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Feminist Press Author Reveals Identity

Mary Howell

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In 1972 I was appointed Associate Dean for Student Affairs at the Harvard Medical School, the first woman in the school's history to hold a position in the ranks of "high administration." I took this job because I want to believe that women physicians and medical students can make real contributions to the women's health movement, and because I *know* that we need the support, good sense and good politics of other feminists, working together to revolutionize our understanding of health and health care. I hoped to make connections between the two groups and to be a voice for change in the administration of the school. Now, three years later, I believe that I should no longer tolerate the pretense of that job.

The appointment was made in response to a request/demand by an active group of students and faculty (men and women both) for representation of women at the administrative level. The school's administrators have used me—by widely advertising my presence—to ward off complaints about their unwillingness to recognize the needs of the underrepresented in health affairs.

In fact, I have been permitted to play virtually no part in administrative decisions. I have been refused opportunities to sit on decision-making committees, have not been privy to policy deliberations—even for matters that concern students or are of special consequence for women—and have had essentially no access to other members of the administrative staff except for those in Student Affairs (and we are a ghetto of powerlessness, more so even than is the case in most student affairs offices).

Soon after I began to work at the job, these remarks were quoted in a school newspaper: "Howell said yesterday that she expects to 'act as a student advocate,' and simultaneously study the role of women in medicine and deal with 'women admissions and the conduct and evaluation of women students.'" A few days later, I received the following message (typically, through a memorandum addressed to an intermediary): "I am somewhat concerned at the breadth of responsibilities implied in the statement attributed to Dr. Howell by the *Harvard Crimson* . . . Both Dr. (X) and I think it might be a good idea for you to define Dr. Howell's responsibilities more specifically and in relation to medical students. This should focus her efforts and make them increasingly effective."

I have not been directly restrained in talking with students, a responsibility that I regard as of real and vital importance. It has also been apparent, however, that no real effort was to be made to inform students of the resources of my office, and in fact there have been maneuvers to reduce student contact with the Office of Student Affairs. Student Affairs Deans have also in the past three years had less and less opportunity to meet with faculty to discuss student concerns. We are presumed to be student advocates, but in fact we are expected to *pacify* students. Even "Office of Student Affairs" mail is opened and screened—and not all is forwarded on to us.

On the basis of these three years of experience, I am skeptical about the usefulness of "token" jobs. The problems that we are struggling against, of disadvantage and deprivation of privilege, are not the problems of individuals. They will not be solved by the mere "elevation" of individuals, unless those

individuals are willing and able to speak and act on behalf of the disadvantaged and deprived groups they represent. We who come from those groups—defined by our sex, skin color, minority ethnicity, poverty or powerlessness as patients—are not helped, and may even be hurt, by token appointments. Only when our representatives have real voice in policy decisions will real changes come about. It is especially damaging to our cause when visible positions are filled by persons who appear to be members of underrepresented groups but who are in fact "honorary" white, middle class males, by their own identification with the values of that empowered group. The same effect is gained when a potentially strong representative voice advocating change is lured into a "showcase" job and then silenced.

For myself personally, these three years have been a struggle to remain "sane in an insane place." Some progress has been made on behalf of women, largely because of a strong and growing coalition of women and Third World students, employees and faculty. But working in the midst of this administrative staff means working in an atmosphere of dispassionate untrammelled exercise of power—where accountability to students (for whom, presumably, a school exists), to the surrounding community (whose homes and lives are affected by the school's activities) and to patients (for whom, presumably, the very institutions of medicine exist) is negligible. The building itself is pervaded by a humorless, cold and unfriendly ambience. There is an effort, by the appointment of committees and delegates, to avoid responsibility for the consequences of decisions. And the strangled withholding of information, both the important and the trivial, from those whose fates are affected and those who seek to be their advocates, is both frustrating and alarming.

All of this can eventually infect anyone who works here and distort the vision. Vicious and habitual competition—among professionals whose jobs are as secure as any in our society—is a creeping mould that separates us, destroys trust and prohibits friendship and effective collaboration between us. It is especially saddening to see the hopes and dreams that some students bring to the school—of serving patients and of promoting health—falter and sometimes even wither and die. We who are faculty and administrators should draw sustenance from *their* vision and vigor—instead, they are put down, and told that "we don't do things that way." I want no more part of it.

I am returning to direct patient care because I believe that that is honorable and honest work. I know of no better way to work on behalf of women. But I have not retreated from the "larger" struggles of the women's health movement, nor have I moved very far away in space. If I can help, please call on me—I can still write, talk, share my home for meetings or retreats and offer my support and energy.

Mary Howell, also known as Margaret Campbell

Why Would a Girl Go Into Medicine?—Margaret Campbell's guide to medical education for women—is available from The Feminist Press for \$3.50 plus \$.50 postage and handling. Individual orders must be prepaid. Write: The Feminist Press, Box 334, Old Westbury, N. Y. 11568.