

**Perspective of Change:
The story of civil rights, diversity, inclusion and
access to education at HMS and HSDM**

Interview with Shirley Marks | March 13th

DR. SHIRLEY MARKS: [00:00:00] If I'm on speakerphone, is that going to make it worse? I just don't want to hold this phone to my ear for an hour. If I put you speaker does it -- let me give it a try.

Q: Yeah, try it.

SM: Now I'm on speaker now. Does that make it better, or worse, or --

Q: Oh, I can hear you just fine; that would be fine.

SM: Well let me keep you on speaker. I'm at home; there's no one else here.

Q: OK. So, I hit record, so we're recording from here on out. And I'm just going to let you know, so you're doing an interview today for the Center for the History of Medicine at Harvard Medical School. Today is March 13th, and we're going to talk about your experience as a student here for the equal access oral history project. Do I have your permission to record the interview, Dr. Marks?

SM: Yes.

Q: Excellent. So, my first question is background, and should be easy. If you could tell me about yourself and where you grew up?

SM: Well, I'm born and raised in Texas. I was actually, interestingly enough, born on a college campus. That's an interesting past. My father, the name of the institution is Prairie View A&M College. My father was getting a Master's degree, and at that time, there were no local hospitals. So the infirmary serviced that entire college community. It's an HBCU, and so I was born in Prairie, and my father was a coach, and so he received a coaching job in East Texas, so I've always claimed East Texas as home, but I've never -- but I wasn't born here, nor was I born -- nor did I live down in the Prairie View area.

So I grew up in Tyler, Texas, that's East Texas. Went to public schools here, and then went to Spelman College in Atlanta, Georgia, on scholarship. I was valedictorian of my high school class. And at that time, I went thinking that I was going to be a biology major. Spelman is a liberal arts all women's college, and so it didn't at that time have a premed program. And I won't go into the details of all of that, but one detail is that I took most of my college courses over at Morehouse, which is the all-

male college. And just as an aside, I did think that was in part the reason that I got accepted into Harvard Medical. But we can go into more detail about that later. Spelman has a program called the Merrill Scholar, scholarship program. And it's a full-tuition, expense paid to study abroad, and so I was a Merrill Scholar, and I studied in Vienna, Austria, came back to Spelman for my last year which is, the requirement at that time, you were required to be a five-year student, not now.

And, so when I came back, that would have been the year '68, '69, that's when I was recruited by Dr. David Potter; I want to give him due credit. (laughter) I was actually over at Morehouse at the time, in the chairman of the department's office, and I had done a summer program at Harvard that previous summer, and then also because I was - - had taken most of my science courses at Morehouse. And I guess the rest is history, so I got accepted into Harvard for the September '69 entry class.

Q: Wonderful. So, you had mentioned you thought you were going to be a biology major. What drew you to studying medicine instead?

SM: Well, I really, growing up, and I can't tell you why, I thought I wanted to be a veterinarian. But being in a

small town, at that time Tyler was about 49, 50,000 people even though I had a cousin, female, who was a veterinarian, for just some reason, you know, I just wasn't encouraged to do that; people only saw a veterinarian as being large animal treatment, and not, you know, the small animals like some of the clinics show. I was not discouraged, but I wasn't directed toward that, where I didn't really have resources being at a small school.

And so the closest was biology major, and so I went to Spelman thinking that I was going to be biology, and at that time, I wasn't really thinking human medicine; I was just thinking, [00:05:00] perhaps medical, about biological research, or -- I really wasn't even thinking human medicine; it wasn't until actually after I got to Spelman and exposed to more; your world opens up once you leave small towns. And at that time, that's when I thought about human medicine, as I say, because I started taking some of my courses over at Morehouse. And so, the medicine, like if I were seventh grade and someone asked me what did I want to become, I would say a veterinarian; I wouldn't say I wanted to be a physician. So it was probably more while at Spelman in college that I decided to make that a future goal.

Q: Could you tell me a bit about the summer session you did at Harvard before you came here?

SM: Yes, it was -- I think they called it the Harvard Summer Careers Program, and they accepted students from HBCUs, I'd forgotten how long the program was. And so I went to that program. Now I want to say, now I could be wrong on this. Actually, I'd forgotten my year. I want to say, I don't even think it's even on my CV. Because I tried not to do those things that weren't employee or prior to medicine. I want to say it was the year before, so I think it might have been the summer -- what would that be, of '67. Maybe after my sophomore year. I think I have the year right. And it was just a summer program, and it was a good program. I don't even know if they still had it now, but it was actually over, not at the medical school but over in Cambridge.

Q: OK. So you said that you were recruited at Morehouse by Dr. Potter. Had you been thinking about Harvard Medical School prior to that, or were you planning on staying in the South?

SM: No, I wasn't thinking Harvard. You know, that would have been a lofty goal. It was my generation, many of the medical schools had not opened up. And so, I really didn't have that in mind, you know what school. And so, at that

time, if you were accepted at Harvard, I do recall applying to schools on the east coast, because they were opening up more, and that's another direction to take, again, that were being recorded, but just bear with me on some of these answers.

Nineteen sixty-eight was a monumental year for a lot of people for a lot of reasons, and that was the year that Martin Luther King and Kennedy were assassinated. And so more, I won't say opportunities, but more focus was turned to -- we call it "diversity" now. But, minority applications, and you know, majority schools opening up. And so Dr. Potter came down to Atlanta, because Atlanta had six universities within the Atlanta university complex at that time, looking for applicants, because traditionally, the old answer used to be, well we don't have minorities in our school, or in our program, because there aren't enough applicants. And so Harvard and other Boston medical schools attempted to address that "problem" that we're going to increase the applicant pool and then maybe we can get more diversity now. Harvard Medical has accepted Morehouse men for years, or decades; this is not new. But I was the first Spelman graduate, speaking of history, I have a lot of first -- I'm the first Spelman graduate to

have been accepted at Harvard Medical. So, it was -- I won't say that I've never heard of it, but I've almost never heard of it, so I was accepted, and then after me there were three Spelman grads who were accepted, and the rest is history.

Q: Yeah, I recall talking to you in a pre-interview that there was one other black woman student before you but she had attended, I think almost a dozen years prior.

SM: Yes. Mildred Jefferson, and she's now deceased -- I think she just passed away in the last one or two years. Mildred Jefferson, and I think her roots may be East Texas, I think her college was in my [00:10:00] hometown which is kind of coincidental and surprising. She was the first black female to graduate from Harvard Medical. And she was admitted the year I was born, so that means there was, all those years went by without having a black female. Now all through the years there's been black males, even if some years there were no American blacks, there may have been African blacks. And all that changed. You know, because every year that there may be as many as three black in the class, but they were African; they were not American blacks. Unfortunately, and this is not to say anything disparaging about here, but most of us are disappointed that she did not identify with the cause, so to speak. I

never met her; never came to any meetings of any sort. I just knew that she was over at Boston University. I believed she might have had her interest of surgery but, I don't think her interest of surgery, but I don't think she practiced clinically, so I don't really know much about her other than that, and I've even talked to some of the people who were in Boston at the time who were older than I and which have known her, and she just was more isolated in that regard. So, when I came to Harvard, they had what's called the Central Recruitment Council, and I don't know in the process of doing this research if you had heard of that, the Central Recruitment Council was the name that they had a council they had formed. Now I believe Dr. Potter was under the auspices of that, and I later also did it. The idea was that all of the three medical schools in Boston, Tufts, BU and Harvard, coalesced, and of course, put funding for travel to go out and recruit -- I'll say minority students. Because at that time, most of the minority students were African American, we called -- we were black then, now we're African American. And then as I went through the ranks, I also would recruit -- I was active in the National Medical Association, which is -- the Black National Medical Association, and then also in the Student National Medical Association. So I had some

contacts and did networking. And so the Central Recruitment Council was active in recruiting black students, particularly if they were from HBCU university. So that, in terms of the history of how diversity got started, the Central Recruitment Council was very instrumental in that, Dr. Poussaint, Dr. Potter would all be familiar with that council.

Q: Great. And I've interviewed Dr. Poussaint, I'm still trying to convince Dr. Potter to go on record with me.

SM: Say hello to him if you are in touch. I keep saying I'm going to drop him a note, drop him a note so if you do have direct contact, if you could send me that email --

Q: Oh, absolutely.

SM: Yeah, if you could find his office or I don't even know if he's retired. Does he still work, or is he retired?

Q: Oh, he's still there, here and Ed Furshpan still have an office.

SM: Well please send that to me; I didn't know whether to just send it and say Harvard Medical, and the address was Medical, he would get it. But I really do want to send a note to him. He's probably forgotten about me, but I've never forgotten about him; he's still special. Because he really was; he was the one who came down to recruit, as it

were not for him I would not have been singled out, you know, as the kind of applicant, so to speak.

Q: So actually, that's a really good segue. So you came to Harvard Medical School in 1969. Could you tell me about what it was like here? You mentioned that you were the only black woman in your class. Did you have other classmates that you gravitated towards, you know, professors?

SM: I did. And I think those of us who came in in that year, we've been a little disappointed that for some reason, the history has gotten skewed. There's a book floating around, I've forgotten the title, but it seems to indicate that diversity started in 1970. So it doesn't even include our year, and I don't know why that is, when they talk about diversity -- I've forgotten the name of that, [00:15:00] you probably know the name of the book. Someone wrote a book, and it talks about -- it doesn't use the word "diversity" because that's a new term. But anyway, for the most part, it's diversity at Harvard Medical School, and it goes from 1970 to whatever year the book was written. And we look at it, we go like, "why would they do that?" What happened in September of 1969, the history is, that was the first year that Harvard Medical School admitted more than 3 black students, whether black American born, or black

African born. And so, we made history; there were 16 of us. I had no idea I was going to be the only female, speaking of social, cultural shock. And there were 15 other all-male students. And this is where Dr. Poussaint comes in, because Dr. Poussaint was over at Tufts. And I believe Harvard -- and I really do think genuinely wanting to correct some wrongs, so speak, of the past. So they brought him over as, I believe, associate dean, or assistant dean, and he really was a good support for us, and especially for me, because you know, I was from this little town, and the group of us were very, I don't remember the numbers. I guess there were about five of us from HBCUs. There were three or four -- about three, maybe, two or three, that had PhDs already, maybe three, two three that finished Harvard College, and the rest were Ivy League, or East Coast type schools. And so it was clear that Harvard wanted a diverse group, and perhaps may not have even known who could be -- who could and would be successful. But that was more mix; but I was the only female. And that's how it was, all of us with the exception of maybe one graduated maybe, one didn't graduate, and I think one or two graduated the year behind but you know in terms of retention everything worked out well.

Q: Great. So, you mentioned Al Poussaint being a support system. And I've heard a bit about, and this maybe after you were there, that a group called the Third World Caucus, a student group that was created, were you involved with any student groups on campus?

SM: I don't remember that, no. That was probably after me.

Q: OK. And so I see you then moved on to, I don't want to skip too far, but one incident keeps coming up, and I figured I'd ask you about it since it looks like you were still on campus at the time. But there was a professor who wrote an editorial in *The New England Journal of Medicine* about basically diverse students and how well they did at Harvard, and essentially trying to argue that admitting diverse students was lessening the medical profession. Do you recall that? His name was [Verner?] Davis.

SM: It seems like I do, but I don't really -- I mean, I say I do, but I don't really remember. You know, that was back in a time when we would hear comments like that whether overtly or subliminally or implicit, you know, and so that was just the time. You know, if somebody said something like that today, they would immediately be attacked on Twitter or TV, or somewhere in print. But back then, because we truly were trailblazers at Harvard. I could say I was, I mean, I don't even think the 15 guys, because like

I said, this was the largest class that had been ever accepted, and there weren't any other minorities because at that time -- except in blacks led the count, and then Hispanics came in, and you know, Asians, Native Americans and that. I don't really remember the article. You know, I can say vaguely I do just because there were just a lot of that. You know, they're everything from -- just a lot of negative comments would come up. I don't really remember the details of that, or whether or not we had reacted, or had any organized [00:20:00] response to that.

Q: OK, well like I said, I figured I would ask, since the timing seemed to line up, but can you tell me --

SM: I graduated in '73, so I don't know when that was written. But I'm not surprised; I vaguely remember it, but I can't say that I really do.

Q: Oh, that's fine. So, I took a look at your CV and I see that you specialized in psychiatry. Could you tell me about what drew you to that field?

SM: Well, I never -- again, growing up, never thought I'd be a physician, never thought I'd be a psychiatrist. I guess, you know, in terms of years, I've always been someone that people came to for problems. I was a good listener, and again, because I've gone back to reunions. I try to go to the every five year reunions and I've talked to a few white

females, and you know, you're isolated, you kind of you think you're the only one who's experiencing something, only to find out, that some of them had some similar issues where you're not encouraged to go into a lot of specialties. It was unusual -- or I won't say rare, but let me say not common, for females to go into surgery, for example. Now surgery is wide open, but it was almost unheard of for someone to say yes, I wanted to be a surgeon, even if it meant plastic surgery, or hand surgery, it was just not one of those things, so by the time you narrow down the professions, I don't know for some reason internal medicine didn't have an appeal to me and during my time at the medical school is when primary care, and primary care I think was the first thing, then they moved it to family medicine, became a specialty during my medical school time. So there just weren't that many available, and McLean was part of the Mass General program. And so it was right there, it was kind of, didn't have to worry about whether I was going to be going out of state or anything, and so I just decided, let me try to stay in the same town, and it would be, you know, make for an easy transition, and that's how. And so, I have never regretted it; I really enjoy the profession. I'm a clinician; I'm not a

researcher. You don't see articles written. I mean, I'm down to the grind clinician, and I think I'm pretty good.

Q: (laughter) Wonderful. So, I -- oh, excuse me -- wondering if there are many moments that really stand out to you as, you know, catalysts or turning point in your education here, or any stories you have to tell me about coming to Harvard Medical School that really stand out in your mind?

SM: No, in some ways I was -- I guess, you know, you just put the head down and just get what you had to do. I was probably experiencing more cultural -- sociocultural shock than I was aware of. And you know, we were friends, but being the only female, black female in the class, I think there were only 11 females total. So, you know, so the class was predominantly male. And you know, Harvard Medical didn't accept women until the 1940s. I think you know that. And that's because of the war. And that's when they started accepting females, and that's one of the reasons that first black female was back in the '40s.

I don't remember anything in particular that just stands out from a medical point of view. Now some of that's just because it was so long ago that I don't remember a whole lot. (laughter) I don't remember a whole lot that happened that many years ago since I finished in '73. No, probably

the most eventful was after medical school; I'm quickly trying to go through my mind about this. And that was going to McLean from my residency. And I was there with Sherwood Frazier and -- Director of Residency of Residency Education was Howard -- was it Howard Shein or Mark, I believe I forgot his first name. Dr. Harvey Shein. Anyway, Dr. Shein was our Director of Residency Education. And that was probably the biggest upset is that he committed suicide. [00:25:00] And that he is actually the figure in -- I can't even remember; my brain isn't working. We have a ghostwriter in my class that wrote *Mount Misery* and one at Beth Israel. Well the characters in that second book, it's really McLean, because it mentions his having committed suicide. And that was probably the most eventful to me. You know, you're there and I believe it was during my first year. Here is someone who you interacted with, you know, and they commit suicide.

But one thing that it told me, and I don't know whether I picked it up naturally, or whether I picked it up naturally, or whether in some seminar session or something, that you cannot as a clinician or as a person, you cannot do all of these things. In other words, you cannot be a clinician, a researcher, a writer, you know, a private

prac-- you can't do all of that. And it seemed as if he was doing that. Now, that's not to say because I don't know -- none of us knew him personally to know whether or not he struggled with depression, you know, through his life, I don't know about all of that. I just know that that was the -- probably the biggest shock with my whole educational time and training that that episode happened.

Q: That is certainly a shock; I've never heard [true?] story before, and I can't imagine being, you know, a young person training in the field and then having one of the people who is training you --

SM: Yeah, it's Harvey -- I'm pretty sure (inaudible) Harvey Shein. S-H-E-I-N. *Mount Misery* is a book that's out, and I can't imagine, I'm just sitting in shock, I can't remember the book that was Beth Israel. Because the writer is in my class, but he goes under a ghost name, and all I think he was banned from Beth Israel because it wasn't a very complimentary book. And then *Mount Misery*, kind of McLean. Because I don't think he went straight to residency; I think he either did some travel, I don't know if it was -- I'm going to say -- I don't want to put this on record and be all off on this, but anyway, I'm pretty sure *Mount Misery* was the name of the book, and I've read both of them, I can't -- and I'm going to -- as soon as I have this

phone, I'm going to remember the first one, because the first one was essentially Beth Israel. But it wasn't very complimentary, yes.

So that fact was really, you know, I'm young still, and you're there trying to help, you know, other people and the person that you kind of look up to for strength and guidance and all, commit suicide. So you know, that's probably the biggest and momentous event that happened to me through my school in training. And then, of course, while in my training, our father passed right after that. So, you know, I had some difficulties; that was in 1978. So I had finished medical school, had done my training at McLean. And while at McLean, I also, as you probably see there, I also did a Masters of Public Health at the Harvard School of Public Health, and in Behavioral Sciences. And so I did that, finished school, my training.

And then I returned to Texas. I wasn't sure if I was going to come to Texas, or go out to California; many of my classmates went out. We were all going to the Sun Belt. So I came back home and came back home to Houston. And at that time, I was hired by Baylor College of Medicine, and my assignment was the Houston VA, to be in charge of the

residency training unit there. And so I became -- I had to be an employee, you know, and also over at Baylor. And that's how my career within the VA system started. And so, I probably -- I stayed at Houston about 17 years, and gradually cut down my time from full time at the Houston VA, [00:30:00] started a private practice with emphasis on women's issues, founded a women's program at one of the local hospitals, it used to be called Spring Shadows Glen, but Menninger Hospital in Houston. And, that was -- we call it "boutique psychiatry," that was back in the era when you had women's programs, men's programs, borderline program, you know all of that. Because insurance companies weren't cutting back as much, so I really think that was an excellent era for healthcare, or mental healthcare for folks. Because it wasn't as restrictive.

So I did that, and then while in Houston, had private practice, part time at the VA, and I also did an 11-year stint on the local ABC affiliate, where I was a consultant once a week on *Good Morning Houston*, it was called. And so I kind of became a household name; particularly, as you can probably tell, I have a very low-pitched voice. So my name -- my voice is distinctive, so if I were on the telephone, turning on utilities in the house or something, even the

person on the other end would ask if I'm the lady on television, I'd say yes I am. So, that was an interesting time. And it also helped with my practice because people who watched the show, it was a nine o'clock start, it's much like the whole *Good Morning America*, *Good Morning Houston*, *Good Morning Texas*, those, you know, it was modeled after the same format, where people would call in, and then I would introduce a topic, people would call in, answer their questions, which I did it for 11 years.

And then I left Houston, and then came back home to Tyler. By that time, all my family, my immediate family had passed away, my father first, then sister, then mother. And I just came home just to kind of reconnect with the town, knowing that I, at that time, did not plan to stay here, so I was here from '93 to '98 full-time private.

And then went out to Lubbock, Texas, to at that time, I don't know, I guess I knew managed care was going to take over. So that's when I stopped solo private practice in 1998 and went out to a group-employed, physician-employed practice for Covenant Medical Group that you'll probably see there. I went out to Lubbock, and I was at Lubbock for

about five years, and then I returned to the VA to complete my retirement.

And then that's pretty much it. So that was the last employed position. And so I left the VA in 2010. And for the most part, I've just been doing some contract work. I used to do long-term contract, you know, six months, ten months, but now I just do, you know -- I may sign on initially for just a month, and they may want me to stay on, that kind of thing, so.

And then, through all of that, I've always been active in organized medicine. So I've been officers in various medical associations.

Q: Well that's wonderful. So I have one last question really, and that's, you know, if I asked you some questions that you knew about, is there anything else you'd like to tell me about your career, over at Harvard, or actually Spelman and Morehouse, which I find really interesting that you are taking classes over at Morehouse as well. But just, you know, this is an opportunity for you to tell me anything else that you'd like to be part of this recording and part of this interview.

SM: You know, sometimes I look at myself, and my mother used to tell me that -- you know, (inaudible), that I didn't have an appreciation for my journey, because I was such a trailblazer that there was never -- almost to this day even, that there was never someone that I could turn to really as a role model or a mentor, because there was no one who had done -- walked in my footsteps before me. So, I can't say that I didn't make mistakes, but in some ways, it's regretful but in other ways, it's -- I feel like it's been self-esteem building, confidence building, made me a stronger person, made me a better leader. And so I feel real grounded, because I've pretty much had to find my own way, you know, I really didn't have [00:35:00] anyone that I could turn to for that kind of -- that's one of the reasons I stayed with Dr. Poussaint, he was a good support just because he was the dean for all of us, and it was clear that they brought -- that Harvard, they brought him over from Tufts because they were admitting, you know, this big class of minority students.

Probably through all of this, as I look back on the past, the fact that my entire family's deceased, including my son, I had one son, and at the age of 35 he passed away, sudden death, and in 2011, and that's probably the biggest

reason that I am more or less, kind of stopped working.

(laughter) You know, because that's when I really said, you know, there's no reason to just continue to work. I don't need to work to keep busy. I've always enjoyed travel. I hear so many people saying, "I don't know what to do with myself, you know, when I retired, so I went back to work." That's not why I work, because I always have things going on. I really have a lot of things that I wish I could do that I haven't gotten back into. I used to have a hobby of sewing. I used to make all of my clothes growing up, but just haven't been able to look back, because it's time-consuming.

But other than that, you know, in spite of those -- what do you want to call that -- really difficult times when you only have a four-person family, they're all deceased, and then your son is deceased. So I've had some tragedies, but for the most part I would say, I've led a good life, and I do know that in spite of things not maybe going as -- you know, at Harvard, we were trailblazers, so there wasn't a lot of support. We were new, you know, it wasn't a common thing for us being minorities to be at Harvard, I do know that having gone to Harvard really opened doors for me. I will never underestimate that. And so I really tried to

give back through my financial contribution. And so I'm a member of the Ezekiel Hershey Council, you know. I really appreciate that experience and that opportunity.

But other than that, I'm pleased that I picked the right specialty, because so many people as physicians change later on. But I kept that track, and I've been real pleased with it.

Q: Well I just want to say, just listening to your story, you've helped to open a lot of doors to other students here. And as you may know, I work on the history of women at Harvard Medical School, and these days, 50 percent or more of incoming students are women. But that wasn't until the 90s, you were -- (laughter)

SM: Yeah, isn't that amazing?

Q: Yeah.

SM: We're down to 11. I don't know what our total class was. It was 100-something. But only 11, so I guess we were about 10 percent, something, about that. I don't know the exact percentage. But there were only 11 total, so that means there were only 10 other than me. So, we were definitely small numbers, whereas as I said before, you know, some of the issues that I thought were unique to me, I found through the years, you know, talking to women as we

attended various reunions, that they were also common to some of the women in my class also.

Q: And that's another reason why we've been doing this oral history project in part, to make sure that we're collecting the history and talking to people, and making them tell their stories in their own words, but also so that students now can see that they're part of a longer history here; that they're part of a longer story.

SM: Right. Because I was at -- I don't know if I mentioned it, but I don't know what you know, we try not to say "counterpart," but the American Medical Association didn't accept blacks into its organization years ago. So in 1895, the National Medical Association was founded, and that's the predominantly black medical association. And the Student National Medication Association, or the SNMA is just that, the student organization and so, as a matter of fact, I was director the New England SNMA. [00:40:00] So I've always been a leader; I've always networked, been speaker of the house in both organizations, the SNMA and NMA.

And, I was at Harvard for something, and was surprised to hear the students saying there was never an SNMA before on campus. And I went like, what? (laughter) So somewhere in

there, there's a disconnect after -- I have no idea -- I think probably in the 90s, something changed, that somehow the history was dropped. And in trying to reconstruct the history, information has been left out, because you know, we had that cohesiveness, because at that time, we could pretty much count the number of blacks across the country in the various medical schools. And the SNMA was very helpful in terms of networking. We had regions, and so when we would have our national conference, and I would be able to, you know, network with other medical students across the country, and then some of us remain active in the National Medical Association, or the NMA. And then I continued -- you know, I've been active to do that ever since, you know, finishing medical schools in the 7-- and still active in it.

But, it was interesting; I was there at Cabot for a reunion or something, and I was shocked, I went like, what? And I had to, you know, really correct the students, you know, that this was not the case, that we really did have that, so I don't really know what happened, because as I say, had I been around, and had I remained in Boston, perhaps some of the information would have been shared. But I left Boston right after finishing my residency. So at '76 is

when I returned home, and I really think that the history just got lost, because you know that was around the time that things had opened up so much that people really didn't see -- oh how could I say this -- I want to say diversity was taken and that was taken for granted. But I don't think people saw it, saw the need to actively work toward increasing the numbers. Because right now, I don't know how many blacks on campus versus other minorities. I know they've expanded with other minorities. So maybe that's why, I have no idea.

The only person I know who has been constant through this is Dr. Poussaint, and I don't know whether or not -- I know his role has changed, so I don't know whether that's the reason. And with Joan Reede, she came on so much later that I guess she's been just getting the history as it comes, but you know, there's just been a little bit of a disconnect with the history. And as I say, there's a book -- you know the book I'm talking about, that they start --

Q: I think -- yeah, I think I know which book you're talking about.

SM: But it starts in 1970. And I go like, what? I mean, we were literally the trailblazing class. (laughter) And I don't know who put it together; I don't know how that

history happened. And this wasn't so much that they were talking May 1970, it did not reference this as the year that we finished our first year, it picked up like September 1970, you follow me? They picked up the full net year. So, I saw it referenced somewhere, but you know, sometimes I read things and just, you know, don't remember it.

But wherever that book is, as you're putting this together, you might want to kind of review what was written, because it definitely did not start as early as it should have. The historical date was not as early as it should have been. It definitely was September 1969 that we entered, is the history-making year.

Q: Yeah, two thoughts on that. From what I've been able to pull up about the committee and the neurobiology department, and Dr. Potter working with Ed Furshpan and Ed Kravitz, also in neurobiology is that they began recruiting for 1969. And you're right, I mean you lived it, but I'm just saying that there's some information there. So I can't speak to the book. (laughter) [00:45:00]

SM: But also, I talked with someone else recently who had been a resident at the MGH in the late 50s. And he said, you know, some of this history gets lost, because when I was

there, you know, diversity was nothing the people were celebrating, you know? And so it's hard to find that history and to collect it, and to make sure that you're talking about it, because at the time it wasn't deemed something so important. But what you've done in coming here really was trailblazing. And personally, that's why I find the project so important.

SM: Because it was more of an individual thing prior to, you know, if you were, you know, like Lou Sullivan, these are people that went to Harvard, you know, but you know, if you got accepted, you went and you went on. But that it was more or less an individual accomplishment. And even though I consider mine to be -- well mine particularly, because as the second black female, almost -- and I don't mean it in a negative way, as I tell the story, people know the history of the first and the second. I've been labeled "the real first one," but you know, that's neither here nor there. And it's disappointing, that I mean, Dr. Jefferson -- I mean when I say never ever, I mean never ever came to anything, identified -- you know, and that was unfortunate, because we didn't really have an appreciation for it back in the day, because -- actually, let me put it this way. When I actually was at Harvard, I did not know I was the second black female. So, you know, it was almost my issue

as well, because -- I want to make sure I'm making myself clear.

Back in the day, you got accepted, it was an individual accomplishment, you did what you had to do, you got your degree and you went back wherever you were going. But it wasn't until the 60s when the whole, kind of like a movement happened that people began to coalesce, network, let's get more of us, and that's when you have a sense of knowing the true history. Because I remember walking into the registrar's office myself, and I said, that's how we found out, you know. And so of course the registrar at that time had been there for, I don't know, 30-odd years, 20-odd years, I can't remember the name.

So, I think that was really the difference, that there was a time when we got together to form coalitions, and when you form coalitions, you find out what other people are doing, whereas before, like you're saying, whoever was there in the 50s, it was just an individual accomplishment. He might have been in a class that only had one black, or two blacks, because as I say, prior to 1969, there were never more than three blacks in any class. So for them to go from three to 16 was a big deal for Harvard Medical.

Q: Well, we are coming up on our hour. So I just want to take a moment and say thank you for taking the time to talk with me today, and to be part of this interview. It's really been my pleasure talking with you.

SM: Well and I appreciate it too. I'm sorry that it took some juggling of time, and you were patient to wait until I came off vacation. (laughter) And my brain may not be quite as sharp because I just came off vacation, but I appreciate the opportunity. You know, I'm proud of my accomplishments. As I say, sometimes -- my parents were good at that, telling me that, you know, you really don't have an appreciation for what you have accomplished. And they would always remind me. And so I do feel blessed. I mean, I'm most appreciative for the opportunity that I had there at Harvard. But I thank you, and just give me a callback. You've got my number.

Q: (laughter) I do, and I'm going to follow up over email with a release form for you to sign to make sure it's OK that I save this interview and then have it transcribed. And otherwise, if you think of anything else that you'd like to share, or if you have any photos of you from the time that you'd like to share as well, I'd love to hear back. Yeah, and otherwise I'm available over email or by phone. Thank you again, Dr. Marks.

SM: All right, and if you could drop me a little address for Dr. Potter, I'd appreciate that. I'd like to send him a little card.

Q: Yeah, I will. I have it written in my notes. So we'll do that right now.

SM: OK, thank you very much. Good talking to you.

Q: Thank you.

SM: Bye now.

Q: Bye. [00:50:00]

END OF AUDIO FILE