Name: **Harriette R. Mogul MD MPH,** Director of the Student Health Services (Barnard College 1971-1991) and Founder and Director of Barnard Institute for Women’s Medical Research (Barnard College 1985-1991)

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Location: Skype interview

Interviewer: **Federica Rottaris**, Visiting Student (Spring 2015)

Project: Making Barnard History, Prof. McCaughey (Spring 2015)

Duration: **56’41”**

F: It is April 7th and I am on the phone with Dr. Harriette Mogul who was the director of the Student Health Services at Barnard between 1971 and 1991, is that correct?

HM: Yes

F: And you were also the founder and the Director of Barnard Institute for Women’s Medical Research between 1985 and 1991, right?

HM: that is correct, yes

F: perfect. So my first question would be: how did you arrive at Barnard?

HM: That is an interesting question. Actually when I completed my Internal Medicine training I was fortunate enough to have two children which, you know, was a very unexpected event because I was originally told that I could not have children. So, a personal reflection. So when you have these miracle babies and you are told you can’t have any while you may think you are a priority and so I basically I turned my second off when he was born and I decided to stay home for a year and then I went to look for part-time jobs and it is hard just to imagine there were no part-time jobs for women in that era. I mean, I have worked for six months and in the Journal of the American Medical Association, a journal that no longer exists but it was devoted to women in medicine, there were some ads and in the back, in the classified ads and most of these were full-time positions but there was an advertisement for a part-time job. That was really the only part-time job I could find in six months of reading The New York Times, reading various other papers where one might find the job so I was, you know, very excited about this part-time position with Dr Marjorie Nelson. So it was a perfect fit because it enabled me to spend a lot of time with my family and to balance you know, they talk about it these days to balance career and family very effectively, and I really loved it because it was..my own orientation had been, and you can read this on my book, to disease prevention and health promotion and so, you know this is a fertile field to do that sort of things…

F: and were you familiar in any way with Barnard? Or did you know people who had gone there?

HM: I had gone to Bryn Mawr so I knew in fact the prior president of Barnard had gone to Bryn Mawr so I mean I went to a Seven Sisters college so I certainly knew of Barnard and I had sent some to Barnard and you know, for me, it was the Seven college structure.

F: was it hard for you to settle in or you found..?

HM: no, absolutely the easiest induction. Nelson was very encouraging, she was thrilled to have a young person at the Health Services she made me, instead of working in the Health Service, she made me stay for lunch and kind of descard my hours so I could meet the faculty. She was a phenomenal mentor, just phenomenal. A wonderful woman.

F: Did you..I mean, of course you are a physician used to different kind of patients but was it hard to relate with young women in that period, in the early Seventies? I am not American but I know that that was a very delicate period for women’s emancipation and women’s participation in the world I would say…

HM: I mean I was a young woman myself. I was in my thirties when I took position so I didn’t really have a great deal of difficulty relating to women. I also had gone to Bryn Mawr, it was a very feminist institution, so I had a lot of cultural and philosophical overlap between my vision of what health should be and what students wanted..it was very easy and very good fit.

F: so you were progressive in your thinking already, so that is why it wasn’t very hard to settle in in a place like Barnard..

HM: it was really terrific. I had wonderful colleagues, wonderful mentors..Barbara who I to was fantastic. People really were very encouraging and it was just a very fertile and creative opportunity.

F: Do you remember how big Barnard was in that period? How many students approximately or how many colleagues you had?

HM: I recall Barnard was slightly larger than Bryn Mawr, I think there were 1800 students there at that time..what is the population now? Is it much different?

F: yeah, I don’t know the exact figure because I just arrived..but I would say that it is maybe more than 2000 students, just because we have more housing and there also more international students coming in for different periods throughout the year so that also increases the number of the student body..

HM: sure, sure. That makes sense

F: Do you feel that Barnard..or what was your sense of Barnard’s women awareness at that point?

HM: I think Barnard was, I comparable to Bryn Mawr, very.. there was a great deal of interest, it was the year of was a very good overlap with my vision of what I thought health should be for women and the student body that really enabled us to do the kinds of programme development that my colleagues and I…it was a really phenomenally creative opportunity

F: so you did not feel there were people strongly opposing to some new medical horizons, new medical opportunities for women?

HM: Not at all, not initially. We did a lot of ground-breaking things and it was a chance to really go out and create a whole new programme in women’s health. Just to give you some statistics: when I left Barnard, there was an interview ‘Do you like your health service?’ and we came in first with an 87% good or excellent rating and after us was Harvard which in the forties. Those are the objective data of how prestigious the Health Service was when I left. It was a phenomenal, phenomenal recognition. It is because we had a lot of peer involvement in the health service..we met, we had a Student Health Committee, we met regularly, I gave the students ad we had students working in the Health Services..I guess you can’t do that anymore because of…at that time it really worked very well, we had a lot of programmes which were very students oriented.

F: Well, that is really interesting. So students would participate as, maybe not as a student job, but as a voluntary participation to collaborate with you and to spread awareness around, I would say.

HM: Absolutely. There were..students were very..we had the Student Health Committee and it was very well attended and we had students..it was actually a paid job to work in the Health Services..then again, I am not sure we could do this today because of the stricter regulations but the students..people came in the Health Services for reason so nobody knew what they were there for when they signed in so, we students receptionists and it was a student job like a library job..it worked very well. We were very careful not to disclose why students were there.

F: Which kind of services did the Student Health Services offer? Besides the medical one, so the physician, were there also counselling and other more specific services?

HM: we had a very large counselling service. It consisted of psychiatrist, psychologist, social workers and we had individual therapy, group therapy, workshops..I did nutrition workshops..we had three workshops in nutrition: one was a therapy workshop for people with eating disorders, the other was a joint group that I did with we did behaviour therapy for and then I did one alone that was just exclusively nutrition. So we had these three series of workshops..we did student weight issue, we had a peer counselling programme in HIV prevention, we had a series of outreach lectures at the dormitory every week in a variety of subjects which were student selected…we were very active in sexual orientation, we had self-protection workshops and we did it in with the housing department. We did a lot of things.

F: it really sounds like you were pretty radicated on campus and very present on different areas. Now it is not that different..I think they have a couple more services but so far the structure has remained the same which is an evident proof that it has been working throughout the years. Another thing I was interested in: do you recall which were the most delicate topics for students, what they cared the most about in that period?

HM: We tried to be very open to all the things that were issues in students’ lives. We did have..we had..it was around the time of the sexual revolution not just in terms of women being more open in terms of expressing their sexuality but in terms of a variety of formats. So we had actually thought to what the students wanted which was a Columbia-Barnard quiz called ‘the determinacy of gender’…so the gender identification process because students really wanted to know what were the biological and psychological underpinnings of gender and we had this incredible course, we taught..the Nobel Prize for the work he did on the male and female brain, we had guest speakers from all over, we spent about six months putting this quiz together and then the students actually asked me to teach it..so we even extended it to the classroom we also founded the Institute, we had a peer, a group of we had students working in research over the summer in a variety of areas..nothing was off limits, we had the first peer-counselling group that did HIV prevention and there was a lot of emphasis on preventing sexually transmitted diseases and contraceptive counselling and one of the things that students wanted that we were very clear about was that there should be no asumptions made by whether anybody was having same sex or heterosexual sex so..you know, there were no assumptions made in terms of..we asked the question ‘Do you need contraception?’ rather than making an assumption that people came in for a pelvic exam were sexually active with men..so it was a very open form for these discussions, people were comfortable..we had discussions at the dormitories, sometimes at the Health Service..if there were issues we had an open discussion..comfortable format and we were not the only people doing this. Harvard was doing some of the same things, some of the women colleges were a little late getting on the bandwagon but they eventually got there as well, some of them were a little more conservative. We were all doing these things..I mean..we had the Seven Sisters every year, we talked about our, comparable programmes and shared ideas for improvening the health services. It was a very devoted group of people at the Health Services at the various Seven Sisters schools including Harvard.

F: would you say that out of the Seven Sisters, Barnard was the most open and the most flexible towards these topics or they all had the sense that they needed to face new challenges which implied new thinking of prevention..

HM: I would rather think of it as sot of a cluster so: Barnard,Bryn Mawr and Harvard were kind of more avant-garde in the topics that we kind of addressed, I think..we had a Board of administration which was much more liberal and allowed us to go in this initially because that way when I left it wasn’t. But initially the Board was very receptive in progressing these ideas, they really wanted us to be responsive for the students and some of the other colleges had more conservative administrator boards which did not allow them to do this…I know of the Seven Sisters every year from the Health Service director, from the Administration of the various schools, and you can see that there were schools a lot more conservative..but Harvard and Bryn Mawr and Barnard were in one cluster and then some of the residential colleges, like Smith and Mount Holyoke, at least initially, were a little more conservative about their Boards allowed them to do. Himself wanted to do this but we didn’t function in isolation of our administration, we needed the and support of the administration programmes and so. We did not work in isolation.

F: sure. But would you say that being in the city..would you say that being in New York was a great advantage for such topics to come up…

HM: I think that is definitely true. I think this is the difference between North Hampton and New York City, and Harvard diverged by being in Boston and Bryn Mawr by its proximity to Philadelphia did have a more urban and eclectic feel. Also they had more diversity in their student bodies..that is unsustainable. Barnard really believed in diversity as did Harvard as did Bryn Mawr and I don’t think Smith and Mount Holyoke had a similar level of the diversity that we had and that diversity..and also people from other nations, the international group, brought a certain milieu to Barnard that you didn’t see in many other schools and Harvard as well. We were very blessed with a very strong administrator support, again, at least initially.

F: maybe this is a delicate question, but I am very curious because I don’t know whether in that period Barnard was facing a good financial situation or whether it was in a bit of a troubling period..do you feel that the Health Center was being supported financially too, I mean you had resources to carry out all your projects or you wish you had done..

HM: the finance were very much, I could only do something that I could finance. We ventured into a number of really very exciting relationships with Columbia P&S and we had training, one of the first things I did when I was the Health Service Director I went to Einstein, I have graduated from Einstein, and I went to Pediatrics and they started a programme at the and I said ‘Would you like to rotate your fellows through our Health Service?’ and they were to do that and actually let me even look at the before they accepted so we had initially fellows from medicine as sort of a training so like three times a week from Einstein and we did the same with Mount Sinai and Columbia so we had at least half if not more, a good percentage, we were able to bring very talented young people to relate to our students to our Health Service to work on a health service and they were really attractive physicians and easily related to the students and on the one hand, it was part of their training did not cost us very much, so it was a really exciting way to expand the staff. We also..we were able to bring some of the extra Colombia to see our students when they had serious medical problems that required something..we did sports medicine…New York in that area, outside of Manhattan, was a nucleus for many talented specialists and we were able to integrate them in our health care. So that was another way of paying for things reasonably because the academic people were very willing and able to see our students. If I couldn’t pay for it, I couldn’t do it. That was important in my budget.

F: do you feel that there should have been, that something more should have been done..

HM: we had anything I needed, I just had to find a way to pay for it and I had access to a lot of great people who provided a really a high level of care at a modest cost.

F: it really sounds it was a very vibrant period where people really put effort in their jobs and also really believed in something that was of common interest or of shared experience. That is really great. And turning to the students a little bit, would you say that students were relying on you as a primary source for medical information or to raise their awareness on medical issues or they would come to you with other sources already consulted?

HM: We had a very strong backup system, so if students were concerned of not getting a correct diagnosis, I could easily refer them to get an extra opinion from Colombia or Mount Sinai. I never saw much evidence of students were not happy with the care they got. I may not be aware of it, but basically we had satisfaction surveys, we had so people could anonymously provide comments and concerns about their care, the Health Committee was very visible and so if there were issues, people had an and leave it at the Health Service. We were very much interested in basically conforming to what students wanted, we were not in an officer relationship here..students were really our source so what programme development was required and what type of issues needed to be addressed and yes, we were there to serve the students.

F: If I think of my experience into university, I would say that, with contraception for example, since it was coming to stand out in that period, I would say that people would talk first with their peers or look up on the internet and then, only at the end they would go to a doctor to address those issues. So I guess I was wondering whether back in that period you felt that students were coming to you already with some kind of opinions or..

HM: actually let me a little bit about..there was a peer contraceptive counselling programme. So we had our students doing all of this and so students had to go, we had this workshop and in order to get contraception from the Health Service you had to go to a workshop. So the students did the workshop- they were done anonymously- and they did these workshops in the dormitory all of the time, like a couple every week so if you wanted contraception you called up and said ‘my name is Jane Smith, I want contraceptive counselling at the Health Service’ then when you had to go to one of these peer counselling sessions where you did it anonymously and in the presence of your peers you would address all of the issues. Now, we didn’t keep track but if somebody came in and they..process they would see the nurse and the nurse would ask them questions they could tell right away if the person had gone to the peer counselling programme. And the students loved the programme, so there was no problem with it. So that is how we did the contraception: it started out with the peer session, the session of peer contraceptive counselling and there weren’t just issues of contraception, there were issues about sexually transmitted diseases and avoiding them and a whole range of issues that people did not have to deal that were oh my god they are there for contraception..I mean they would talk about general issues in women care. There was a big focus on contraception but it wasn’t just on contraception..

F: I guess your nutrition programme was also a big thing to develop, a big..I mean not challenge..but I would imagine that to be very appreciated by students since they could come up and talk about things that they probably never had the chance to until then..

HM: that was one of my own interests. I don’t know if you have seen my website, if you know what I do know but obesity and obesity prevention and eating disorders and that whole range of overeating has been in my lifelong interest so when I got to Barnard there was considerable concern about getting weight at Barnard and having an appropriate..

F: lifestyle..

HM: so you know, we did a lot of work in that area.

F: do you recall what nutrition was like in that period? Would the dining hall offer a lot of variety in food?

HM: Actually I do remember very well because we had a Nutrition Committee, was the Health Service Committee and we used to meet with the dietitian and the nutritionist and they were very good,they really were good and for example we have got a big salad bar, we have got a big potato bars so that you could get a baked potato and get all kinds of vegetable toppings and cottage cheese and things of that sort. We tried very hard to get rid of the, they were able to get hot breakfast. We did a lot of work in that area and it was a lot of fun because just as the Health Services wanted to serve students with nutritional services wanted to do..eventually…..they were agreeable to work with, they would have low calories meals and to have more protein and not just serving every day…they were very good, it was a lot of fun.

F: do you feel that the number of students that got engaged into such programmes increased over the years? Do you feel that all the services you were offering were..let’s say..gaining popularity among the student body or you had a pretty constant number of students coming in?

HM: we actually kept statistics..I don’t have them at my fingers but I do have those reports available somewhere…when I first came there were 3500 visits a year to the Health Service and when I left there were 20000 visits. We had a tremendous increase in students visits! From 3500 to 20000..

F: that is the best feedback I would say. If you want to know whether the students are satisfied with a service just look at their showing up numbers…and, do you remember what students were most concerned with? Or issues that students felt to be most sensitive towards? I mean, you have been there for twenty years so I am sure you have seen many generations of students coming, so do you feel that there were major common concerns?

HM: I think that is a great question. I think initially students were just..they operations…it was basically a place that you went to if you were sick or injured or you were coughing and you thought you had mono..when I first came here there was a half-time gynaecologist so over the years we went from a half-time gynaecologist to we had one session and then by the end, everyday we had a gynaecologist there so there was a tremendous increase in the use of gynaecological services. The counselling service, when I first came, there were not that many visits and many people used..what happened was, we did analysis: that the 10% of the students were using the 90% of the services so what we did, and this was based on the Student Health Committee’s recommendations, we actually decided that it would be more appropriate if students had a limited number of visits per year and then either the problem was solved or they were referred to one of the services that we could get very good low cost care for one of the later training services. So that changed and by the end we had 1200 visits a year in the counselling service which was a large number of counsellors. We had some social workers that weren’t there before I came, we had a woman who was African-American who was half time, we did, I mean there was an evolution of the services because there was an evolution of the interests people had. HIV started in 1982 so we had an enormous, enormous presence in HIV prevention. Actually I was funded by the National Committee to look at the college response to HIV prevention. The first college in the country was Harvard for HIV antibody testing and we had a lot of debate about that and how to do it, how to keep confidential, we had this very special system where people tested had their names on any of the Health Service records. We had more people concerned about sexually transmitted diseases in the year of AIDS..we had more interest in addiction and there was a greater concern about self-protection because New York changed in that era, there were some problems in New York, the crime went up and Barnard students were at risk if they took the wrong subway..there was a lot of concern about enabling students to take self-defence courses…there were those trends. Some of them being in the city and to change with the city and concerns about the crime rate increased at some point when I was at Barnard. It got better at the end but we were dealing with some real big issues.

F: I would really imagine so. Do you recall whether any students’ parents openly expressed some oppositions or concerns about the work that you were doing with their daughters? I mean, I was wondering whether some parents were concerned about the openness you were offering to the students or if they thought that, besides sending their daughters to a place in the city, they were also sending their daughters to a place where they would be in touch with issues or trends that they might have wanted to protect them from…I am not sure whether parents in the early Seventies were ready to see their daughters engaged in sexual protection talks or anything of that kind..

HM: I think parents were probably more..I mean they were coming from the Sixties, so parents were pretty liberal in that era. I think people knew what Barnard was, they came and visited it, we had a health recorder and it was all spelled out. I went to visit college with my granddaughter a couple of months ago and we went to Vassar and basically what you see is what you get. The person who took us around on the tour- it was a great tour, I loved it- basically said ‘if you don’t want A B C and D, don’t come to Vassar’. And I think it was the same at Barnard: people knew what the programmes were, they knew what we did, students came and visited other students, they asked about the health services and the food and all of the things in addition to classroom size. And students taught other students, so it was very clear what we were doing and I think, again, we had the Health Committee so if there was a complain we took it to the Health Committee and had students address it. It was a very student-focused health service.

F: yeah, self-selection at moment of choosing the school makes totally sense because since you have seven different women colleges and if you think that Barnard is too progressive in its way of seeing the world then you would just send your daughter to a different school..

HM: Absolutely. In some ways things were easier then. I think we have parents now, we did not have that then. When students came in, the parents said goodbye, they said ‘you are here to embark on this next step of your life’, they were not texting them and skyping them and. They were much more independent actually than what I understand is going on. One of my son’s friend is a Dean at Barnard and I get to talk to her a little bit about Barnard and what is happening and I went back a year ago in April, they had a dinner for the women wellness anniversary, so in some ways things were more progressive then in terms of parental interventions than they are now. Our rule was that if a parent called, we wouldn’t speak with the parent. Say that they wanted to find out about Jane and the response was ‘if you need to talk to us about Jane, Jane has to be in the room and you have to have Jane’s permission’ because we didn’t talk to parents. I don’t think they could do that today, I think the parents are much more intrusive. They are much over the administrators. That is what we did then and that was it. Again, I had the support of a very strong board both in research and in running the Health Services because we had an outside Health Service Board and it was very supportive. So I had a lot of support for what we did, I doubt that that support is still there today for what Health Services do, I mean I don’t know.

F: I would love to inquire about that for my research, that would be a very interesting next step because I would also really like to expand this conversation with the current director of the Health Centre just to see what changes have occurred and what are the hot topics now, or new challenges or betterments. I don’t know, there are many different insights already in our conversation..

HM: it is a different world, I mean it really is. I had a lot of fun at Barnard, it was a great career. I have loved the flexibility of the schedule and I have loved the opportunity to create programmes, the of the programme development..they were great twenty years, I really enjoyed them.

F: Did students ever come up to you asking to tackle some specific issues, did they express any preferences or any strong needs or topics that you might have not thought about?

HM: oh yeah, I mean we had the Students Health Committee and we invited them to come to the Students Health Committee to talk about issues they didn’t think they were addressed…I think there were very open channels of communication back and forth..if there were any issues that still needed information on, we would do workshops at the dormitory, one that the Health Service staff could come and talk to them depending on whether it was one of the social worker or if there were medical issues…you know, there was a very open communication back and forth.

F: and very horizontal I would say. Of course students were going to see experts and professionals but the fact that you had a peer-to-peer support service too, that must have made a great difference for students who probably never even addressed such topics regarding their own well-being or their own safety. I am not that familiar with the system now but I know that students get involved somehow although, as you said, it is such a delicate area that they try to put requirements on people to handle such personal and delicate issues to some extent. I would like now to ask you about the Barnard Institute for Women's Medical Research because I have tried really hard to look for information both at the Barnard Archives and in another research center on campus but I could not find much material on it.

HM: So, I can certainly answer to that. We had a large foundation grant from, we had funding from a number of sources and we actually developed some electronic medical records which we used in the Health Services and in research. We had this wonderful Board- I actually think I still have and I could send it to you- I have the brochure from the first conference we did on suicide, we had this very large grant to look at what caused students suicide and high risk behaviours that Barnard, Smith, Harvard, University of, University of Chicago..we worked with ten thousand students and used their incoming questionnaires to look at predictors of suicidal behaviour and other high risk behaviours. It was called ‘PC College students suicide prevention study’.

F: I would love to look at that brochure, the very first from the Research Institute.

HM: I think I do have that brochure and I am happy to send it to you. Email me your address, I don’t know if I’ll get it out to you in next couple of days…so many deadlines this week: it is just a crazy week- in academic medicine we do see patients, and we teach and we write papers and we do research. I am going to get it to you in a couple of days if you email me your address.

F: I will for sure, thank you! Did the Barnard Institute have a big researcher body or did it grow throughout the years?

HM: we had a very impressive Board as you will see in the brochure, we had people like Maggie Hamburg, Bobby was the Dean of the Harvard Medical School, he was on our Board. We had who was the only female Dean of a Medical School in the twentieth century was the Chairman of the Board, we had the Head of Paediatrics from Columbia, we had the president of the Committee…it was a very impressive Board and we had a lot of support, a lot of support and a lot of funding and it was a very big institute. The Institute folded because Barnard did not want to conduct research, they felt that we were doing research in areas that compromise the image of Barnard because we were looking at suicide, depression, eating disorders.

F: Do you think they were scared of sharing that information with future students and with their families, do you think it was a genuine fear?

HM: I think they were concerned that even though we were doing this as part of a large consortium, that it would reflect on Barnard and might diminish their admission rates because these were very controversial areas and so there was some concern about pursuing research in these areas and that is really why I in other career directions. But we did have some very nice research and it was a very interesting time.

F: Of course. So did it end in 1991 when you left or it kept going for a few years afterwards?

HM: no no, it ended when I left.

F: so you were the very first and last director of the Institute. That was your creation! For how long had you been think about that project before realizing it?

HM: There was initially a lot of support for it and then the administration changed, there was a change in the reporting structure and the administration was different. The Institute was founded under one administration and then there was a whole, not just for me but for the whole college administration, there were some administrative changes and the administrative hierarchy was such that there was no longer interest in support in these of activities. So that is what happened. I mean this happens in corporations too, you have people going off at certain directions, company A is in and then company B comes is and they say ‘we are not going to do this’ and leave a different set of priorities so that is part of what happens in life. There were some incompatibilities between our visions of health service and all kinds of things and it just ways.

F: Do you know whether those reports are still available on campus or they are not at Barnard anymore?

HM: The data?

F: yeah, the research you have done and the projects you developed over those six years..do you whether they are stored in any place?

HM: I assume the data has been destroyed. It’s twenty years ago. I know that I had access to it for a limited period of time but I don’t think that data is still available.

F: I guess but you know what, I think that kind of Institute would be of great help right now especially because you can see at a broader American colleges level, you can see that there are old and new issues coming up again and colleges getting more and more concerned..I am thinking of the sexual assaulting issue for example..

HM: At the time we did this Institute there was very little in women’s health and now we have had the women’s health initiative, there are hundreds of papers and studies, all kinds of…so it is a very different environment and I think the need was very profound when we founded the Institute because there was nothing. And now there is so much so I think this much there are places that are..I don’t know the field anymore, but I know that there are certainly a number of issues irrelevant to women are being addressed in other studies and in other research centers. Standford has a big institute on gender..there are other places where the same questions are being addressed.

F: For sure, but I think your initiative back in the days was something very ground-breaking and very futuristic to some extent because keeping records of such problems, I mean, of such common problems, very epidemic to some extent I would say, that was definitely..if it had kept going, I would still be of great relevance for current research or even for current college policies.

HM: of course you can imagine for you to say that, it’s a wonderful validation of what we did and I appreciate your kinder. I think it really was ground-breaking and I think it did, I mean it was unfortunate that we had this administrative change that didn’t see it that way…we had wonderful supportive people on our Board, amazing, amazing people and they were very supportive in terms of helping us get funding and how doing our structured ideas and it was a wonderful era and I was part of it.

F: it feels great to hear such great stories about the two decades you have spent there because if someone works in a place for twenty years, it really means that the person has found something valuable there to make grow and to enhance too.

HM: I really loved it. I felt it was just a wonderful opportunity and we stayed at the end they really and they just did not, for whatever reason, they did just not want to continue to support research and fund the programmes that we were doing…I honestly feel very blessed that I left..I mean life has a way you kind of close one chapter and I got very very lucky, I found the syndrome, I wrote books, I did other research in areas that are part of women’s health but at a later area in the life cycle and I would have never had done that if I hadn’t left Barnard, it was just very fortuitous.

F: I see. Just one final question, what is that you miss the most about the Barnard environment compared to the work environment where you are now? By judging from all the wonderful things you shared with me, I am assuming there is something you remember very dearly and perhaps miss a lot from here…

HM: I think I can answer to that. I think the feminist orientation at Barnard was so profound: in the classroom, out of the classroom, at the dining room..it was just an enormous…I mean, medicine where I am is very egalitarian but it doesn’t have that female focus that Barnard had. You can’t replicate that. I mean, there are a lot of great things about being in an academic medical center but it doesn’t have a feminist orientation, it just doesn’t.

F: Then I guess Barnard is a good place where to spend some time, where to grow up with other people and where to challenge our own visions too I would say.

HM: It was really a lot of fun, I loved it and I should probably send you a copy of my book because you can see there is a little bit of Barnard in that book and I’d be happy to send it to you. Have you seen my website, do you know my website?

F: I did, I did have a look at you website as I was trying to figure out how to get in touch with you and I saw the book but I hadn’t really understood that there was a section on Barnard..I thought it was all medical..

HM: the book was written to get this idea of Syndrome W out there and one of the passage on research and when I was at number 16 in women’s health six hours, they ran out. It is still being sold and downloaded and we just finished our critical trial, so that was kind of fun..

F: I would literally love to have a look at your book. I wonder whether they have a copy here in the library…did you send any copy over?

HM: that is a good idea to send a copy to Barnard. It is a great idea.

F: or if you have a pdf copy of the section on Barnard, I would greatly appreciate that too.

HM: I will send you a hardcopy along with the brochure, send me your email, have a look at it and see if anything is relevant to what you are doing.

F: Perfect! That sounds great. Dr Mogul, I really don’t know how to thank you for the time you dedicated to me today.

HM: I am happy to do it. I think it is wonderful that you are even interested in our Health Service and what went on. It is very exciting.