was—really, except that they weren't in the Army, it was just like what I had been doing before. And then in 1961—so that would be two years later—Harvard and Radcliffe Health Services combined, and they moved into the brand new Holyoke Center. And it was the first time they'd had women physicians on the Harvard staff. They—and all Harvard and Radcliffe students and faculty and staff and their families could join. So it was, I think, more than 30,000 population base. But there was one incident early on when we joined. And the Harvard College students, the men were totally unaccustomed to women physicians, and we had a walk-in clinic. And there'd be a pile of records, and you were supposed to take the top record. You weren't supposed to go down and berry-pick, you know, the thinner record that would be easier or whatever. So anyway, I took this off the top of the pile and went in and called, and this very young Harvard student came to the door of the room. And he stopped dead and he didn't say a word, and I didn't say a word because I didn't know what to say. And then he said, "Well, if it's good enough for President Kennedy, I guess it's good enough for me." So that was a very kind comment, because at that time President Kennedy had a woman back doctor in Boston. I don't know which hospital, but I was grateful to her and grateful to him and to the kid, who had the presence of mind to get us over the hump. So from then on, we took care of everybody. And I really liked the plan. It wasn't as customary as it is today to

have a—a group health plan where you had a large staff of physicians. And when you were on, you were on; and when you were off, you were off. And it worked very well with small children.

LS: Because that was the year—'61 was also the year that you had your second child. Correct?

ES: That's right. She was two months old when I—but I was still working only part time.

LS: Did you—do you think you were treated differently because you worked part time?

ES: Not that I know of. It's curious. People wondered whether the women were paid less than the men, in jobs all over, not specifically there. I mean, countrywide. And I said to myself, 'I can't ask, because if I learned that I was being paid less than the men, I would be so distressed I couldn't work here anymore. I'd have to quit.' So I never asked, and I don't know to this day whether we got paid equally or not. Different time. You know, we didn't organize. [chuckles] We didn't go as a group and say, "Tell us." But I liked working there very much.

LS: How many other women were there with you working as doctors?

ES: We had—by that time, we had a fair number because it was so compatible with a family to be—have hours on and then hours off, that we had a fair number of women.

LS: And your work with the Harvard University Health Services had spanned, basically, your whole career. I mean—

ES: I worked there part time for 35 years. But—and then that overlapped with the—see, I did part time residency training. I did take one year leave while I did—at the School of Public Health. That was the only

year of leave. And I did it—actually, there were also two years when I first moved to work for President Bach as his assistant for Health Affairs. He asked me to step out of that until I got the job under control. So I can't remember absolutely. I remembered a year I went to him and said, "You know, I'm going to lose my touch if I don't go back." And he'd say, "Well, another six months." And I think that may have happened twice. And then the—finally, I didn't say, "May I?" I said, "I am going," because you can't stay out of practice too long without losing track of what's going on and so forth. So there were those two gaps. But I enjoyed the patients. I had some patients for more than 30 years and some second generation. So that's the essence of primary care, that you follow patients on the long haul. And it's why I think it is so sad that, in the—in recent years, the efforts to get primary care physicians to go faster and faster and with shorter and shorter appointments, it removes what was the joy of it, which is to get to know the patient and follow along. If you're trying to do things in 12 to 15 minutes, you can't look to the left or to the right. So I think I was that at a golden time when we were, believe it or not, given a half hour for every patient.

LS: That's a lot different than it is today.

ES: A lot different.

LS: So you really got to know your patients.

ES: Mm-hmm.

LS: Wow.

ES: And we had—and you got to know your colleagues, the other people who worked there. After they put the pressure on to go so fast and so forth, the doctors stopped using this little eating area. Nobody had

time to go there. You used it to finish your paperwork or make calls, and they—before I retired from the Health Service, they had a consultant come in, trying to get us to move into groups. And she asked—I remember the first question she asked us the first night that we met was, “Why don’t you say good morning when you come into your unit?” I didn’t know anybody noticed. And then I thought about—the reason is, if you have patients—I was allowed to keep my longer visits longer than my younger colleagues, who were made to go—if it was a repeat visit, it had to be 15 minutes. If it was a first visit or a complete physical, it was 30 minutes. But they were going much faster than I. And the problem is, if you came into the desk with the receptionist and you said, “Good morning. How are you?” they would tell you. You know, “Well, I’m not well, you know. This is wrong and that’s wrong and my kid’s sick.” And you have to stay and listen and then you are 10 minutes late for your first patient. And when you do that, that multiplies through the whole morning, and everybody’s sort of out of kilter for—so, somehow, without ever discussing it or thinking about, we all had learned to shoot by the desk and into the office. So I hope the pendulum swings back for primary care, because it—it’s a wonderful way to practice medicine, given time.

LS: So in 1969, you went back to school.

ES: Correct.

LS: To get your master’s—

ES: M.P.H.

LS: M.P.H., your master’s of public health.

ES: Right.

LS: What made you decide to go back to school after all that time?

ES: Well, I wanted to get my boards in preventive medicine. I wanted to get specialty training, which I would normally have done right after internship. But because of Army and children, it got delayed. So I was very interested in the—several aspects of public health. I didn't mention that, while I was at the Health Service, I got into—really, it was tropical disease, because in the Army in San Antonio, many of my patients would go back and forth to Mexico. And they always got sick and then you'd put them back together again. And they came and it began to be kind of a challenge; could you get your patients to go over for several days and come back without getting sick? So we had various recommendations and so forth. And then when I came back to Cambridge and sort of thought that was over, but I had two graduate students who came. And one was going to the Canadian Arctic to live with Eskimos in an igloo for 18 months as her anthropology doctoral research, and the other was going to the Amazon to live with an Indian tribe for her doctoral research. And they wanted to learn how to take care of themselves when there were no doctors available. So I organized a course and gave it for 10 years, in which I brought all these specialists in. We'd probably have eight or ten meetings in the spring, and each one would be a different specialist, saying, "What would I do if I were where there's no medical care, and in my area I had to take care of myself?" And they recommended approaches to things. I mean, the surgeons would tell you how to use antibiotics for appendicitis, and the dentist told you how to remove a tooth. [chuckles] And others, you know, would talk about snakebites and scorpion and so forth. It was a fascinating

course, partly because of the content but partly because of the people it drew from the whole university. We got the botanists and we got the archeologists and the anthropologists, all these people trying to go where there's no medical care. They're trying to get lost. So that was great fun. And I also served as the—a consultant to the Peace Corps for quite a few years there, because Harvard had a Peace Corps program—the—for students who wanted to learn about the country before they left. You know, language, customs, politics and so forth, and then they would go for two years and then they'd come back. So I saw them before they went. I said it was like the people in Houston who send people off into space; you never went yourself but you sent them off and then you—I saw them when they came back and did their physical exams and tried to treat their parasites and so forth. So that was—that was fun and I really liked that, and I got to know the people in microbiology and public health at the Public Health School. And I also followed travelers. I followed a thousand travelers. When they came for their immunizations, we would log them into the study. And then we followed them when they came back to see what happened and how they managed. And so I—that was kind of what got me interested in faculty at the Public Health School. And for a preventive medicine residency, an M.P.H. counts as one year of the training, so it all kind of fit together. And it was a wonderful year because in the years prior to that, between patients and children, the name of the game was interruption. You never had a sequential anything, not a thought, not a period of time, was just constant interruption. And then, suddenly, you were in the Public Health School. They had students from all over the world. Everybody did

the same background reading, and then you had an informed discussion with some kind of leader. It was wonderful, probably the most thinking I've done in my lifetime. It was a chance to try to see the big picture, instead of just taking care of one patient by one patient by one. And it kind of influenced the rest of my career, first, doing a microbiology project there. And then my chief that I told you about before, Roger Nichols, who's there, put my name in the hat to be assistant to President Bach when I was out of the country without permission. He just did it. And one thing led to another.

LS: How big of a difference was it for you at the—at the School of Public Health compared to when you were in medical school?

ES: It's a very different approach. It's sort of the 30,000 miles—the—

LS: I mean, by that time the 10-year—you know, the 10 years of checking to see if women could stay at Harvard Medical School had been over. You know, the School of Public Health had had women for a while. And did any of that come into play or—

ES: Not a bit, no. And you know, we never heard the end of the 10-year experiment. There was never a declaration that it was over or it was successful. It was just as though it had never happened and just went on, because I think there was no question that they were going to go backwards. The—there was one odd thing about the admissions of the School of Public Health. They had a rule that you couldn't enter after 39. In other words, if you were 40, you weren't—this was back before there was any awareness of age discrimination. And I thought that they knew something that I didn't know, that your brain just doesn't function very well after 40, or you won't learn enough or—so once again, it was like medical school, in that I felt under great

pressure to—because I was 39. And I thought, ‘This—you know, this is the last time I’ll be able to absorb this.’ [chuckles] And so I worked very, very hard to keep up with the class, some of whom were as old, but most were younger, because of this cut-off date. And one anecdote, about November, we had all our mid-term exams. And I had worked so hard; I did very well. Again, I overshot because I was so frightened. And each night for homework, I’d take our youngest and she’d sit on the couch with me and do whatever her work was, and I’d do my work. So when the exams came back and I found that all was well, but the young ones had as many distractions as I had. You know, they were going skiing and getting engaged, breaking their engagements. You know, they were all over the place while I was trying to take care of little kids. I said to her, “I’m tired and I’m not going to do any homework tonight.” And she said, “But who’s going to sit up with me while I color?” [chuckles] So in her mind, I was assisting her. So the year was wonderful. I really enjoyed it immensely and went on, got my boards in preventive medicine, which was a cross between clinical internal medicine and public health, sort of a specialty that would encompass both aspects. And the public health approach is just so different. I mean, you’re looking at whole populations and what interventions make a difference, pasteurization, immunization. All these things had far more effect than the individual doctors going one by one, so that’s an insight that needs to be remembered.

LS: And you were still seeing patients at this point or—

ES: Mm-hmm. No, that one year—

LS: That one year, you didn’t.

ES: That one year of School of Public Health, I didn't. But then when I went back into the research for another year, I did—I also saw patients.

LS: And so you got your degree. You went to do your residency.

ES: Well, it comes one year—I did—

LS: Oh, okay.

ES: —one year, half time over two years through the Radcliffe Institute, one year, School of Public Health, and then one year of fulltime, which was research, and this research project that I was working on with the travelers, but I did see patients then too.

LS: And that sort of led to you with your, you know, being a research associate for the Department of—

ES: Mm-hmm.

LS: —Microbiology, which lasted past that to the mid-'70s?

ES: I was working on this research project.

LS: That whole time?

ES: Mm-hmm.

LS: '71 to '76?

ES: That's right. But in '72, I moved to be President Bach's assistant for Health Affairs. So the—I had a research assistant and I was overseeing it, but most of my time was spent on the president's business.

LS: So you said before that you—your name was put in the hat without your consultation. Did you have to go through an interview process or is it just—

ES: No, I—

LS: —your name got chosen?

ES: No, he asked for an interview and we got done. I said, “Why me? Because I’ve never been in the center of the administrative hurricane.” I had never administered anything. And he said because he needed somebody who could cross the boundaries. I’d been in the college, in the medical school, in the Public Health School and the Health Service and would not be seen as tightly aligned with any single school or any single department, because if he got that, then no one would think that the outcome was going to be fair. He needed someone who was perceived as neutral. And he didn’t want to bring someone from outside, because it would take that long to kind of learn how Harvard works. So that’s how it happened but also, really, because of the—because of Roger Nichols’ strong recommendation. As I say, he was my sort of invisible, sometimes visible, mentor for a long time.

LS: So that—your—your work with President Bach lasted from 1972 to ’81. What kind of projects did you work on during that time?

ES: He had a plan that he used with all of his assistants and vice presidents. He gave each of them a letter with his goals spelled out very specifically, what he hoped would happen on their watch. And so I got a letter with—I think there were 12 things that he wanted researched, studied, each one turning into a—a major thought piece. So my job was to go to the library to interview the faculty in whatever schools they happened to be, outline pros and cons of different options. And then he’d take that working paper, and that wasn’t the end of the story. But then he would be informed, sort of, about the state of that problem. And then he would go out and talk to the deans or the faculty, but instead of starting from zero, he would have

background and would be in a better position to debate what to do. So I did, I think, 12 of them before I was done. But he also had me as—he couldn't keep track of what was happening on the medical school side of the river, because he had to chair the professor searches in the Faculty of Arts and Sciences and chair this, that and the other thing. So I was assigned to attend all the meetings, all the appointments and promotions meetings at the School of Public Health and the medical school, their department heads' meetings, their administrative councils. So it was a wonderful background to be able to go and attend these. I also was his representative on the Harvard MIT program and all kinds of experiences that one wouldn't normally have. And then my job was to sort of distill it, take it back and then also do firefighting. When things would get out of hand between faculties, then I would get assigned to go try to figure it out. There were little fires but still things that—something had to be done.

LS: If you had to think of it in terms of hours per week, is there—is there a weekly allotment during that time? Because up until then, you had been doing a lot of part time work.

ES: Mm-hmm.

LS: So how did this—

ES: Well, I should say that in the first—I told him I couldn't go part—full time because I had—still had kids in school and you still have to, you know, do whatever it requires, go to teacher's conferences and so forth. So I think I started with him at two-thirds and then I would just gradually go up. I went to three-quarters. I can't remember exact increments. I know the last part time was seven-eighths. And then I looked around and I saw that the people around me, the men were

taking as much time off as I was. They were going to their kids' soccer games and getting their hair cut and so forth. So I thought, 'When my absences equal their absences'—then I said, "Now, I'm fulltime." And that worked. He had a working wife and three kids and he was susceptible to the idea that one needed a little leeway.

LS: What were some of your most challenging experiences during that time?

ES: With Derrick Bach?

LS: Yeah.

ES: Well, one of them was at the time that the Harvard Community Health Plan was getting started and the dean of the medical school, Bob Ebert, whom I mentioned before, wanted to do an experiment to see if you could start a pre-paid health plan, group health plan and make it financially successful without having any gift, sort of. So he, somehow, worked out that they would lend them, I think, \$10 million to get started but they had to pay it back. And they had, as I say, big ideas. They wanted to have a huge population and they wanted—well, first, they wanted to just absorb the Harvard University Health Service, which had been around, you know, for decades by that time. And they thought it would be nice. Then they'd have a ready-made, prepaid health plan and they'd just take it over. Well, needless to say, the Health Service felt it was the senior member of the family and didn't need them to adopt it. So then the—so that resisted. But they did allow them to compete. They allowed them—so every year, when you had a selection choice, you could choose the Health Service or you could choose the Harvard Community Health Plan or you could choose Blue Cross, Blue Shield. That was a big negotiation too

because the Health Service didn't want that competition and so forth. But they got that far, and then they wanted to move into Cambridge and have a Cambridge satellite office, which is there on Cambridge Street. And the Cambridge Hospital, which was an affiliate of the medical school, was very anxious and very angry. They didn't want a prepaid health plan right next door. And their thought was that these people would take care of the patients during the day and then when they had an emergency at night, they'd all show up in their emergency room, which was not fair but that's what they thought. And so I remember being sent—I was supposed to go talk to the head of their doctor's professional group. And he was a surgeon and I called him and asked if I could come see him, and he said he had no time on this day and he had no time on that day. And so we agreed I would come over on a Sunday morning, and I guess it was 10 o'clock. And so I went to see him and I got there, and he had the room packed with angry doctors from the Cambridge Hospital, so it was sort of 10 to 1, unwarned. So we had to, you know, just try to defend the fact that this was not the only way of practicing but it was one alternative, and there deserved to be a choice, and they weren't going to gobble them up and they weren't going to abuse them, et cetera. So that was probably one of the biggest challenges, those two things, of getting it—the Harvard Community Health Plan as an option and then trying to defend it in Cambridge. But there were many along the way. There were—I mean, they sound simple in retrospect, but they weren't. There was a summer program for minorities, who would come on their college summers and take intensive courses at Harvard College to prove—they'd be from little, slightly unknown colleges.

And they'd come and take a—some serious science courses in summer school to prove that they could handle a Harvard course. And then they would have all kinds of counseling about how to apply for medical school. And they were doing very well, you know, once they'd had this added sort of—sort of verification of their capabilities. And they would go to the hospitals and they'd meet people and so forth. It was a very good one. And then, suddenly, a fellow who is Polish I guess by spelling of his name, and a senior faculty member, decided that disadvantaged whites should be allowed to be in this summer program, the minority summer program. And the minorities didn't want to slice—there are already, you know, multiple kinds of minorities and they didn't want to slice this pie, you know, with one more piece in it for the disadvantaged whites. And they said, you know, they had just as much trouble as anybody else, and so it fell to me to try to get additional money for them to join. And I think I must have written to a dozen foundations. And I cleared which ones were interested in minorities and disadvantaged and got not one positive response, so I then went to Dean Ebert and I said, you know, "What am I going to do? I cannot raise this money for them to join." He said, "Oh, I'll take care of it." He sort of sighed. [chuckles] So he, being a dean, you know, called his friend at some foundation and said, "Help." And the guy said, "Sure," and he got the money for it. That's when I learned that cold appeals and cold letters to foundations are just a waste of time. You know, you really have to [chuckles] somehow get—catch their attention in some way or you're just wasting your time. But that was tough because there was such anger, both ways, about the one group wanting in and then—so this fellow,

who was the spearhead, is being recognized tomorrow at the medical school for a mentoring award, a major mentoring award. And they're having—there are a number of awards at this mentoring ceremony but he's getting one of the big ones. And I'm going to go to applaud, is the—to see him, what, 25 years later. He did go to medical school [chuckles] and he did what he wanted to. And his—the senior faculty member who joined him in this crusade to get the disadvantaged white in is celebrating his hundredth birthday this year. So anyway, it's a long story.

LS: I have to ask, because fundraising now is such an important part of what you do for so many things, was that really your first foray into fundraising?

ES: I think I'd have to say it was the first successful foray. And the difference is that I—I was convinced myself that this was a valuable idea and that if we could just talk people into it, that they would reap a benefit, both the chief and the junior faculty member. So, one, we had to get the first believers to sign on, and then it got easier after that. Two, you had to believe in it and, three, you had to get people who would stay with you. We have a little committee that's been in place. We had Margaret Dale, who is a lawyer in the Office for Faculty Affairs, jumping forward. And we had several other people who helped us to—added on—Roz Orkin and then Sara Kiorsis in the office helped to run the whole thing. And now my successor, Elise Lieberman, is part of this little committee. And we fan out every fall and persuade as many people as we can. But it's not a hard sell when they can see how it's worked. And I admit, I do play to their competitive spirits. If I can get two or three departments—let's say in

radiology (I'm just pulling that as a hypothetical case)—then I call the fourth one and say, you know, “Your colleagues in this hospital, this hospital and this hospital are all supporting fellowships. Would you like to this year?” And I did the same thing with hospitals. I did—I got all the major hospitals to agree to support one and—but we didn't have the Dana Farber. And the head of the Dana Farber was David Nathan, who was a medical school classmate of mine, so I—just the last day before the deadline of, you know, our announcement, I realized we didn't have him. And I called him. I said, “David, all the other hospitals have signed on to support a fellowship. And I hated to have this go to press, you know, the announcement, until I asked you if you wanted to be listed.” He said, “Where do I make the check?” [laughs] He was—he felt cornered. He has a good sense of humor and he was quite willing. But I—I have done that in many ways of sort of cross [unclear] and it works, with an occasional exception of someone who does not want to be pushed in a competitive corner. Can't win them all. But most of them respond very positively.

LS: In some ways, it's very helpful to be situated in a place like Boston where we have so many great hospitals and teaching institutions, that you can use that approach.

ES: Mm-hmm.

LS: You know, it would be a lot different if you were out in the middle of nowhere and there's one hospital.

ES: That's right. There'd be nothing. [chuckles] Nothing to play off, right.

LS: But it also means that you have to finesse more people at once.

ES: Mm-hmm.

LS: So at the end of your time working with President Bach, you became the associate dean for Faculty Affairs at the Harvard Medical School.

ES: That's right.

LS: How did you end up doing those things at the same time?

ES: We reached a point where there was a new dean at the medical school. And we also—and President Bach was now being put in the position of having to go fundraise, you know, sort of cross the country back and forth. And by this time, the 12 thought pieces were done, so he was ready, I think—he had in his mind the directions he wanted to go. And I felt that it was an uncomfortable position to be, because the new dean, Dan Tostison, had come and he had big ideas of what he wanted to do. And he wanted to be the only one who talked to the president. So he did not want somebody living in the medical area being a liaison. He wanted to be the chief liaison, which was—so it was a matter of joining his team or not doing the administration. So I—that was my decision. It just wasn't—I found it uncomfortable because Dan Tostison wanted to carry the message, and if I didn't carry a message, then I was useless. So I moved over and became associate dean, working with Jim Adelstein, who was dean for—I can't remember—

LS: A long time?

ES: Maybe Academic Programs, so the Faculty Affairs was a subset of Academic Programs. And that was a very, very satisfying move, because he was an excellent chief for me, smart, principled, you know, kind of could see the big picture. So it was a—there was one other reason I wanted to move after those years of preparing these position papers and always being his representatives, I would say, you

know, at the end of a year when something happened, “Did I have anything to do with that?” Because he’d take the—my paper and then talk to many, many people and then the slow wheels of progress—something would finally happen but it was a long gap. So I said, “I want to be where the buck stops” instead of, you know, assisting somebody where the buck stopped. I had to laugh, in future years, when the bucks would come crashing onto my desk, I’d say, “You know, where did that idea come from?” But it’s just a—it’s a maturational step that you want to be in charge of your own affairs, rather than always being assistant to, so it all kind of came about at the same time. And I just was very lucky, had a sequence of folks, from Jim Adelstein to Dennis Casper to Ray Dole and who were Academic and Clinical Affairs. They encompassed many other things, whereas I encompassed the faculty. And that was quite satisfactory.

LS: Were you feeling passionate at that point about administrative work? I mean, had that—was that sort of a growing passion or was it an interest that was sort of always there on the sidelines?

ES: I think, only looking backwards—I didn’t think at the time—that it bore a great resemblance to what my father did as superintendent of schools, which was always a real challenge, which you know, there are many positive things that happen. And you have to cope with a lot of negative things that happen, and there are always crises and so forth and that’s what we heard about at the dinner table. And how would the school committee turn out? You know, would there be more votes on this side or more on that? So it was sort of part of the fabric of the family, worrying with him. And he—he liked people.

He liked the job. Some—you know, the pluses outweighed the negatives. It just sort of felt comfortable, dealing with people problems, because Faculty Affairs was, I've always said, the best and the worst of the faculty. We were in charge of the process, the administrative process for all of the appointments, promotions, awards, prizes, all the good things. And then when—the office. And I was responsible for overseeing scientific misconduct, conflict of interest, various faculty problems that sort of flew out of the coop. So the—and I would say it really was a great deal like primary care where you take care of people, regardless of how they got into their medical dilemma. You know, it doesn't matter whether they did something foolish to get there. Once they cross your threshold, you're a team and you've got to get out of this somehow. So it—it felt natural and I liked doing it.

LS: Did you feel that the discrepancy between male and female faculty members to be, you know, glaringly obvious at that point? I mean, was it an issue that you were actually taking up or—

ES: It certainly—it always depends where you start looking. It was so much better than when I started to medical school; that's one perspective. But so much less acceptable than it ought to be, so when—when I graduated from medical school there still wasn't a woman professor, full professor. When I was working—I think when I started in Faculty Affairs there were three women professors. And then later on, I was called to the corporation. I think the dean came along but I was the one that had to produce the—

LS: This is the Harvard Corporation.

ES: The Harvard Corporation in 17 Quincy, and they wanted to know about how things were coming along in terms of women. And at that point, there were 10 women professors and they—the 10 women had an aggregate number of one child. In other words, one of the 10 had a child and nobody else had any.

LS: This was out of how many other full professors, approximately?

ES: Oh, let's see. It's crept up, you know, from—there are only 12 percent women professors now. Now, we have a 108 women professors and they're still 12 percent of the total faculty. We do ever so much better at associate assistant and on down. Those are coming very well. That last jump is still a hurdle for my successor to [chuckles] focus on and worry more about. I can't tell you what percent they were; maybe five percent at that time but—

LS: But small.

ES: It was very small. Now it's only 12. So—the president's response when I said that there we were—that there was one child among the 10, he said, "You mean you have to go into the nunnery if you want to be a professor at Harvard—a woman professor? I said, "Well, just about." But now, if you take that as a point and measure progress from there, oh, there are so many children among the full professors. We stopped counting long ago. It's just—it's not an issue now about having children but it is hard to get there.

LS: When did you receive your faculty appointment?

ES: I was in—I was a member of the faculty but I—my route was different. I did research and then patient care, a small amount of teaching and a lot of administration, but a lot of it in sequence. So I never went the professorial route, was—so I'm not one of the 108.

And by choice, went the administrative route instead because I liked it, felt right, and you could mix it with patient care. And that's how it turned out. So when I counsel young women now, I say to them, "Do what I say and not what I did." In other words, we give them all this help we can get for the fellowships to get them to a professorial rank; that's our ultimate goal. But it's not because they're copying me.

LS: So the same time that you were the associate dean, you also were a member of the Joint Committee on the Status of Women. Can you talk about that?

ES: That—I can remember being invited to belong to the Joint Committee when I was assistant to President Bach. But I said, "I can't," because they met at five in the afternoon. And if you have three little kids at home and you haven't been home all day, and somebody has to worry about who's eating with them and talking to them. I said, "I just can't come at that time of day or I'm going to be in bigger trouble than I am right now." So I didn't join the Joint Committee, or I was always an ex officio member but I didn't do that until I moved over to be associate dean. Then that became part of the job and the kids were older, and I could go at odd times without getting into deep water. At that time, there was a lot of mistrust about why there weren't more women on the faculty. It was—they wanted figures about how many women did this, that and the other. And it was a crude computer system. Remember, I talked to you about the Rigano system before the current one. And I remember, early on, going to a meeting and they wanted all these figures about the rate of promotion on the—you know, there were complicated things to work out. And I could not get the data from the faculty database. It was clumsy and they couldn't

analyze it in just the way you wanted it, so you had to, you know, do a lot of pencil work yourself. And they couldn't get me the raw data. And I remember the chair accusing me of withholding it. You know, it—as I say, it was sort of a hostile thing that I was protecting something and refusing to bring it. And I was very angry, would have if I could have. But it moved enormously over the years. It did a lot of good things, came up with a lot of recommendations for programs that then had to go to the Faculty Council and be approved by the dean and funded by whatever. But they were involved in setting up the—and recommending—and then they'd get other groups to join them in doing it. But they played a pivotal part for the Ombuds Office and what's now the Office of Work and Family. It used to be Parenting Office—and a whole raft of other things that they would take up, bring to the Faculty Council. So I think they've been a very constructive force. But it started a—in a much more antagonistic kind of mind frame.

LS: Were you around the same age as the other women on the committee, or was there an age difference? Had they had similar experiences to yours?

ES: Well, I never thought about it that way. It was a big span. Probably the younger ones were the angrier ones because they—their expectations were high as to how this could be fixed. But I could—you know, over the years, I—and I think they accepted this, that once promotions and appointments got to the faculty—now, you can't tell—you can't see what goes on before it gets to the faculty—to the dean's office. The committees worked very fairly. I never saw them arbitrarily discriminatory where you have to ask is, "Who got

encouraged? Who got research—extra research funding? Who got more lab space?” You know, all of these things that are invisible from the medical school. But over the years, you know, the questions have sharpened, and so they get closer to truth. And there have been—Joint Committee did the first—it’s partial but the first salary equity study. We got stymied various places and, you know, with hospitals or departments who wouldn’t give us the data. But that was the first and then two more were done on my watch before I retired, each one better than the one before.

LS: So how’d you make the leap to the Dean of Faculty Affairs? It’s not really a leap, I guess, if you’re the associate dean. But how did that happen?

ES: It happened because a dean, Mike Spellman, who’d been there with Dan Tostison since Dan came, was retiring from that job. And so that was an opening to take on a slightly larger portfolio. And, oh, I think that was—that was it; it was just the opening came.

LS: Can you talk about your experience on the University Benefits Committee? Benefits has always been a very interesting issue, I think, for folks.

ES: Well, there were a lot of interesting things that happened in the University Benefits Committee. When I first belonged, I was working with—that was while I was working for Derrick Bach at the beginning. And they were trying to get equity for men and women. When I first started at the Health Service, they billed the women—you know, it was a prepaid plan but they billed the women for Pap smears.

LS: No matter what?

ES: That’s right. I mean, it was an extra.

LS: Oh, extra.

ES: In other words, you had a prepaid plan [chuckles] and then this—that was just for a very short while, and this was an add-on, sort of, that the women were supposed to pay for. I don't think that lasted. I think it was just vaporized very quickly. It was such an absurd idea. Then—so they tried to make sure that everything was paid for because, you know, sometimes and things—birth control pills weren't paid for at first and other things were. And so they just systematically tried to clean house and tried to get it—and then they realized that excluded from coverage were elective abortions. And I thought—in fact, I was head of the subcommittee that was supposed to make sure that everything was equitable. And I thought we had done the whole job, and none of us thought or were aware that that wasn't covered. So—

LS: What year was this?

ES: Well, I—I'd have to think about that. I don't want to stab.

LS: Okay.

ES: It's a fact that could be found. But in any case, so the question was, and our committee agreed, that it should be covered. And—but there also was a lot of intense feeling in—among some in the university committee that they couldn't live with themselves if they thought part of their prepaid plan premium went to cover abortions. You know, they couldn't sleep at night and so on and so forth. So I honestly can't remember who first suggested it but it was a good idea. It was agreed that we would announce to the community that it would now be covered and anyone, who for moral or other reasons objected to having any of their premium—could go to the business office—I think

it was something like 86 cents. You know, they did a calculation based on the probable number. If you wanted a refund of 86 cents, you could go to the business office and get it, and then you wouldn't have to worry that your money went to support it. And I think next to no one went to claim the 86 cents. And after a year or two, that offer to get your money back disappeared and it was a nonissue. But those were little spikes along the way that seem sort of archaic now, but they were big issues at the time. Then we went on. One of the last spikes before I retired was over the issue of whether staff should be entitled to the same choices as the faculty, because the staff was on a plan where you would get x percent of your highest salary when you retired, after so many years. And the faculty plan allowed them to have their retirement either put in TIAA or then, as time went on, some others. I think Fidelity and so forth. But the stock market was doing so well that the faculty members retirement plans were just ballooning and the staff just had this ceiling, you know, that they would get x percent, whereas—and the faculty could plan on having much more than a hundred percent of their final salary instead of 80 percent or whatever it was. So we went to a lot of effort to try to get faculty and staff together. And the argument would be, “Well, the staff don't really know how to choose among these.” And so then we—the committee had to survey all their siblings' universities to find out they were all letting their staff use the same plan as the faculty. So who said that Harvard's staff couldn't make as wise financial decisions as these staff and all these others? But it took at least several years, at least two, if not longer, to bludgeon that through. And you know, I hope that the stock market never does so badly that

it turns out the staff would have been better to hang onto their 80 percent. I don't think so but I don't want to live to see it.

LS: How did your responsibilities change when you became dean?

ES: Well, I think I had more occasions to have to chair a committee. I chaired the Promotions and Reappointments Committee for assistant and associate professors for 15 years. And over the years, I chaired a committee on part time faculty and—there was another one that I can't remember. But instead of just being the ex-officio member on any number of them, I had to chair them. So it was in that sense. And also, as dean, I had the privilege, really, of starting some new things that didn't have to be started, the fellowship, the Eleanor, Miles Shore Fellowship being one. Another was gearing up to compete for the National Center of Excellence in Women's Health Contract through the Department of Health and Human Services. And so you were in a position where you had a better chance to influence the outcome. When the—this competitive contract came out, we had three hospitals wanting to compete, and every one required a letter of endorsement from the dean. And Dean Joseph Martin wasn't even in the chair yet. It was the spring before he came on and I went to see him. I said, "What are you going to do? You know, how can you say that three competing things are all the best?" And he—he said he thought they could try, if they wanted, solo, but they had to go together. If they wanted his endorsement, then they had to put them together. And that is no small task, to get three independent hospitals to go together. And that was why it was called the Harvard Medical School Center of Excellence, because nobody could agree on the order. You know, would it be alphabetic? Would it be [chuckles] age, size? Whatever.

So a lot of effort went into getting the three hospitals to work with the medical school. And then we had to pick a deputy director who would give 50 percent of her time to the issues covered in this contract. So I couldn't—I couldn't be director because I couldn't give 50 percent time to this sort of sidebar. But I went on as deputy director of the Academic Committee, which was very interesting for bringing all the hospital representatives together. So—and by chairing that—so I say, it's really more a persuasion thing. At Harvard, you don't order anything. You study and you kind of get the facts and then you persuade. But it was just—you had a little better purchase to do the persuading.

LS: Can you explain what the Center of Excellence did and what the—you know, was there a monetary amount they were getting from the government to do this? I just—could you sort of—

ES: Well, it was a competition. I think we might have been the third year around when we were selected to be one, and there were 18 at its peak. And you had to put this enormous application of everything you do and about eight different areas and how you would join. And one—the director said she had a colleague in another medical school who said, "It's the contract you love to hate," because they demanded so much and they paid so little. It—I mean, there was money. And it paid the salary of—well, probably half the salary of the director; I think paid 12 percent of mine. And I didn't want any but they said, "If you don't—if some of your salary isn't committed to this, then you aren't obligated, in effect, to them." They had every-three-month reports and this—if you can imagine trying to bring about seven hospitals together—and we had a list. We came—a far too ambitious

list. It had more than 20 things we wanted to do to improve the academic status of women at Harvard Medical School. So it was enormous pressure to meet. We never canceled a meeting. We met every month, and then you had to write up this report of what you'd accomplished in three months, which doesn't exactly match how things change at Harvard and—which is slow motion affair. But we accomplished a lot. They came together. You know, we agreed on programs. We got the hospitals to match money from this for some research fellowships. These are different from the Shore Fellowships. These research fellowships were all on projects about women's health. Men and women could apply but they had to be from at least two of the hospitals. You couldn't decide yourself that you were going to apply. You had to get a partner in another affiliated hospital and do something jointly. So it forced a lot more interaction and it funded some very good projects. So I think it was a great plus but it never was a financial success, I would say. They got more than they paid for.

LS: What other projects did you work on at the center?

ES: Oh, let's see. In addition to the research fellowships, they were very strong backers of the salary equity plan. And they—a lot of this would be joint support for a project. For example, if one hospital was bringing a guest speaker, then all would be invited. Or when we had the Cass Fellowship—I'm sorry—the Cass lecturer; there's a Fay Golden Cass Lecture every year. I don't know whether you ever saw it, or when. And we—it's been going for more than 20 years but it fell on hard times. And they were having a hard time getting a good

audience, and so we took it over and we—we got Gro Brundtland for our first year. And then—

LS: Who is that?

ES: What?

LS: Who is the person you got for your first year?

ES: Gro Brundtland, who was prime minister of Norway, I think three times, and then became—I can never remember—it's director general or secretary general of WHO. And she was a fellow at the Kennedy School. And Miles, my secret helper, was responsible for her fellowship over there, so we were able to capture her. But then the point of the business is that we would get every one of these hospitals that worked for the Center of Excellence in the Joint Committee on the Status of Women and various other hospitals, so that we must have had 12 people supporting this lecture. And we asked every one of them to make sure that they got their people to come and to have, you know, representatives come to the dinner for the guests and so forth. I'm just say—it gave us a—a way of making some things successful that we couldn't have done solo if we hadn't gotten them all together. And then each of them—some started with, and others added—got—some are called Offices for Women. And then they've gradually become Offices for Faculty Development. But when they come together, and each of them had to report what they were doing, they'd see what the other was doing and they would say, you know, "We ought to be doing that." So we got additional offices in many of the hospitals. And if we didn't get offices, we'd get a person who was responsible, so it just had a sort of a amoeboid—you know, the various things that happened because they watched each other.

LS: So you've done a lot of committee work with President Bach, as associate dean, as dean. What stands out for you in terms of—and you've also served on national and state committees as well. And I guess the first question, how do you juggle all of them?

ES: I think it's your mindset about committees. You know, some people say, "I hate committees and, you know, it's a waste of time and I should be in my lab, or I should be doing this or that." I like the committees and learned early in the process that they really have to be well organized. You have to have an agenda and you have to have some kind of momentum, and you have to have some kind of output at the end. Otherwise, who's going to want to come to a committee? So I learned how to manage them. And it's—it's through the committees that you get anything done. In a place like Harvard with 18 affiliated institutions, you have to get them to agree, to come to consensus on various things. And the main route, since we aren't the Army or the VA or whatever, is to bring them together and agree on some direction that you want to go. And I like people; otherwise, I never would have gotten into this. And I sort of enjoyed the camaraderie that builds up after you've been on the committee for a while. And when you sort of agree on the direction you need to go, it gets easier as you go along. So I never—I always enjoyed the committees, with some exceptions, of course.

LS: What was your most challenging, do you think, if you could name just one?

ES: Well, for 10 years, before Margaret Dale, the lawyer, came into our office and we had scientist misconduct as a problem of our office, and we had a faculty committee on scientific misconduct, and we had to

comply with all of the federal regulations, of which there are many, and also work with the General Counsel's Office to make sure we weren't stepping into any giant potholes. That, I think, was probably the hardest work. You know, I would have wished that I had a law degree. Then I wouldn't have had to call the General Counsel's Office every day, because we had some very, very difficult cases. And we thought, after the first one, there wouldn't be any more, that that was a once in a lifetime aberration. But it turns out, if you have a faculty as big as ours—9,000, I think, when I retired; 10,000 now—you're just going to have, in any year, people who get off the reservation and then you have to deal with it. So when it became clear that this was never going to go away and Margaret came on, she was a—a lawyer by training, and wonderful judgment and very clear about the process for fairness—and my life took a distinct jump upwards when she came. I said—because she was—she managed it so well. So that probably was one of the toughest challenges along the way.

LS: Could you talk about the Promotions and Reappointments Committee at the medical school, which you served on from 1978 to 2005, if I'm correct?

ES: Right. I served on it before—I chaired it 15 years but I served ex officio on the committee for, what, 10 years or so before that. Anyway, that is a—very time consuming for the faculty member and for the medical school process, which is very clearly outlined. And it improves as time goes on. You know, we revised it and then my successor has chaired a committee to do yet another revision, which I like a lot. So it's—it's a living organism, but you have a process that

is in writing and all the departments have to, you know, follow that process. It—there may—many aspects—work very hard, trying to make sure that affirmative action was observed at the beginning, because if you just appoint somebody, very hard to go backwards; and if somebody has moved here, very hard to get—say, “Sorry, didn’t come the right route. You know, no appointment after all.” So a lot of effort went into trying to get the departments, and most were very good about it, to start their searches beautifully—you know, with a large pool of applicants and external and internal letters, which are very—you know, that’s a serious business of picking who outside, who inside. A lot of time, you get people to respond, a lot of effort to get the faculty members to do their CV in the Harvard Medical School format that seems—they would like anything other than that. And then we had a committee of 30, probably because they were all full professors, and they traveled a lot and they did visit a lot—low 20s of the number who would be in the room every month to go over these. But they all had—they had their assignments to review ahead of time, and then the department heads had to come and present. It is a whole choreography, which when it’s done, the faculty appointment means something. It wasn’t a dubbing; you know, it was done with great care and a lot of people’s effort. So it was time consuming, wearing, but worthwhile. And the dean chaired the Full Professor Committee, the subcommittee of professors, which is even more choreographed and rigorous. But I did the assistant associate professors.

LS: Do you see a lot of women sort of get stuck at your level for your committee and not make it to full professor? Did that number change?

ES: Well, let me say this. What's hard to see is the stuck ones. You can look at the data and see how many of each category got promoted. And here's where my successor, Elise Lieberman, is very good. She's trained as an epidemiologist at the School of Public Health. She had a doctor of public health. And there are many ways to look at that data. So sometimes, you can say the percentage of women who progress to full professor might be the same percentage as that of men who progress. But there's so many fewer of the women and so many more of the men that, even if the percentages are equal and fair, you don't—there's no gaining on them. You know, you never catch up. So part of the job is, you know, what are the things that will help it to catch up, that will widen it? And it's a very high bar for full professor, and what you have to prove that you've done is not easy for man or a woman, but particularly hard for the women, who are trying to do too much.

LS: Do you think that part of the problem is the amount you're expected to publish and the amount of research you're supposed to do?

ES: Exactly. That's very hard.

LS: And that's sort of where the Shore Fellowship comes in?

ES: That's the idea. Ours gets you—you can only be instructor—assistant professor, so that gets you up to assistant and associate. What we're—as I say, I think the next big challenge is getting from associate to full. It—a 30,000 or a 50,000 fellowship, by and large, is not going to make the difference, because to be an associate professor, you already need to be independently funded. So you know, there's a lot more at stake here than just getting protected time. I think there's a publication that came out this winter that talks about the success of

women and men applying for federal grants. A committee of women here among the different hospitals, HOS-affiliated hospitals, got a lot of cooperation from the hospitals to see when the grants went in, how much they asked for. And to oversimplify, the women did as well as the men in percentage approval. But they asked for less—less money. And when you ask for less money, you can hire less research assistants, or you can pay for less lab space, or—it has a multiplier effect. So you know, that’s one place to bore in in terms of thinking, ‘What would it be that would allow them to move a little faster?’

LS: Very interesting.

ES: There was one other thing I wanted to add while it was on my mind, and that is not to be underestimated in the women’s trek up the ladder is the support of the spouse, because in many instances they’ve had very supportive spouses, who’ve done, you know, their share or more than their share in helping with family things. And though I’m not on professor track, I was able to do a high-intensity job because of a husband who was very supportive. Before it was sort of endorsed as a necessary ingredient, he was very helpful at home. When he came home at night, he never went to read the newspaper. I mean, he just rolled up his sleeves in the kitchen and started, you know, wherever we were and helped with the dishes and so on and so forth, so that in the early years, his job was much more time-consuming than my part time. And I did all the cooking until I bored him to tears, I think. And when the kids—I had a rule that any meal I made had to be on the table within 30 minutes of my walking in the door, because everybody’s hungry and they’re irritable and just have to get the show on the road. But that meant there was a lot of repetition—you know,

the same menu. So after the last kid went to college and there was nobody to stick anything in the microwave or whatever—we didn't have a microwave. There was no one to stick it in the oven. He began cooking more. We bought a microwave. That was the first thing we did, and the second is he began doing more and more of the cooking. He's imaginative about it and likes to do it, so he does the cooking and I do the cleanup. But it—it really makes a huge difference of whether a spouse sort of believes in what you're doing, is interested in it. And he always was. So it was—I never felt that I was having to drag three children and a spouse behind in order to do this. He was my sort of best advocate, sometimes persuaded me that I could do things that I didn't think I could do. He just helped. And I don't know how you—I don't exactly know how you predict that. You know, that's a questionnaire you can't give when you're making some affiliation. You know, "How much help are you going to give me on this, that or the other?" [chuckles] That's not something that's going to happen. But when the sort of balance of responsibilities gets good and there's a sharing, it makes it easier.

LS: I have to ask you, because you served as the Harvard's women liaison officer to the Association of American Medical Colleges. What was that like?

ES: That was a group of women who represented the different medical schools, and they really came together just at the annual meeting, for the most part. That's when we saw each other face to face. But then there was an office there, and they did a lot of development of programs for either junior faculty or administrators, for deans, for faculty members, trying to teach them what they needed to know to

advance more quickly. So that was really—that was helpful. And then somewhere along the line, I decided there should be a section in the AAMC, be—well, let me say this. When you met with the women's liaison's offices, just the women—you were always talking about your women's issues. Then I decided that Faculty Affairs was a generic issue and that we should get a section on Faculty Affairs. And we sponsored a breakfast meeting where we invited people with titles that we thought looked like Faculty Affairs, though they're different in different schools, which was very well subscribed. We ran a lecture or a seminar on the ending of mandatory retirement and how it affected medical school faculties. Just at the time that that legislation was changing, it was so well attended we had to move to another room in the hotel. And I did a third one, which I can't remember, and then I went to the person I had to appeal to and said I really thought we needed a section on Faculty Affairs. And this guy said, "Well, you know, it's sort of expensive to set up one. Then you have to have somebody in Washington who administrators. And then they have six-month meetings in between meetings," so on and so on and so on. He said, "The way really maybe to think about it is go to the—there's one on"—something—it was financial but I can't remember what it was called exactly, some General Financial Affairs. He said, "Why don't you go and see if they'd like Faculty Affairs to join them? And then maybe some day you could have your own." He said, "During a meeting in Santa Fe, why don't you go see if anybody asks you to dance?" I was so angry. This was not about being asked to dance. This was asking to have—to say that there was a whole cohort of people out there who should be talking to each other, just the way

Student Affairs or Financial Affairs or Public Affairs—and we don't have a forum in which we meet. So I said, "No. Then I'm not going to help. You know, I'm not doing any more programs for Faculty Affairs. I'm out of here." And I never did another Faculty Affairs program for them. I don't even know that they missed it. But in my own mind, I said, "That's it." And I also went to the guy who was the president—you know, the paid executive.

LS: Of the AAMC?

ES: Of the AAMC, and tried to persuade him but this guy who had no heart for it, who was, you know, directly in line and didn't want to do it, and so I stopped going to the AAMC and said, you know, "That's not really not my organization." Would you believe I saw that president within the past three months, maybe, and he came over to me and said, "I think you'd be very happy to hear, we're about to start a Faculty Affairs section." This must be 10 years later. And I thought, 'Well, isn't that nice?' [chuckles] You know, but—so you do run into these funny things when you work with organizations. And you either—so life is not all smooth but you win more than you lose. And you push here and you push there, and some of it works and some of it doesn't. So I'm not the AAMC's world's biggest fan but they're—guess maybe they'll get there this year.

LS: Do they have a reputation for being an old boys network? Or is that just sort of—sort of an isolated incident?

ES: No. I think they have a strong women's thing and they love it. But my feeling was, you shouldn't just be talking about women. Faculty Affairs is everybody. And we should have the breadth of spirit to do

something that crosses over instead of just talking to ourselves all the time. So that was the philosophy behind it that didn't work.

LS: I wanted to bring it back to a Harvard organization you've been involved with, and that's the Aesculapian Club.

ES: Mm-hmm.

LS: Can you talk about that?

ES: Oh, that's a fun organization. It's now—it started in 1902 and it started because, at that time, there was no dormitory for medical students, and the faculty wanted to improve the quality of their life, so they did a number of things. And their wives at that time (they had a very strong auxiliary) did a lot of things. They started something called a Sinking Fund, and I don't know what the origin of the word sinking—but it meant if you needed money for something related to your medical school career, you took out and then I think you were suppose to put back in when times got better. But that was valuable. And the women, you know, would—I think they had teas for them. They were very big on teas. And then they got—Vanderbilt Hall was built. And that—so they had a dormitory, but then their organization went on. It was really to sort of improve the quality of their life, and they helped them sponsor dramatic performances, and from year to year, whatever the org—whatever the committee wanted to do. They had a lot of freedom and it moved on until now, where I try to remember all the things they have done with their funding. They—they paid for the tennis court in the middle of Vanderbilt. They paid for all the ficus trees that are in the—the Mac. And the year I was president in 1990, we bought a Steinway practice piano, that's in the

basement of Vanderbilt. And they'd pay for the White Coat Ceremony.

LS: What's that?

ES: When first-year students come in their first orientation, they are all awarded white jackets, their first white coat to impress upon them that they're here, you know, for a serious professional purpose. And they—then when they go to visit the hospitals and the clinics, they have their little white coat to wear. So it didn't originate here, the ceremony, but it is done in many medical schools, and it's the Aesculapian Club that pays for it. And then the—at the 100th celebration, Bill Kettle and his wife, Cindy Kettle, did a history of the organization, and my subset of it was to go through the archives here in Countway and make a record of all of the donations or all the things they had done to improve the life of students, to sort of blog it over the hundred years. And in the course of it, I found that, possibly in the '30s, they were going to try to get an endowment fund that would then spin off some scholarship money. And they wanted to get it to 25,000 and the dean wouldn't let them spend it until it got to 25, which was worth a fair fortune then, I guess, to spin off. And then it—after a while, that fund supported the Aesculapian. They put some money into the Aesculapian Room in the first version of the Countway. And then it was re—how would you say? It was renovated.

LS: Renovated.

ES: They put some money into the Aesculapian Room on the lower level and something for books. But then it disappeared from sight. The Executive Committees forgot that it was there. And I was just—so I

was mulling it over and I said, “You know, endowments never disappear. Where is that \$25,000 endowment all these years later?” So I went to the financial folks in the medical school and said, “Where is it? What is its worth? What is it paying for?” Because people who allotted some of its income to the library—long gone. And because the Executive Committee turns over, there was no committee history and it got lost. It was worth, I think, 360,000 by now. It had just been there, you know, invested by Harvard’s method, because it was an endowment, just growing and it was spinning off maybe 10,000 a year to the account [unclear] for its books, because the last note said, “We’ll give this to the library until the Executive Committee decides to do something else.” Well, since the Executive Committee didn’t know it was there, it never did anything else. So that was such a windfall for—you know, “What are we going to do for the medical school that will make a difference?” We were in irons for two years. We’d never had such trouble because nobody could agree on what was the appropriate use of some of this money. So we argued. We had visitors come. Students came and so forth. And finally, it was agreed that it would be used to renovate the deanery in the—in Vanderbilt Hall and it—now—I don’t know that it’s called the Aesculapian Room. Maybe it says, “Renovated by the Aesculapian Club.” There’s some recognition of it. And they had it repainted, new furniture, new TV, all new kitchen supplies—really very classy now. So that’s the most recent gift. And that’s the Aesculapian Club. It has no purpose, except to meet once a year for dinner and, usually, the second-year show puts on several dance things and—you know,

dance and singing things in their own show. And there's a gift. So that's the Aesculapian Club.

LS: Great. I think we're going to need to cut now. We're just about two hours. Do we have tape to continue talking?

MAN: I should change the—

ES: I don't want to have you—

End of Interview

Interview with Eleanor Gossard Shore by Lesley Schoenfeld for the Women in Medicine Oral History Project, July 9, 2008

SCHOENFELD: Today is Wednesday, July 9th. We are in the Maxwell Finland Conference Room on the third floor of the Countway Library of Medicine at Harvard Medical School. This interview is for the Women in Medicine Oral History Project. We are speaking with Dr. Eleanor Gossard Shore. My name is Lesley Schoenfeld. So Dr. Shore, when we last spoke, you mentioned the Rigano system, specifically in reference to when you had been asked to provide data about the Harvard Medical School. And I was hoping you could give us some information about what the Rigano system is.

SHORE: The Rigano system is named after the man, who was the first to bring computerization to bear on our very large faculty and staff. The numbers were such that, very hard to count how many of each category. So he worked out a system for trying to keep track of all the different levels of faculty and staff. And that was enormous piece of progress. We were very delighted to have it. As the years went on, more and more sophisticated ways of computerizing our statistics

about our faculty and information on their background and their promotions and their—and our new faculty, so to my surprise, as we tried to comply with requests about how the representation, let's say, of women and minorities had changed over time, it turned out that the new system was not always compatible with the old, so that we really couldn't rely on statistics until the early 1980s. Rigano was the—sort of the grandfather of this system, but his system was not compatible with the new system. So for our purposes, we have little more than 25 years, which we can use. And the computerization has been enormously helpful. The faculty now numbers more than 10,000, so you can imagine how hard it is to keep track of all that. But the computerization in medicine has moved way beyond our faculty needs. It is deeply imbedded now in the hospitals. Not as many doctors have computerized records as our leaders would like, but some health care institutions are totally computerized, all their health records. For example, Partners' records are all computerized. The Harvard University Health Services' records are all computerized. And that makes an enormous difference. Beyond just computerizing the information, there is such potential for interactions with the patient. The patient can look up lab test to the degree that they can be interpreted by patient. There may be some things like MRIs and so forth that are sufficiently complex that you might not want to put those up for the patient to read without the doctor's interpretation. But all of this is in the right direction and they're—some doctors are encouraging their patients to e-mail them with their questions, if they're not emergencies, and doctor responds that way. So the whole movement is going forward. The computer or information technology

specialists at the various Harvard hospitals have now put on a CME course twice, which really describes how far we've come and what potential there is in the future. This year, I was very pleased to persuade the organization called The Ray Alcoleheo Competencia (as a parentheses, I should say that that's an organization for exchange of students and faculty between Harvard University and a variety of universities, primarily Competencia University, but others as well, in Spain, for purposes of sharing knowledge, doing research together. And this is more than 15 years old.) That's the end of the parenthesis. Now, under the auspices of that organization, we were able to have the dean at Competencia Medical School send two faculty members to the CME course I just mentioned so that they could learn what we know and then share what they know, with hope that both sides benefit. One of those two physicians will be coming in about two weeks to spend a week visiting hospitals and computer information specialists to get a hands-on exposure to how to gather information from huge health organization that he is responsible for, information wise. He is coming from a 1,100-bed hospital, so we—I imagine, again, this will be a two-way exchange and I'm very pleased it's happening.

LS: Your—let me just stop you for a second and have you explain what CME stands for, for those of not in the know.

ES: Right. CME means continuing medical education. Sometimes, it's just called CE, continuing education. But every physician has to do 50 hours a year of continuing education in order to be re-licensed. And that means that there is a whole organization at Harvard Medical School offering what I call CME courses for doctors who are in

practice and want to be updated or want to learn something new. It's a—it's a very vigorous industry, almost.

LS: So Spain is just one of the many countries that you've ended up working with through the medical field. I was wondering if you could talk about some of your other international experiences.

ES: My earliest international experience was serving as medical consultant to the Harvard, Radcliffe Peace Corps members in the mid to late '60s. Now, I really would have liked to go in the Peace Corps but with, at that time, two children and, shortly thereafter, three children, there was no way that I could follow them to Malawi. But what I did do was see them—helped to prepare them before they left so that they could take good care of themselves when there wasn't medical care readily accessible. And then I saw them on their return and tried to diagnose what parasites and other things they brought home with them. So I equated that with being the people in Houston who sent the spaceships up and then got them back but never went up themselves. That was my first introduction to working with the individuals. And gradually, I organized a course for travelers to areas where there was no medical care available, and that gathered people going to the most remote areas in the world. And they had about 10 hours of instruction about how to take care of themselves. And then I followed a thousand travelers who left the Harvard University Health Services. I got them at the time of their travel immunizations and followed them while they were gone and after they came back. So that was my first taste. But for actually going out to the other countries, I did a month of research in Saudi Arabia in 1972, and then later I began to deal with specific individuals in other countries who

were interested in leadership issues for both men and women. But gradually, the focus began to be more on women because there seemed to be a dearth of information in other countries that had been shared with the women. So my first attempt at this was in, I believe it was 2001 when the 600 Chinese physicians came to the United States, actually came to Boston to exchange medical information. This was the largest group of Chinese to come to the U.S., except for Olympics. And prior to that, I was able to go to China with the dean's group and to identify six women physicians who were going to be coming and who would be interested in having a panel, six of them and six of our faculty members. We asked the same questions of each and they gave their different perspectives, with more similarity than you could imagine. So that was the initial one and then, over time, I also organized a panel in Spain, in Madrid, where we took six of our women and met with them for several days and again, reviewed our different perspectives on issues that affected women who were trying to rise in the academic ladder. They had never—they had no women's groups. They'd never met as a women's group, so this was startling for them. We then—since then, have done work with groups of women in Australia, in Perth, and again, have worked on the leadership issues in Spain. But that, more recently, 2006 and 2007—but in that instance, we were talking mostly to men about their—the way that they dealt with their women leaders and how they supported them as they went through their various life cycles. Quite a few of them were cardiac surgeons, who were singularly uninterested in bringing women into leadership positions. So this was kind of the drip, drip technique to get them to think about why they felt that way

and what leeway there might be. After that—after Spain, I did a group of—met with a group of 24 women in Dubai this past spring. Those women had never met as a group, as women before. And they got—I had been given ideas about how to stimulate a conversation, how to get them comfortable about talking. Well, you just closed the door and they had never had a chance to either vent their—their discouragement or to talk about what they were doing to cope with the problems with other women. So they just grabbed the ball, spoke nonstop and I would—I'm very interested in the follow-up of whether they will persuade their CEO, et cetera, that they should have some women's group to—for support, if nothing else, and for good ideas, preferably. The new CEO in the Dubai Harvard Medical Center Health Care City is a woman, so the stars are all aligned and there should be some real progress. The next adventure will be going to China and speaking in four cities. This is going to be tougher because these are going to be, in each instance, CEOs from Chinese hospitals, none of whom is a woman. So the trick will be to get them interested in thinking about how to bring along some of their women as leaders. There are many women, as you all know from the news reports, who practice medicine in China. But there is a real scarcity of them in high leadership positions and in their top professor positions. There are some but nothing compared to the pool.

LS: I wonder if you could talk a little bit more in detail about the panels. Because I just think some really interesting things must have come up from, you know, the women in China to—you said, also in Madrid you did a panel. You said there were similarities but differences that you noticed?

ES: Probably the biggest difference is the different approaches to childcare. In China, they're particularly at this time involved with the one child per family policy, and the grandparents do an enormous amount of the babysitting to a degree that we wouldn't regard as optimal, but they'll sometimes send the young children to the grandparents for a couple years until they're ready to enter the organized school system at, possibly, four or five. But they didn't complain much about scarcity of childcare. It was not a big issue. And they were tougher in their willingness to share their children with grandparents. When you come to Spain, they weren't complaining either, because they have a very large immigrant population, primarily from Ecuador, so that they have a large number of women who are ready and willing to take care of children. And they speak Spanish so that the language issue doesn't come up. I think it would be fair to say that of all these countries' panels, the U.S. presents the most problems in childcare. We don't have much in the way of subsidized—seriously heavily subsidized childcare. And it—just the finances alone are a big obstacle. I really think that this is not a Harvard Medical School problem. This is a national problem, and we need a national program that would provide the resources to have really first class childcare for all children whose parents want them. Many parents don't want childcare and want to stay home and take care of the child, and that should be a very respectable option. But for those who do want to work fulltime or part time, for us, childcare is critical. The other curiosity is that, in the representation of women in the higher ranks in medical schools or in universities in sciences, there is enormous similarity. I've looked at the European Union figures. I

have the Chinese figures and the Spanish. And we all get stuck somewhere. The Harvard Medical School has about 12 percent women professors. Some of them eke up to 15 percent. Many in Europe are much lower. You know, seven percent—countries that you would not imagine. So I would say that we have more in common than differences. But there is an enormous sort of energizer to sharing out statistics and our approaches, our support systems, so that other people can try them. And I think, although progress is slow, it just can't help but happen.

LS: I know that Harvard Medical School is about 50/50 in terms of their students, 50 percent male and 50 percent female, which is very interesting, considering the percentage of faculty members. Did you find similar numbers at the other schools where it was about equal in the genders?

ES: Equal or more.

LS: More women.

ES: Some of them are more than 50 percent. And 20 years ago, we thought that this was a pipeline issue, that the women would become residents and then they'd become junior faculty and senior faculty. The big surprise is, though that has happened to minor degree, it didn't solve the problem. We—still stuck at 12 percent. And I think it would be fair to say that enormous progress has been made at the junior faculty level. And we have numbers of supports built in, such as the 50th anniversary fellowship, which we'll talk about more later. But the problem is that we haven't figured out quite well enough what the support would be for the associate professors, just one step behind full professor. And that last step is the hardest, because the criteria for

appointment as professor are very rigorous, has to do with your publications that are nationally or even internationally recognized, has to do with your participation in national, international organizations. One is, if in clinical areas, to be regarded as an authority in the field, not just a practitioner. All of these things are very important and the women who have made it have done it beautifully. But considering that the women are having to divide their time, even when they're working full time evenings and weekends, are very tied up with family matters, so that they can't keep up the pace in the early family years. And that means that when it comes to the final evaluation time, they are found wanting in several areas. For example, they have not gone to as many national, international meetings, because they've stayed home more with their children. And that means they aren't on national committees as often, and they aren't as well known when you go to get other peer colleagues to evaluate. All of those things are up for discussion. Are our criteria optimal? Should more be done to support the women to participate in these national and international events? This is ripe territory for my successor to try to come up with new ways to help our associate professors become professors.

LS: I have to ask you, did you ever imagine you'd be jet setting all over the world for your job? Because you have been.

ES: No, I never did. I wished I could but I never thought it would come to pass. And I think that, in a sense, my career path reflects it, just what we were talking about before, with three young children, although we did an enormous amount of traveling as a family, which I'd like to tell you about. But that was not for professional reasons; that was for just joy and for family to be able to vacation together in the summer.

The—so later, when children were grown and all had their own homes, the opportunities to travel were very appealing. And so we—I do much of it with my husband, who likes travel even more than I do. And it's just been a very fortunate situation in which we can do this in our later years, I think you'd say.

LS: So your children were still quite young when you became the assistant dean. I mean, they weren't babies but you know, they certainly weren't completely on their own at that point. How was that for you?

ES: Well, the—I worked part time as a primary care physician when they were really little. And that worked out quite well, starting at the Harvard University Health Services, where I kept it up for 35 years, part time. And when you're in a group practice, that's optimal for women, because when you're on duty, you're on. And when you're off, you're off, although I was always available by phone. I gave all my patients my home number, my office number. There weren't cell phones then; that would have been even better. But it was possible to keep that up. As they got older, the first—I went back and did my residency, which I discussed already. It was slightly later than my colleagues, after the three children were here and the youngest was in—in nursery school. I did my training in preventive medicine. And then after—and did research and worked with the travelers. After that, I became assistant to President Bach. That was my first large administrative job. And I think I mentioned before, I did increasing levels of part time until I finally declared myself fulltime. The—but that worked well because the children, fortunately, hated to go to bed, hated to sleep, so evenings were really fun. And my husband said, maybe they would sleep if I didn't make every evening a Mardi Gras.

But they liked to play and I liked to play, and they didn't want to go to bed. I didn't either, so our evenings were very pleasant. We traveled in the summer in—we bought a second-hand Dodge motor home, about—I think I was 27 or 29 feet long. Everybody could sleep in it. We started out in the U.S. We—various places. We went to Prince Edward Island. We went to visit all the Iowa farm relatives. We went up to the Canadian Rockies. And then when we had that under our belt, we started renting a motor caravan outside London. And we took them in this motor caravan to—first, we started timidly and did really England and Wales. Then we branched out to Northern Europe. We did Southern Europe. When they got a little older, we could do it in a car. We didn't have to have this motor caravan, and we took them to Turkey, and we took them up all around the northern coast of Scotland. So those were really wonderful events. I think, you know, the closeness of those weeks of travel were such that I think they welcomed the chance to come home and spread out and not be [chuckles] knee to knee with their parents morning, noon and night. But that was fun and they—they were all good students. They went to the Needham Public Schools, K through 12, before the days of busing. So they walked for all those years and all three went to Harvard College, though they majored in very different things. It was as though they went three different places. The first majored in East Asian languages and civilization, the second in psychology, and the third in history and government. But it was—it was nice. They weren't too far from home. We were able to enjoy them. And the other sort of subtext in terms of family enjoyment that kind of compensated for having a working mother was that they—they all

were musical. So one played a clarinet, one a bassoon, and one an oboe. So our extracurricular activities were mainly going to concerts. I wouldn't want to exaggerate, certainly a hundred, maybe 200. I don't know because they each belonged to either—in addition to the school groups, to either GBYSO, which is the Greater Boston Youth Symphony, or MYWE, which was the Massachusetts Youth Wind Ensemble. So—and they got—they got a little taste of traveling too. My—my son went to Russia with MYWE. Our daughter went Italy with GBYSO, so they—they had the travel bug and they enjoyed it. And all of those things helped to mitigate the fact that Mom wasn't home when they got home from school. But I need to add a big P.S. here. I had very good childcare. The—in their earliest years, I had two women, each of whom worked part time, so I never really got stuck. And my mother lived in Quincy and she'd drop everything and come if a child was sick or whatever. And then one of these two women began devoting her whole time to our family, and she has now come for 44 years, first, to take care of the children. And then later, when she had her own family of children, she came part time, half time. And while we were, that time, working full, full time, once the children were gone, with work spilling into the evenings and weekends, she kept the ship afloat. So we owe her an enormous debt of gratitude, couldn't have done it without her, and there was a stability to that where we didn't have to keep changing babysitters that made life very easy.

LS: What's her name?

ES: Sarah Cannon.

LS: And she still is with you now—

ES: Yes.

LS: —on a part time basis?

ES: Well, when I retired in 2005, I put her on retirement. And I'd like to make a point of the fact that in general, our childcare, our eldercare people are underpaid and—and don't have the benefits that they need. So I decided that I would—I didn't know how to measure what to do, that I would treat her as though she were a Harvard employee. So she gets a month's vacation a year. I pay all her health care. I make sure that what I pay her per hour exceeds, actually, what most of the folks doing her kind of work would get. And then there—I served on the Benefits Committee at Harvard for years, and their goal for many years was that when you—when a staff person retired they would be making 80 percent of their—the best that they had done. I can't tell you how, in the past three years, whether that has changed. But when I retired, I said she could retire too and I'd give her 80 percent of what she had been getting from me, or she could come one half day a week, because those years, she was only coming halftime, after the children grew up. She could come one day a week and I'd give her a hundred percent of what she was making. And that way, she's able to watch the house when we go on the trips, and she no longer does housecleaning because she's 75. And she had multiple foster children and adopted four of them, and one of them has done very well. And this daughter and the daughter's husband took her to Hawaii for her 75th birthday. So her life is, I hope, rich enough to have made it worthwhile to just stay with one family.

LS: And now she sees your grandchild too, right, when they come to visit?

ES: That's right. She sees the grandchildren.

LS: Do you want to talk about your grandchildren?

ES: And she has a grandchild.

LS: Oh, right.

ES: So she gets to see the next generation. There are four grandchildren. Monica is 15 and her favorite activity is figure skating, and so I—in an amateur way, but she competes in Denver in amateur performances and loves it. Then we have twin boys, Robbie and Jamie, who are eight, who are a joy, very funny, and very different, totally different personalities, but they get on astonishingly well. That's not to say they don't scrap, but basically, they're on each other's side when it comes down to it. And then the fourth and last grandchild is—has just turned 19 months. That's Eleanor, the second. And she was born with the loveliest disposition. You know, they talk about things being genetically determined and inborn and so forth. Well, she's—just short of being vexed, you know, which is—happens not infrequently at 19 months—but short of that, she is all smiles and into everything, very curious, and just a joy. I just spent the last weekend, actually four days, with her. And I am her great fan. She has a new swing set and it is such a sturdy swing set. I was told that an adult could swing. So I—she could swing beside another child and never laughed. But if Grandma got in the swing beside her, she thought that was pretty funny. And I wondered if she was sophisticated enough to know how absurd that was [chuckles] for her grandma to be swinging, but it certainly amused her.

LS: So where do your children and your grandchildren live now?

ES: Our son lives in Arlington, Virginia. Our daughter lives in Denver and the youngest, the daughter, lives in Larchmont, outside New York City.

LS: And are you going to them more or are they coming to you?

ES: We do both and see them surprisingly often, given the geographic distribution. First of all, United has its hub city as Denver so you can climb on here and get off there in about four hours, so that's not bad. We can drive to Larchmont in four hours, and they drive up too. And our son likes the train and there's a lovely Amtrak train from Washington to Boston. So all in all—and we get together—first, we were doing it for key birthdays and every five-year anniversaries, I think starting at 40, 45, 50.

LS: These are your anniversaries with your husband.

ES: Our—yes, our wedding anniversaries. We'd get all of them together in the summer. But then last year, we thought, 'Well, you know, what if we don't last forever? Maybe we ought to have one sooner.' So we took them all to Canada, north of Toronto on Lake Simcoe, and they liked it enough that, though this is the 55th, we're going to go back to the same place. And it's a—a rare opportunity for them all to get together, because they don't see each other so much. And that's going to happen in a few weeks, and I can hardly wait.

LS: So just going back to some of the stuff we talked about before, you had said that it was really important for you as a woman physician to have a supportive spouse and that your husband, Miles, was extremely supportive. And at one point when we spoke before, you called him "Miles, my secret helper."

ES: That's right. [chuckles]

LS: I'm wondering if you could talk a little bit more about, you know, how important that was for you and what that was like in your relationship, because he was—he's also a doctor, so he also has patients and he's busy.

ES: I think I was lucky in many respects. He came from an Iowa background. Both his parents grew up in Iowa, sometimes on the farm, sometimes in small towns. But the women in the Iowa farm families works like dogs. They raised chickens, milked cows, did all the cooking for the threshers and so forth. So it was a—it was pretty much a 50/50 arrangement that he'd seen. His mother and father were both teachers and, I think when he got into junior high, his mother went back to work. So he watched them divide, really, all the chores. So when they came home, they both worked at whatever needed doing. They both cooked. So that was the model, probably, in his head. And he didn't have a—a vision in his mind where someone was going to stay home and cook and clean and do laundry all day. That made a big difference. So we were medical students together. And then we did—were house officers. And he has always pitched in when he's home 50/50. In the early years when I only worked part time, he was working full, fulltime as head of Mass Mental Health Center, which was a large psychiatric hospital affiliated with Harvard Medical School. And that had more night meetings and was in the community mental health era where their meetings were always at night. But except for that, it's been pretty 50/50 all the way, plus he—it's more than time. He's—he was very supportive. He would persuade me to do things, to take on job offers which I thought really were maybe a little out of my reach. I hadn't done it before and I

didn't know exactly how it would go. And he would always encourage me to take a chance, and that was very important. I wasn't having to fight a rear guard action when these opportunities came up. So I think I owe him enormous debt of gratitude, plus it's fun if you have somebody—if you get home and somebody comes in the kitchen and stays there. Then it's a treat rather than an obligation. And as I say, or just said, the chance to travel together in our later career, to do these things together—not all of them. Some are just his. The Spanish Committee is just mine. But we, whenever possible, go together. So it makes for a rich experience.

LS: One of your daughters went into medicine; correct?

ES: That's right.

LS: Have you shared your experiences with her? Has she asked you for advice?

ES: Well, I think she, in college, just consciously decided she would not go into medicine. And she majored in psychology and graduated, went out to Rochester with her now-husband and discovered that the only job that she could get with a psychology degree, bachelor's degree and no graduate training, was working in a bank. She tried, you know, all over Rochester to see what jobs she could get. And we were traveling with her that summer—you know, sort of a last fling after she'd graduated from college. And I remember we bought her two bank suits in London. And when she got back, she said, "I never wanted to work in a bank." And she started doing pre-med, which she had not done in college. So she did pre-med in Rochester and then she did the post baccalaureate program at Bryn Mawr. And then she and her husband came to Harvard Medical School together, and

they—in 1986. And I’ve asked her, “Did you ever wear those bank suits we bought you?” And she always—there’s this little smile and she says, “Oh, yes.” But I have never seen them in a closet or on her. I think they got passed along. And she has never regretted not going to the bank.

LS: How was it having your daughter at Harvard Medical School when you were here?

ES: It was very easy for—because I was dean for Faculty Affairs. And she was in the student part of the world, and those didn’t cross a whole lot. And her name wasn’t Shore; it was Lewin because she was using her married name. So most people never guessed that there was a connection. And it—so I enjoyed it. I liked having her here but we didn’t trip over each other.

LS: Which is probably important—

ES: Mm-hmm.

LS: —because both of you need your space.

ES: Yeah.

LS: So I wanted to talk a little bit more about some of your committee work. We’ve talked about some of the committee work you’ve done in connection with your positions at Harvard. But I wanted to talk about your work as a trustee for the Schepens Eye Research Institute that you’ve been doing since 1993.

ES: That’s right.

LS: That’s a long time.

ES: That is. Initially, I was on—on the board of trustees as the representative from the dean’s office. Their—the affiliation agreement calls for three representatives from Harvard, so we have

one from the basic sciences and the quadrangle, one from Mass Eye and Ear—is more clinical and clinical research—and myself. And I did that until 2005. When I retired, I was elected trustee as myself, as an individual. And I have found it very interesting. It has particularly important mission. It's devoted almost entirely to research and heretofore, pretty basic research, to deal with multiple kinds of eye disease. And they have an excellent group of researchers, who compete very well with the NIH for funding from the National Eye Institute. And they capture all kinds of awards. One of their women professors got an award, the highest award that the Eye Society gives, and she's going this fall to China to receive another award. So they have such a good group of scientists. The problem comes in that without a clinical base, funding is always perilous. And they—they have worked as hard as they can to try to find alternate sources of revenue to keep this show on the road and to make it a premiere institution. But a lot, I would say, of the trustee time is spent worrying about how to find more sources. That's one thing. And the second thing is that almost all the research efforts in the basic sciences are being pressured to be translational, to more quickly combine with clinical folks and the clinical problems. And so that's a challenge in terms of trying to figure out relationships with clinicians at Mass Eye and Ear and other organizations. There—have a member of the Ophthalmic Consultants of Boston. On their board, they have Mass Eye and Ear folks on their board. But it is a challenge. I've served on its research committee and on one of their junior faculty search committees when we were looking for five new ones. So I find it endlessly interesting and would love to find a benevolent donor, who

would see the immortality that would come from [chuckles] major gift.

LS: You've—you've been working for—doing fundraising for quite some time now. I mean, you refer to yourself as being retired, but my sense is that, since 2005, you have been fundraising all over the place. Is that correct?

ES: That has turned out to be true. The—the biggest effort in fundraising, along with a small committee of four, has been to keep the funding up for the fellowships—of the 50th anniversary fellowships, which I've talked to you about before. What that means is, since there's not an endowment, the dean named the fellowship the Eleanor and Miles Shore Fellowship. And a few people have erroneously thought we endowed it, which would take such an enormous amount of money; I can't even think about it. Rather, the committee of four goes out every year and persuades the different institutions, departments, divisions, friends, foundations to pay for a fellowship. Now, the hospitals have embraced this with vigor. Mass General has 12 Claflin Fellowships, which they're doing at 50,000 a year for two years. The Children's Hospital last year had a total of 20-some fellowships, and a fair number of them are at 50,000. So they have found it so valuable they they have—there's—their own hospital selection committees. And they form sort of the infrastructure. But the department heads who have subscribed, for the very large part, have always signed up again for the next year. So it gets easier as time goes on. We always have to find new donors and we have to replace a few who've come on financial hard times. But basically, it's developed a momentum of its own, and that I enjoy. I may have said before, it's like fishing. If

you catch a fish, you think it's a great day and if you don't, you know, you're very disappointed. It makes my day when I persuade somebody to support that. And my husband and I have thought it was important enough that we have joined with Dr. Lynn Reed, who's one of our senior professors. And so the three of us support a fellowship each year, so we also have—a person that we know has—has benefited from this concept of providing funding at a critical time, so that they can either buy research assistants or they can buy protected time, so that during the week they can do what needs to be done, if they want to teach, do research, see patients, write papers and so forth, all of which require daytime.

LS: Who makes up the committee of four, you referred to?

ES: The committee of four consist of Elise Lieberman, my successor, who has adopted this with joy; and Margaret Dale, who's been the dean for research issues, and newly retired, so we have to persuade her to keep going; my husband and myself. And then we have best support from Sara Kiarsis, who's a—I always have to think about her exact title. She's program director or—it's close to that. And she manages to keep track of a very complicated application process, admission process, awarding process. And then she, single-handedly, arranges the fall celebration for all recipients, their families, their mentors, their department heads, so that we are averaging about 160 people who come to Gordon Hall in the fall for a wonderful celebration of their jumpstarting for a career.

LS: How did you first decide to have a fall celebration?

ES: I believe one of our earliest donors—our first donor, I should say, was Emily Cass, who's been very generous with the library and the

archives, very generous with the medical school. And she made the first commitment to support a fellow back in 1996. And maybe the second person to see the importance of this is a fellow named Rick Hunt, who was the—think what his exact title was—marshal for the university. He had his own academic career but he then, in his later career, became the marshal, who is the one who conducts commencement and who entertains all the foreign visitors and plays a very visible kind of ceremonial role. And he had a daughter who went to Harvard Medical School, so I talked to him about it. He not only signed up to support a fellowship, but he said it was very important to have something that recognized the donors as well as the recipients and their families. And we didn't know at first, you know, what families would come. We were a little clumsy the first year or two. We had these children jetting around the third floor of Gordon Hall, and it was kind of bedlam. And the audio system wasn't so good and it left a lot to be desired. But over the years, we've gotten better and better. There's—got a wonderful Bose system up in the third floor, Gordon Hall, and Sara worked out that the little alumni room was the child's room. So she gets all kinds of—Model Magic and all kinds of coloring things and anything she can think of. And the parents can go in and out of there because there's usually one award winner and then there's a spouse. And so they—they play in that room and come in and out. But it—we no longer have jet-propelled children and, as I mentioned before, one of the high points is each recipient has his or her picture taken with the dean and brings up the children with them. So infants—I said, I think before, the youngest has been 10 days. We had a two-week old one this last year. And then some are pre-teens. I

don't think we've ever had a teenager come up [chuckles] with a parents. There may be teenagers, but I'm sure they wouldn't do it. And so this is a pretty jolly occasion.

LS: So how have the numbers changed over the years in terms of the first number of fellowships you were able to award versus today?

ES: We have a pretty steady growth rate. There were 11 the first year. And it just grew steadily and then it surged and other groups wanted to do it. The Rabkin Fellows at the Beth Israel for teaching have joined, and one group after another has added—our peak was last year at 94. I'm sorry to say, this year is going to be 89, for several idiosyncratic reasons, one being that sometimes a department or division will agree and then can't find the perfect person at that stage of the career for whom that help is optimal, and so they have to sit it out and so forth. But it—it puts the challenge to us. We've got to get back up to the mid-90s this next year, so—

LS: How much money is that worth—are the fellowships worth right now?

ES: I think for this year it'll be about 15 million. And that is an investment that should bring enormous returns. It gives both moral support, financial support, and then there is career support. Once they're identified as someone with promise, their chiefs pay more attention to them. Many of them say they will give them added support the following year, and that's important. I don't know whether—you may be too young to remember that MIT did a study, with Nancy Hopkins being the champion. And they did a study of the—in one department of the women and the men and the resources they were given. They measured the square footage of their offices,

of their labs, how many post-doctoral fellows they had, how much research assistance they were given. And they found, across the board, that the men were getting more. Well, that kind of—even though it's early in the career, that kind of support makes a difference. And if you get behind in year one, two, three, it's very hard to catch up, because the people who have more research support, more technicians, more fellows are just going to go faster. So she made this—she and her committee—I think it was all the senior women but one or two in that department endorsed this report. And it was an eye-opener for everybody to look around and see if resource distribution is equal or it isn't. So this—and I have to say again that we have men as well as women who need this. You know, some of them are doing major effort, you know, as the primary caregivers. Some have ill parents. I may have mentioned one had a wife, who died of breast cancer the week after our celebration, and a son with congenital heart disease. So these folks—the men can need it. I told you—gave the fellowship, the Robert Ebert Fellowship from the Harvard Community Health Plan, now Harvard Pilgrim Health Care (the initials have changed). They gave their fellowship to a woman with triplets, and the next year the Pathology Department gave theirs to the father of the triplets. So need is everywhere, and though it sounds wonderful to have 15 million going to 89 people, there is so much more need out there. The people that get turned down would break your heart. So we have to think about ways of multiplying our resources. That's the second fundraiser. The third fundraiser was for the Archives for Women.

LS: And that was actually going to be my next question, because you are now the chair of the committee on the Archives for Women in Medicine. I—if you could talk about your relationship with the Archives.

ES: The—I've been a member of that committee since it began. I can't give you the exact year, but it's been quite a few years that Dr. Nancy Tarbell, a professor of radiation oncology at the MGH and now, as of this summer, the new dean for academic and clinical programs—she chaired this and brought together women from all the institutions. And there was a heavy focus on fundraising from women alumni, from anyone we could persuade that recording the history of women at Harvard Medical School is not—is important, not only historically but also to give courage to the young women who are here now to see what women who went before them were able to accomplish and what hurdles they jumped. So it's a valuable effort. At the end of our fundraising effort, we still needed—we had covered three years of the project archivist with the monies that Dr. Tarbell's committee had raised. Then we needed to get coverage for the next three years to stabilize our position of project archivists and keep the same woman, who is doing so well. Jordano Macane was—along with Catherine Hammond Baker—were just making real inroads in gathering papers, accessing, I believe they call it, and in putting some of them in beautiful archival shape, putting on a major exhibit of Dr. Greta Bebring's papers and other memorabilia. I've got to get some water. Can you stop?

MAN: Stop tape for a minute.

ES: I'm going to choke. [coughs]

LS: Oh, I'm sorry. [tape turned off/on] Today is Wednesday, July 9, 2008. We are in the Maxwell Finland Conference Room on the third floor of the Countway Library of Medicine at the Harvard Medical School. This interview is for the Women in Medicine Oral History Project. We are speaking with Dr. Eleanor Gossard Shore and my name is Lesley Schoenfeld. So Dr. Shore, I just wanted to go back and clarify some of the numbers from the Eleanor and Miles Shore Fellowship Program.

ES: Thank you. The numbers can get confusing if not stated exactly. So the figures that we need to keep track of are that more than 600 fellowships have been awarded since the beginning in 1996. And that translates conservatively to more than \$15 million that friends, hospitals, institutions, et cetera, have invested in the future of our young faculty. This year, with 89 fellowships, it translates to more than 2.7 million that—all of which will be spent on our recipients. And I argue there's nothing better you could spend that money on.

LS: You were talking before about the Archive for Women in Medicine, and I just wasn't sure if there was anything you wanted to add to what we were talking about.

ES: The Archives, as I was saying—the committee was very successful in raising money for the first three years of the project archivist. The next challenge was to raise the money for the next three years. I went to my classmate, Mitch Rabkin, former CEO at Beth Israel, Deaconess and asked him how he would go about raising the money for our archivist. And he gave it serious thought and said we should decide how much we needed and then divide it by the number of hospitals who had a substantial number of senior women whose

archives should be in our collection and then ask the CEOs if they would each give their fraction and to—so I took that on as a personal endeavor and called or contacted five CEOs. And we got the money we needed for three years for the support of the project archivist. That means that, as I take over the chairmanship—chairwomanship in 2008, we can focus on the programs, the exhibits, the communications with our supporting hospitals, which of their folks do they think should be—have papers accessed and which should be highlighted in exhibits. We have a good idea for start that there are at least nine, if not ten, videoed oral histories done in the early 1980s of the then women professors. We are going to try to determine who were their trainees and then those trainees are now senior women; and who are their trainees? So we'd have three generations that we could highlight to try to represent how the teaching passes from the earliest women professors on down to our current young women. I think this is going to be great fun. Each of our hospitals that contributed has named a representative from that hospital, so that we have a living connection. And I think we'll now begin to realize the fruits of the—of all the efforts that the Archives Committees put in for some years now.

LS: That actually leads me to a question I had for you about mentors, because I think a lot of that—what you're doing with your oral history is about mentorship. And you previously mentioned your high school biology teacher, as well as Roger Nichols, as mentors. And I'm wondering, are there any other individuals that stand out as mentors in your life?

ES: I think, at almost every stage, one has to rely on folks who have more experience, maybe more perspective. So in each of the successive

positions, there usually was someone that I could count on. After leaving the School of Public Health, Derrick Bach was very helpful in trying to establish where the needs of a large institution are, what it takes in terms of bringing people together to address them. He was excellent. And then I was fortunate all along the way with the people who were the deans for Academic Affairs. There was Jim Adelstein and Dennis Casper and Ray Doland. All of them were blessed with high integrity and a lot of wisdom, so that you could discuss the problems of this voluminous faculty and feel that you were getting first class judgment and first class assistance. So I am grateful to all of them.

LS: How do you think these relationships have affected how you have mentored others?

ES: Could I insert one thing before I address that good question? There's also such a thing as negative role models, and I've sometimes felt the negative role models are just as important as the positive one. There is—or was a nameless woman physician when I was very young and inexperienced in primary care. And I watched her and realized that she had this coterie of devoted patients for whom she mostly prescribed iron pills. I guess they all were tired in one way or another. And so for whatever reason, they all seemed to come out with an iron prescription. And I said, "I didn't do all this training and spend all this time to sit here and prescribe iron pills to old ladies." So I think that partly stimulated me to go back and do the residency. My chief said, "Why are you doing that? You know enough." And I said, "No, I don't. I'm going to go back and do a residency and get my board certification." I didn't tell him who my negative role model was, but I

think you look both directions, where you don't want to go and where you do want to go.

LS: So in terms of how this has affected you mentoring others?

ES: I think that it kind of comes naturally once get into this business. I have—I have never put mentor on my door, and I've never put mentor in my CV. But in just trying to work with the younger people, it comes—if you've been sort of helped along the way, it just follows rather naturally. Nancy Oriole, the dean of students, every year at the Leadership Conference, says I was her mentor and I taught her how to get through various thickets. I would never have thought of myself as such, but she gleaned from our conversations what she needed to go on. And I also used this in working with the administrators, the various deans, assistant and associate deans, who were in the Office for Faculty Affairs, because—and also for the staff who were there. You realize they all have to grow. If this is to be a useful office and if there is to be a useful life experience for them, each of them should be able to either take on more responsibility or move to a more responsible position. So I tried very hard not to get them identified as sort of one-string violin. I had a—an associate dean, who was responsible for a lot of the affirmative action things. But I made sure that on—in his portfolio were responsibilities for the VA committees, for the Harvard Medical Center, for—so that he would be known for many things, so that when he called and left his name and a callback number, they would say, “Oh, I know what he's calling about. He's going to tell us that we aren't meeting some goal or other.” They'd have to guess what he was calling about. And that worked very well. He moved on to much more responsible positions. And then we—

makes life more interesting for the people who work for you. And I tried as much as I could to make sure that each staff person had an individual project, as well as the office overall project so that, you know, after a month or so, that person would say, “I did that,” or “I finished that,” or you know, “That’s my contribution.” Otherwise, you’re in danger of becoming a widget and that’s not a satisfying position.

LS: Are these ideas that you came to through your own experience, or things you might have learned when you were younger from your parents or other people? This style of management.

ES: A lot of it was on-the-job experience but also, the business school has taken the lead in trying to study leadership and make it a more objective kind of field, rather than just going by your intuition. And they have a series of papers, classic papers, in which they describe their—they always start, “We have interviewed 3,000 executives in business.” They’re not in health care, but it’s very relevant. And when they get done interviewing their 3,000 or whatever it is, they come up with certain conclusions. And they come up with suggestions for styles of leadership, which I found to be very helpful, and it also resonates with the experience that I’ve had. They also have had a paper on how to make your organization work maximally and to give individuals the satisfaction from working. And it turns out that, even though pay, vacation, title, all these things are important—the things that make people feel good about their jobs, when they feel that they are making a personal contribution, that it’s visible, that somebody not only supports them but recognizes what they contribute

to the overall mission. Those things make them feel good about going to work.

LS: I think that's a nice—[tape turned off/on] so we've talked a little bit about mentoring relationships that you've had. I'd like to mention some of the awards that I know that you have been honored with. In 1998, you received an award from the dean for support and advancement of women faculty. Would you like to talk about that?

ES: I think that award was really the beginning of an idea that has carried on and become part of the community. My recollection is that the Joint Committee on the Status of Women recommended that. They recommended there be an award every year and recommended me for that, which I think was the first time it was given. Since then, it has become a regular part of the Joint Committee's commitment. They make a recommendation to the dean, which is given at the final faculty meeting in May. There are—awards have spawned from that, in which there are—there's recognition of people who have been good mentors, people who have increased the diversity. And these are much appreciated by the recipients and I think set a tone for the institution that these things matter.

LS: You also received an award in 2001. It was the History Maker Award from the Association of American Medical Colleges. Could you explain what that award was about?

ES: The Association of American Medical Colleges decided to recognize some of their senior physicians. And they came up with the title "History Maker," so we went to Washington and were celebrated for having been in the fray early on when there was a need to make the path easier for women. And so we started out with our various

committees and our various programs and our various counting. And this was appreciation from the Association of American Medical Colleges.

LS: Along the lines of career path, looking back, is there anything you would have chosen to do differently?

ES: Oh, that's an interesting question. I think, in the final analysis, no. If I had known everything I—if I knew now what I—choices that I was making, back at the end of my residency, I might have done more research, more academic work, more writing and gone on a—a pure academic track. But I didn't actually know I was making a choice, and I really enjoyed seeing patients. I got a lot of satisfaction out of them. I think I mentioned before, some I saw as long as 30 years. So that was an important piece of my professional life, and I would hate to have given that up. So that's the one path that I could have gone a different route, a more academic route. But I didn't, and the opportunities that came up have been very rewarding and fulfilling. So I would be, I think, inaccurate if I said I regretted it. It's just I'm aware it could have gone another route.

LS: What are you most proud of, looking back at your career?

ES: Well, I have to start—I think I'm most proud of the family. I think, after that, I—I'm really very proud of the fellowship program. I mean, that's something that wouldn't have happened if I had not just kept the pressure on and worked on it year after year. Other things that I'm proud of probably would have happened if somebody else had been in the position. But if somebody else had been in the position, they may or may not have seen what I see as the long-term value of the fellowships. But I'm also proud of the Office of Faculty

Affairs. That functioned really very well. I don't mean we had no problems but it worked very well for something—for an office that had such a range of activities. It was not only promotions and appointment process that we had to manage. All of the problems that came up with the faculty and trying to deal with them fairly and yet maintaining the integrity of the institution, getting all our people to stick together and keep at these problems that never go away. You deal with them. You handle them and then another one crops up. But it was a very stable office and I thought they did an excellent job. And I'm proud of the office.

LS: Could you describe your experience in 1999 when the Harvard Medical School celebrated the first class of women graduates? How were you involved with the organizing? What was it like to be a participant?

ES: I think that was 19—

LS: Did I get the date wrong?

ES: —'95.

LS: Oh, '95.

ES: Right. Because the women were admitted in 1945, just before the end of the war when they had run out of young men with enough college training to be really good medical students. And at that point, they decided they would take women with four years of college, rather than men with two. I mean, not rather than, but in addition to. And so—but that followed a hundred years of rejections of women applicants. So it was a momentous thing. And we were, as I think I mentioned before, one of the last medical schools to admit women—not—that's something we're not proud of. But once it happened, at the 50-year

celebration, we had a weekend in the spring to celebrate their being accepted and a weekend in the fall to celebrate their arrival. We had dinners in both occasions. We had panels. We had one dinner panel with the Hamburg family—I may have mentioned before. David Hamburg was head of one foundation, a physician. His wife, a physician, was head of, I believe, the Grant Foundation. Their daughter graduated from Harvard Medical School and was commissioner of public health in New York City. And the three of them did a panel together that was really choice. Then during the day, we had panels on every kind of problem that we could think of. The—and at our second weekend, we gave out award certificates to the oldest women who were able to come to the celebration, including a certain number from the first class, who were still with us then. Now, 13 years later, we're getting down to a rather small number, one of whom is Rachel Cohen, whose oral history has been taken. And she has been a real force in terms of disaster medicine and really has made a wonderful contribution.

LS: What was it like for you, being surrounded by graduates who came before you? And then I'm assuming that there were also female—current female students who attended or recent female graduates. What was that like for you?

ES: It was—it was quite thrilling, really. We got a woman student, who was so energetic. And she mobilized other women students to participate in the panels and all different kinds of ways. They gave—some of them served as hostesses and took the earliest women to class with them—you know, took them for a morning so they could see what it was like to be a medical student 50 years later. That was very

successful. And we had some of the early classes who came from long distances. So it was a—kind of a start-to-finish celebration. The current students were very active participants, and it's a shame we can't think of something else to celebrate 50 years of—what, I don't know. [chuckles] But it was fun. It was constructive in that we not only highlighted problems, but we kicked off this support program at that time.

LS: Do you remember the name of the young woman who brought all this energy to the organizing?

ES: If—I was trying to think while you were talking. I think her name was Anne Bryant.

LS: We can confirm that—

ES: She went on into OB/GYN at the Brigham and then I lost track of her, but she was a great help to us on multiple occasions.

LS: Over the years, how much have you kept in touch with your classmates, both female and male?

ES: I kept in touch with a certain number and have gone to all the reunions. I don't know that I mentioned, our anatomy teams were four people working on a cadaver, and the other three are dead. So I am the last living anatomy person. But I traveled with the widow of one of them this summer—this spring. And there are any number that I see around here, because they are active in the medical community, Roman de Sanctus and Mitch Rabkin that I mentioned before. The women, one named Marion Wolfston Catlin, I persuaded to go on the Overseer Committee of Schepens Eye Research Institute. So I see her often. She's had very serious eye disease so I often drive her in or out. And that gives us a chance to catch up on—let's see. If we

graduated in 1955, we're at 53 years now. [chuckles] So there's a lot to cover. But they have spread all over the country and we have our reunion books and so forth; so a number that I've kept close touch with, others more distant.

LS: What would you say to young women considering the field of medicine today?

ES: I think—I can't think of a better field for women. I think it's a terrific challenge. The combination of superb technology and too little time per patient and a need to be available to patients as human beings is a—is a critical challenge, how to do that all well. But I think it's a challenge worth undertaking. So anyone who likes—well, let me say it another way. There is no field that gives you more choice in what you're going to do with your medical degree. If you don't like people, you can go into fields of medicine where you are doing invaluable things about health care, but not taking care of individual patients. If you like patients, then you can devote your total time to it. And then there—many are very actively interested in research. And the need to combine basic science research with clinical research and clinical experience, as we mentioned, has never been more critical, so that I can't think of someone who's interested in science, medicine and people who couldn't find some combination that would be very rewarding. So I'd persuade them, if I could, to do it, if they like it. The only people that I knew who really didn't like medicine and dropped out in the first year or two were those who had an intense interest in research and very little interest in people's ailments, distress [chuckles] and so forth. And that—those were appropriate choices, to go to the lab and devote a career to research, which was

just as important. And you wouldn't want someone to go into medicine who didn't enjoy it.

LS: We've sort of touched on this before but I like asking this question so, if you'll humor me—personally and professionally, what would you most like to be remembered for? Talked a little bit about the fellowship, but is there anything else?

ES: Most like to be remembered for. I have to—I think I have to separate the personal and the professional. Professionally, I would like to be thought of as someone—I'm picking these adjectives—someone who was wise, fair, and had good judgment in difficult situations. Now, that is a personal view. When you're dealing with as many problems as our office did, I learned you cannot make everybody satisfied. You know, there—sometimes, there aren't enough resources to go around. Sometimes, there are matters of fact about what malfeasances occurred. So there will be some faculty members who would say, "What?" [chuckles] You know. But if I had my choice, if I could pick the adjectives, those would be the ones that I would pick. And personally, I would like to have the family feel that, even though I divided my time, that they were all cared for, loved, appreciated and supported. And there again, you do your best and it isn't always top notch. And they probably could tell you some stories that would [chuckles] persuade you otherwise. But overall, that's what I would like to be remembered for. There—my husband and I did a—something called a vita for the Harvard magazine on Harriet Hunt, who was the first woman to be accepted at Harvard Medical School. And then the students were so rebellious that she withdrew, and so she didn't get to study here. And so she had to study more like an

apprentice with other doctors. But on her tombstone, I believe the words read, “She did all that she could.” And I thought that was—that’s what I would, I think, like. I don’t think you can borrow somebody else’s words on a tombstone. [chuckles] But I tried. And mixing and matching is never easy, and everyone has to do it in his or her own way. But that’s—that phrase is what I would like.

LS: That’s a wonderful phrase. Is there anything else that we haven’t covered that you’d like to talk about?

ES: I’d just like to say that I hope that this project, the Archive for Women in Medicine and the oral history project will blossom, because the chance will disappear if someone doesn’t stop to record it. Journal keeping isn’t as common as it once was. There—I have read part of the book of the woman who wrote either 70 journals or 70 years of journals; I can’t remember which. And they’re in the Mass Historical Society—who wrote down every day her thoughts, her feelings, her frustrations—far too much. But nobody does that anymore and we really don’t have good letters. We have e-mails and that’s a challenge as to how those are going to be kept. And anyone with any sense isn’t going to put anything sensitive into an e-mail, knowing that they are not totally protected. So I think it falls to this committee and this project to try to capture the memories of the women who were here. And I don’t think there’ll ever be an end. We talk about the first women in medicine, but in the next decade and the next decade, they will all have their changes and interests. So I hope you stay interested in it and that you continue to do this and multiply, so that we get a library of histories of women.

- LS: I think that's a wonderful thing and I certainly have enjoyed it. So it's really just a huge pleasure for me to find out about folks' lives and their experiences. So thank you so much for sitting and talking.
- ES: Well, you have a talent for bringing your subject to the point of saying more than she knew that [chuckles] she had in mind. So I hope you will expand on that and let some other women be the lucky recipients.
- LS: Thank you very much. Well, that's the first time any [tape turned off/on]—so Dr. Shore, I know you brought some photographs with you today. Would you like to show us what you brought and talk a little bit about who's in the photographs?
- ES: I would. The first one I'd like to show is a picture of our three children. Paul was six. Rebecca was three and Susie was less than one. And I—I like this picture because someone told me you should always get a picture of your child before his or her teeth fell out. So he was six and I thought I really had to hurry. And I made the appointment and I had nobody, no sitter, nobody to help me. I had to get all three of them ready, and I rushed to the studio and got there and discovered I had no shoes for the baby. So the photographer took the picture with her bare foot sticking out. At the time, I thought it was a sign of sort of distracted motherhood, and now I think it's pretty cute with that bare foot sticking up. And the photographer liked it and he entered it into a contest. I don't think it won; maybe it got honorable mention. But he put it into the window of his studio in Needham and I went by. And it was enlarged and framed, and I went in and said—I thought he'd give it to me because I paid for this. I said, "What would you charge for it?" And he said—I think it was a hundred dollars. This was a long time ago. I said, "Not worth it. You

know, I can see them every day.” And I said, “No, thank you.” And a year later, I went back and asked again and he still said a hundred. And I said, “Not worth it.” And then two years later, they didn’t look like this anymore. And I went in and he said a hundred dollars. [chuckles] And I said, “Okay,” and I bought it. And so we now own that one, but I particularly like it.

LS: Do you remember the name of the studio?

ES: I think it was Hookilo—or—H-O-O-K-I-L-O. I may not be pronouncing it right. The next picture I’d like to show you is of the grandchildren. So we’ll start with our 14-year-old, who accompanied my husband and me on a trip. And we aged. She maybe matured; we aged and there she is, enjoying the wall in Spain, since we took her on a business trip.

LS: What’s her name?

ES: Her name is Monica.

LS: And who is her parent?

ES: And her—

LS: Or parents?

ES: —parent is Becky. So her parent is the blond. But she is a fun girl. As I said, she’s our ice skater. The—her twin brothers are eight years old now and they are very active, interested in all sort of living things. They were catching—trying to catch crabs at Wingaersheek in Gloucester last summer. Much fun—to be enjoyed.

LS: And their names?

ES: Their names are Jamie and Robbie. And they’re Lewins also. They are brothers of Monica. The last, the fourth, is Eleanor, named after me. And she is now 19 months. This was probably taken at 17

months and she is an enjoyer. I hope she stays that way all her life. She had been given a unicorn by her grandmother, and here she is with her mother, which is Susie—that was the little girl with no shoes. And she—this is her first time on it. And she realizes that she can rock the horse. So that was great fun. Now I'd like to get back to the grandparents. We have a picture here of my husband, Miles, and myself at our 50th wedding anniversary, which was in Banff in the Canadian Rockies. We took all the family, grandchildren, babysitter, and had a splendid time. This was the celebratory dinner and cake. But because our children live in three different places, these gatherings in the summer are just very special for us. Next picture is one of Miles and me taken in Perth, Australia in 2005, where we were both giving talks. But obviously, we weren't giving talks all the time, and this was part of the enjoyment, to go out and celebrate the lunch hour. And the last picture I wanted to show you is the one that was the Christmas card this last year. It was taken at the Canadian resort that I told you about, the Briars. And we got all children, grandchildren, same babysitter from Sweden. And she got everybody at least upright at the same moment, and I enjoy it.

LS: Could you point out who everybody is in the picture?

ES: I can, if there's effort—in the photographic one. This is John Lewin, who is husband of Becky, and we'll keep going—referring. Becky was the middle child. He graduated from Harvard Medical School in 1990, along with Becky, and he's a radiologist in Denver. He's holding one of the twins, Robbie. The other twin is looking very mature on the other side. That's Jamie. This is the woman who was a babysitter for several years from Sweden, has now returned to

Sweden, learning to be a teacher. But she comes back in the summer to see her family. This is myself. This is my son-in-law, John Lebuttier, who is married to our daughter, Susie, who is the littlest one in this picture. And they are the parents of Eleanor. They went to Harvard College together and then they went to Tuck Business School together. And they are both in the corporate world in New York, New Jersey. This is Becky, who is our middle child here that we mentioned before. And she's a psychiatrist in Denver and mother of Monica and the boys, Jamie and Robbie. This is Monica, then only 14—now 15. And she is very vigorous, very talented and needs to be kept track of. [chuckles] This—Miles, my husband and the—what would we call him? The senior member of this group. This is Paul and his partner, Christine Carol. Paul is the little boy who is the oldest here. And then we come back to Jamie. So I think—we haven't missed anybody, I think.

LS: Thank you very much.

MAN: I'm going to stop the tape. [tape turned off/on]

ES: If I held it in the middle, it wouldn't wobble as much. Would you like me to move my hands up to the middle of the picture?

LS: Oh, the middle of the sides?

MAN: Yeah, go ahead.

ES: I just mean, it flops a little. How's that?

LS: That looks good to me.

MAN: And let me just get one shot of this foot that you mentioned there. You mentioned this little girl's foot.

LS: I have to tell you that I grew up in Wellesley.

ES: Oh.

LS: And if I remember correctly, Wellesley and Needham have a very longstanding football rivalry.

ES: Oldest in the country.

LS: Yes. So every time you talk about Needham, I think about, you know, the lovely Wellesley, Needham football games we used to go to.

ES: That's right.

LS: All right. I think I'm much too young to overlap with any of your kids in terms of—

ES: Our youngest is almost 44.

LS: Yeah.

MAN: Okay. Next photograph.

LS: All right.

ES: Good. So we—so we did—

LS: That's Monica.

MAN: [unclear]

ES: All right. I will do Monica then, our skater. I almost brought her skating picture but then I thought, 'How does that figure?'

LS: Also, I think I might have had my high school senior photograph taken at a studio in Needham, so I don't—probably not the same studio but—

ES: Well, it's across the street from the movie theater—

LS: Okay.

ES: —which—

LS: Is there still a movie theater in—

ES: No, because—

LS: Oh, I was going to say—

ES: —the couple got divorced and the movie theater got into the courts, and they fought for, I think, 10 years until the whole building deteriorated.

LS: That's so sad.

ES: And they had to rip it down. It's just a shame because, you know, a nice place for kids. Junior high kids could walk there but they—

MAN: Okay. Got enough of that.

ES: They just allowed their anger at each other to destroy the thing. All right, so you got—

LS: Do you want her to do the twins pictures one at a time or—

ES: Can I do them together?

LS: Or—yeah.

ES: How do you feel about that?

MAN: You held them together last time.

LS: Yeah, you did.

ES: Right. Maybe I could overlap them a little bit. See if I can get myself a brace.

LS: So you're—the long shot needs to come up—they both need to come up a little bit towards me, tilted—

ES: Oh, this—

LS: —this way a little bit. Yeah.

ES: I see.

LS: That looks better. That's good for you.

ES: He's wobbling a little bit.

LS: Yeah. Not bad though.

MAN: They're just fine. One can see that they have [unclear].

LS: Yeah.

MAN: And one [unclear].

LS: Their hair looks to be different colors, a little—

ES: Oh, they're very different.

LS: Yeah.

ES: One's blond and one isn't. And their personalities are different. They live in Denver and they love coming out each summer, and we take them to Wingaersheek, which is so shallow you can't drown unless you stand on your head.

LS: [chuckles]

ES: And they love hunting for crabs.

LS: Do they like eating them too?

ES: No.

LS: Or just hunting.

ES: I think not. We throw them back in.

LS: Okay. [chuckles]

ES: They're little.

MAN: Okay.

ES: Okay? All right. Now, we'll do—I don't know. Do you want these together or separately?

MAN: Separate. You did them separate—

ES: Okay.

LS: So I have to ask, does this Eleanor have your same middle name?

ES: No.

LS: No.

ES: She's Eleanor Caneer, named—that being the name of her other grandmother, so equal treatment.

MAN: Two hands—two hands on that.

LS: Yep.

ES: Two hands. All right.

LS: Tilt it a little bit towards me. There we go. She's very smiley.

MAN: Tilt it back just a hair—a little more and then try to get rid of the reflection. Okay, right there. Okay. Next photo.

ES: All right. That's on the unicorn.

MAN: You spoke about this one.

ES: Yes.

MAN: That'll be good.

LS: Yeah.

MAN: Very nice.

LS: That's very cute.

ES: She was—her father's office gave him a rocking horse for her, which she will be lucky to fit on by the time she's four or five. It's too big. So that's—

LS: This one's just right.

ES: And I went on the Internet and tried to get a little horse, couldn't find one.

MAN: Okay, next one.

ES: So finally settled on the unicorn. Okay. And then I think we did—

LS: The 50th.

ES: —the parents, the 50th.

LS: Right, yeah.

MAN: I'm going to go in on the bottom picture.

LS: I have to say that you and Miles look so much like your yearbook photographs from when you were in medical school.

ES: Oh, aren't you kind?

LS: You—I mean—

ES: That is—

LS: I almost feel like I should grab the yearbook photograph and put it next to that one, just because it's so—so great.

ES: Was there one in the yearbook of us together?

LS: Yes, it was the first time that you guys were married, you were listed as the Shores. I can—

MAN: You both look older but you—neither of you have lost your [unclear].

ES: He doesn't—he has very little gray hair. It's sort of—

LS: I don't know how that's—I mean—

ES: —caramel color so I keep saying, "People are going to think I'm your mother."

LS: [chuckles] No.

ES: My gray hair.

MAN: Okay. I'm finished with that one.

LS: I could [unclear] get the yearbook if that was a better choice but I don't want us to run over for time.

MAN: No. I think we're limited on tape on this CD here.

LS: Okay.

MAN: But I think we can use that one. That'll be fine.

LS: Okay.

MAN: That'll look better on video than it will in real life, actually.
Okay. Next one up.

ES: Okay. And the last one—

LS: Do you want to do this one?

MAN: Sure. Do you want to—

LS: That's you guys from the 1950 [unclear].

MAN: Just hold it up again.

ES: Oh, my goodness. [chuckles]

LS: That was the first time you were pictured together in the yearbook, so you're—she doesn't have to tilt it. Right?

MAN: No, it's not a glossy surface and so—

LS: Yeah.

ES: Okay.

MAN: It looks good. And I'm just going to take this one for a while. Hold it steady.

ES: Maybe I need a better grip. Just a second here. It's wiggling. Can I move up a little?

MAN: All right.

ES: Okay.

LS: There's also a picture of Rachel and her husband from when they got married, because she also got married. Rachel Cohen got married during medical school—

MAN: Okay, next one.

ES: I'm sorry. The name?

LS: Rachel got—

ES: Rachel, that's right. And now the last one is the toughest because this is so little.

MAN: Yeah.

LS: Tilt it.

ES: We must have—

LS: Yeah, much—

ES: Okay.

LS: Yeah, that's better.

ES: We must have a digital one because we must have sent it—

MAN: Tilt it even further towards me, a little bit further towards that.

LS: This way.

ES: Our daughter, Suzie, took it—

MAN: More.

LS: This way. How's that?

MAN: There you go. Now we're getting at it. Okay.

ES: She took it to work with her. She works for Colgate and they had—
and so then there was this moral discussion. Was that right to ask a
Colgate photographer to crop this to send to Snapfish or whatever this
is?

LS: Shutterfly, yeah.

ES: Shutterfly. So I can't remember whether she did or didn't. I know
she considered doing it.

MAN: Okay. Why don't you go through the different people again,
holding it in this configuration as you did before, but holding it up in
this configuration so I can see it more clearly?

LS: Say their names?

ES: And you want me to say it all over again? All the people?

MAN: It would be nice to point to them, yeah.

ES: All right.

LS: Okay.

MAN: You've got to be careful about—

ES: Okay—

MAN: Do it with one hand underneath.

ES: Okay.

MAN: And then—

ES: One at a time?

MAN: One at a time, go and just—

LS: You don't have to—

MAN: [unclear] information. Just point at one and then the other and then the other in the same—

ES: Okay. Do you want their names?

MAN: Go ahead. Yeah.

ES: Okay. John Lewin, Robbie Lewin, Anna. Hold on. She got divorced and I can't remember—

LS: Her last name?

ES: Well, I—begins with a—I have it in my notebook. She changed it back to her maiden name. Can I—

MAN: Go ahead.

ES: Can I stop for a second? One second?

MAN: Okay.

ES: Okay, just a minute. Just—okay?

MAN: Okay, go ahead.

ES: Anna Vesta, Eleanor Shore, John Lebuttier. That is Becky Lewin, Monica Lewin, Christine Carol, Paul Shore. And this is Jamie Lewin, Miles Shore. We have Suzie Lebuttier holding Eleanor Lebuttier. And I think I've captured everybody.

MAN: Point at the guy in gray. Just point at him.

ES: The guy in what?

MAN: In the gray T-shirt—

LS: Upper right hand—

ES: This one?

MAN: Yeah, right there. Just point at him for one—okay. I think we have it.

LS: Bravo!

ES: Oh, you have been so patient.

LS: [unclear] everybody.

End of Interview