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OBSTACLES TO EQUAL EDUCATION AT HARVARD
RESULTING FROM SEX DISCRIMINATION

A report of the Student Taskforce of the Joint Committee
on the Status of Women, Harvard Medical School, Harvard
School of Dental Medicine, Harvard School of Public Health.

July 1974

revised October 1974

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I. Introduction

The Joint Committee on the Status of Women---Harvard Medical School, Harvard School of Dental Medicine, Harvard School of Public Health---was established by the Deans as a standing committee in the summer of 1973. One of the Committee's initial charges was "to review and advise on grievances," and to "address problems including the general subjective atmosphere toward women within the Harvard Medical Area." To respond to this charge, a systematic effort has been made to collect and categorize instances of sex discrimination experienced by women students* in the Harvard Medical Area. The Committee realizes that documentation of an area such as sex discrimination must in part be anecdotal; however, we feel this report will help the Harvard medical community to understand the problems facing women professionals and students. Only by understanding the atmosphere of discrimination can improvements be made in the educational situation of women students at Harvard. Such improvements are especially necessary because, as stated in Section 5B of this report, patterns of sex discrimination that result in unequal education for women students are illegal under Title IX of the Education Amendments of 1972, and under Titles VII and VIII of the Public Health Service Act.

The purpose of this report is to describe, categorize and analyze the incidents of sex discrimination that were received; to present the implications of these incidents in terms of the treatment and education of women students at Harvard; and to make recommendations to improve the status of women students at Harvard.

Methodology and categorization of incidents of sex discrimination plus the appendices, provide the essence of our report. However, in order to express our extreme concern over the findings and to emphasize the implications for the education of women, we resort hereby to the unusual format of presenting an analysis first, followed by recommendations aimed at eliminating sex discrimination. Those who would seek documentation may then proceed to the body of the text.

* This report is concerned solely with incidents submitted by students. We are certain that a similar effort directed at women employees, faculty and patients would reveal that they are victims of similar kinds of sex discrimination.

II. Analysis of Incidents by Impact on Women Students

A. A Negative Atmosphere for Women Students. We have presented reactions on the part of faculty and administrators to women as patients and women as medical students. The reactions that we have highlighted have ranged from seeming unawareness of the presence of women, to active hostility. Women's psychological makeup, intellectual capabilities, and career ambitions have been belittled and mocked. Questions have been raised about a professional woman's ability to be "normal"---to be a "good wife and mother" as well as to hold a career. In short, women are perceived and treated differently than male students.

It is undeniable that there are differences of both biology and socialization between women and men; a concomitant recognition of the overwhelming similarities and basic humanness of persons of both sexes is sometimes lacking. Focussing on differences and allowing them to define the relationship between male and female is often called "objectifying"---if someone is perceived as inherently "different" from one's self, it can be very difficult to think of that person as a total human being; often this leads to avoiding him/her, or treating him/her not as a unique person but as the embodiment of a stereotypical, superficial role. Conversely, if that person is perceived as another total being, with a full range of human reactions and potentials, it is much more difficult to deny him/her the right to equal status.

The problem is compounded by the roles women are expected to fill. Women in this society are brought up to become only or primarily mothers and wives; they are expected to play far more passive and dependent roles than men. Actively seeking a career, particularly one such as medicine, conflicts with this definition of "woman's role." This conflict between the popular conception of "appropriate" feminine behavior and the student-physician's own self-definition should bring the student to make an active and conscious effort to resolve disturbing discrepancies, so that she feels secure and "right" in both her professional and her personal life. It should be emphasized, however, that male students also face role conflict---for instance, the competitive behavior fostered in pre-medical and medical schools is not in the best interests of patient care; the intent to be an actively

participating father and husband conflicts with the time demands of professional training. In any case, such matters are essentially personal for the individual student, unless that student asks to share them with a teacher; it is improper for a teacher or administrator to presume that problems of self-definition as a medical professional are more difficult for women students than for men, or that they take the same form for every student, or that they are matters for open discussion.

When faculty and administrators demean women as a class, and presume to make stereotypical judgements about individual women students, it may be almost impossible to establish the basis of understanding and mutual respect necessary for the woman to perform at her best. Therefore, we feel it is crucial that people at Harvard not only avoid discouraging and discriminating against women students, but that they actively encourage all students during their medical training.

B. Unequal Education of Women Students. All of the incidents were coded for their effects on women students in terms of the quality of education received by these students. Each incident was coded as indicating unequal facilities; unequal teaching; or an atmosphere of sex discrimination that makes women feel that they are not fully welcome to study at Harvard or/and that they will not become competent professionals because they are female.

While there is a moral imperative that women should receive an education equivalent to that of their male counterparts, there is also a legal imperative: Title IX of the Education Amendments of 1972 (Higher Education Act) states specifically that:

No person...shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving financial assistance.

In addition, Title VII and Title VIII of the Public Health Service Act as amended by the Comprehensive Health Manpower Act and the Nurse Training Amendments Act of 1971 specifically mention schools of medicine, dentistry, and public health. The Health, Education and Welfare regulations (July 1972) in regard to this law require:

Nondiscrimination in all practices relating to...students in the program; nondiscrimination in the enjoyment of every right; privilege, and opportunity secured by admission to the program.

Under the provisions of these laws, patterns of discrimination, as well as individual instances of discrimination, are considered an adequate basis for formal/legal complaint.

III. Recommendations Aimed at Eliminating Sex Discrimination At Harvard

1. Teaching material generated at Harvard should include comparable data on females and males.
2. When textbooks are used that misrepresent or omit pertinent data on females, these data should be provided in lectures, demonstrations, or other materials generated at Harvard.
3. Teaching materials generated at Harvard should always assume that students are males and females.
4. All students must learn to perform complete physical examinations on both sexes.
5. Derogatory statements (including "jokes") about women in general, nurses, technicians, and patients of either sex, and the flashing of pin-up slides do not create an acceptable learning environment, and these practices must be discontinued.
6. To balance the possible effects of subjective grading on clinical rotations, some formal statement of course goals should be generated.
7. To neutralize the environment in small group situations:
 - a. women should be given the option of being paired with other women in tutorial groups and on clinical rotations where possible, and;
 - b. the number of female students, interns, house officers and especially faculty should be increased.
8. Reaffirm that all courses and electives must be open to students of both sexes.
9. Harvard and those institutions in which Harvard has academic programs must provide equivalent facilities and accommodations for men and women students. This includes, but is not limited to, bathrooms, lockers, and "On Call" rooms in Harvard teaching hospitals.

10. Harvard must insure that in the allocation of its own resources, notably Vanderbilt Hall athletic facilities and dorm funds, and in its policies, women are given equal access to programs and facilities designed for students.

11. We recommend that effective procedures be set up to resolve complaints as they are brought to light.

12. To alert individuals to the problems outlined in this report and to help change the attitudes which have brought them about, this report, in its entirety, should be distributed to all members of the Harvard Medical community.

13. The Deans should issue this document with a covering letter approving its intent and reflecting the seriousness of its content and recommendations.

IV. Materials and Methods

Incidents of sex discrimination were reported and recorded at a seminar on "Minutiae of Sex Discrimination" led by Dr. Mary Rowe of MIT. As a followup, a sex discrimination form was designed by the Student Taskforce of the Joint Committee and distributed among the women students at Harvard Medical School, School of Dental Medicine and School of Public Health. Signatures were not required for submittal of the forms and all complaints were treated as confidential. This report is based on the first 100 incidents of sex discrimination (reported by 50 women). Each incident was analyzed as to type of discrimination and its effect on the educational opportunity of the students involved. Nearly all of these initial comments came from HMS and HSDM students. This was probably due primarily to our distribution and retrieval network. Details on the data collection for this report are contained in Appendix A.

V. Categorization of Incidents of Sex Discrimination

Discrimination as reported in the initial 100 reports occurred primarily at the teaching hospitals in clinical situations (52%), with the classroom, lecture hall or first-year clinic coming second (31%) and other situations grouped collectively rating third (17%). This finding has important implications: clinical situations provide students with their first experiences in delivering patient care. But in addition, most of the teaching situations in a clinical setting involve small groups, often with only one woman student in the group. It is our strong feeling that it is more difficult for a woman to redress sex discrimination when she is a "solo woman" among men. To respond, a solo woman is forced to personalize an incident of discrimination to a person who usually has higher status, at the risk of alienating someone whom she generally respects and from whom she hopes to learn.

In terms of general types of sex discrimination, women objected to the demeaning atmosphere caused by attitudes of condescension, hostility, role stereotyping and sexual innuendo as well as to unequal facilities and educational opportunities. Each of these objections is analyzed here with regard to the specific causes and their effect on the educational opportunity for women students. A more detailed categorization of the incidents according to school of respondent, site of incident, general type of incident, and impact of incident on women students is contained in Appendix B.

VI. Analysis of Incidents of Sex Discrimination By Content

A. Condescension. Condescending remarks and actions subtly imply that a favor is granted and that gratitude is expected. Calling a woman student "dear," "gal," or by her first name when male colleagues are called Mr. or Dr. is a frequent form of condescension. One student summarized such actions:

women being referred to as gals or girls, being called on in class for minor points yet not being taken seriously when doing the major analysis, physicians being fairly condescending in discussing female patients. Once I heard a physician teasing a nutritionist about whether or not she could cook---yet how many surgeons can sew?

Another form of condescension is interpreting a woman student's complaints of sex discrimination as trivial, as evidence of the student's inability to cope, or as proof that she is angry without justification. When a legitimate complaint by a woman student is treated as unjustifiable, the woman is denied any means of expressing her grievance and silence becomes the only alternative. One woman related this incident:

Medicine at [hospital deleted]: tried to explain to the chief resident what my experience as a woman was. He would not listen. When a male friend took over the argument, he commented, "that's very interesting; I hadn't thought about it."

Another medical student graphically described the dilemma when she said:

It's difficult to speak up about subtle discrimination during clinical rotations because all the grading is strongly subjective. If I reacted every time the male doctors call a female patient "honey" or "girl" or use her first name, the atmosphere becomes tense. And I'm liable to be downgraded for poor interpersonal relations, unable to get along with staff.

Perhaps the most damaging thing about condescension toward women is that it conveys an attitude that women and their concerns and work need not be taken seriously. When women students are not treated as their male colleagues, they receive a lower quality education than the men.

B. Hostility. Hostility is expressed either verbally or by actions. When it is expressed verbally, it consists of demeaning or derogatory remarks aimed specifically at female characteristics. Sometimes, hostility is veiled under the guise of humor, and, in these cases, it is extremely difficult for a female student to make objections. For instance, an instructor beginning a lecture on genetics drew "X X X X" on the blackboard and then commented, "The more female you get, the more retarded you are!"

In other cases, the hostility is outright. One student reported:

One day I saw a memo from Prof. X to the Committee on Admissions for the Department of [deleted] which stated that in spite of the fact that the women applicants were better qualified and easier to work with, their numbers should be limited.

Another reported:

My tutor told me to my face he thinks women should not be in medicine.

Hostile statements damage students' self perception and self esteem; hostile acts, however, are even more pernicious because they can severely compromise a student's academic standing and future career. One student reported:

While on pediatrics, I was told by the doctor I worked with that I was doing very well, and should apply for an internship at that institution. My female resident and the chief resident were both similarly complimentary. A male student, one year behind me, was also on this rotation with me and was very nervous and bumbling as this was his first clinical experience. Even the house officer commented on his lack of capability. When grades were passed out, he got a B and I got a C! I went to the doctor who had encouraged me to apply for an internship. He said it was strange because he had given me an A. He talked to the head of the department and then said to me, "Maybe it's because you are a woman." Later my grade was changed.

In summary, hostile behavior toward women results in a denial of equal education for those students.

C. Role Stereotyping. One pervasive form of reported discrimination against women can be described as "role stereotyping." Women are responded to, not as individuals, but rather as representatives of stereotyped roles, according to preconceived expectations. The expectations were, at times, expressed blatantly, as:

"...why don't you just stay home and have babies?"

At other times they are expressed less explicitly. Women doctors are called "nurse" and sent on errands. As another example, a case report in [course deleted] describes a patient as "this 55 year old housewife." The student submitting this example writes "In fact, this woman worked all her life as a guidance counsellor, until chest pain forced her to quit." In addition, women in the fifth, sixth, seventh, and even eighth decades of life are often referred to as "girl," although any male past puberty is invariably referred to as a man. One woman reported:

A patient was presented as a 46 year old girl with two children.

Another woman related this situation:

I am continually being called "nurse," not "doctor" and no support from male colleagues on this. Also, I am continually being treated as a nurse, or better as a handmaiden, in running errands, holding retractors, etc.

The stereotyping here is obvious---not only is the woman assumed to be a nurse, but even other doctors who know her to be a doctor in training expect her to fill classic service roles not expected of male students. Another woman wrote:

My tutor immediately appointed me as the secretary of the group.

In another case, a student on a summer project with a doctor was explicitly expected by him to "act in an essentially secretarial role" to him to footnote a book he was working on. She refused; she had obtained funding independently for this trip to study a health care delivery system.

Other stereotyping sometimes involves a woman's expected role with regard to appearance and sexuality:

After a month on a clerkship, a senior staff member said he had one piece of advice for me. I expected an appropriate remark about my performance, or my future career in medicine. Instead he said, "stand up straight, [name deleted]. When you stand up straight, you're a lovely woman."

She was not receiving here the academic guidance she expected and needed, but was instead being counseled solely on appearance and superficial attractiveness. Another student reported:

At X unit, [hospital name deleted]:

Female student: "Excuse me, is Dr. Y here?"

Male Doctor: "No, honey, but come in and take off your clothes."

It is unclear whether this doctor seriously thought this student was a patient or whether he was trying to make a joke with sexual overtones. In any event, he obviously assumed that whatever she was, she was not a medical student.

In all these incidents, the women students and patients are assumed to share certain characteristics and abilities that suit them for service roles. These common assumptions blind the men to acknowledging women's potential for other roles. Women receive little or no acceptance and encouragement for abilities, ambitions and achievements outside those traditionally allowed. Because the traditional stereotypes do not include the role of a competent professional, educational experiences based on these stereotypes are bound to be unequal for the women students at Harvard.

D. Sexual Innuendo. In these incidents, women are treated solely as sexual objects,* usually in the guise of humor, at inappropriate times. One of the incidents reported:

[Deleted] lecture on the distribution of fat in the body. There were slides of nude models from the back. The male was "typical": very heavily muscled with no visible fat. The female was also "typical": narrow shoulders, heavy thighs and buttocks, no visible musculature. When the male was shown, the remark was "This is what a typical first year student at Harvard looks like." When the female was shown, the lecturer remarked while pointing to the buttocks, "and the fat distribution in women is what makes them so pleasant to look at." [Emphasis added.]

* By "treating women as sexual objects," we mean treating women as if they have only one dimension, sexuality, which is defined solely in terms of male gratification.

Another incident, reported by a male student:

With tutor: the first time in our group that the woman member was absent, the tutor peered into an examining room and then said to us three male students, "There's a seductive looking girl in there [the patient]. Maybe I should send you in one at a time."

This patient was not acting seductively, but was thought to be "seductive looking;" such a presentation of a patient to students reflects on patient care.

Sometimes sexual innuendo carries the reverse message, i.e., that if a woman is not sexually attractive, she is worthless. For example, a student reports this incident:

Orthopedic surgeon, demonstrating tendon test which involves palpating the calf. Female student acting as model patient. "You squeeze the thigh...you squeeze the thigh...I keep saying 'thigh' because your calves are so fat, they look like thighs."

E. Ignoring Female Presence. One of the major forms of discrimination against women is simply to ignore them, inevitably resulting in unequal educational opportunity. Forty percent of the accounts studied in this report fall under the heading "Ignoring Female Presence," and there are more incidents in this category than in any other. These incidents can be broken down into four subcategories.

1. Ignoring Female Presence---Institutional. Forty percent of the instances in "Ignoring Female Presence" involve overlooking women on an institutional level. Most of the accounts concern unequal facilities for women students, primarily on rotations in the Harvard teaching hospitals:

On my medical rotation at [hospital name deleted], the facilities were simply inadequate. One on call room for women, two beds---never enough for the women scheduled; the men had enough beds. There were no showers for women. The bathrooms were inconvenient. One morning at 4 am, on call, I wasted ten minutes looking for the ladies' room. Finally I was so frustrated that I used the men's room. It was the first time I had ever done that; now it's been necessary so often I'm used to it.

Changing rooms provide another instance of this kind of discrimination:

As a woman medical student on surgery at [hospital name deleted] and elsewhere, you have to change to scrub dress in the nurses' room. At first I thought, well, that's ok. But there's a lot of comraderie, and more important, education, that goes on in the men's locker room that I missed. I'd go into the nurses' dressing room and my male colleagues, residents and attending would go into the "Surgeons'" locker room. We'd meet in the Operating Room, and they'd be in the middle of a medical discussion from which I'd been excluded.

The other incidents in this subcategory involve the exclusion of women on an institutional or policy level, or inadequate facilities for women in places other than the hospitals. For example, one woman reported the following situation:

Harvard's elective in [course name deleted]: the male physician in charge will only accept male medical students, since "his wife is too jealous" for him to accept a female student.

Another woman had this to say about the dormitory facilities:

Vanderbilt Hall, first semester: the dorm has a pervasive male atmosphere in spite of all the women there. The reasons are hard to pin down, but I can list some specifics:

- [a, b, and c are applicable to other sections of this report]
- d. enormous sums of money spent on men's athletic equipment; no women's locker room?

2. Ignoring Female Presence---Teaching Materials.

This subcategory accounts for about twenty percent of the instances listed under the heading "Ignoring Female Presence." In this kind of discrimination, females, who constitute 52% of the population, are ignored in the content of the material. As an example, a woman student reported the following:

In first semester [course name deleted] we were taught about the "normal 70 kg. man." Figures were not given for normal 50 kg. women. I took the trouble to review my notes and textbooks on this; the notes seem to be fairly neutral but fail to counteract the textbooks which are overwhelming in their use of 70 kg. examples.

The problem of male vs. female examples came up particularly in the lectures on body fluids---an average female is 52% water and an average male is 63%. I tallied all the examples given in one of the references to that lecture (from Pitts, Physiology of the Kidney and Body Fluids):

| <u>Page</u> | <u>Item</u> | <u>Phrase</u> |
|-------------|--------------|---|
| 22 | table | distribution of H ₂ O in tissues of 70 kg. man |
| 24 | long example | "a normal 70 kg. man" |
| 35 | example | "if the subject weighs 70 kg." |
| 35 | example | hypothetical subject with 42 kg. H ₂ O, which is the figure for a 70 kg. man |
| 36 | discussion | "total body sodium of normal adult male..." |
| 37 | discussion | "total body potassium of normal adult male..." |
| 37 | discussion | "total body chloride of normal adult male..." |
| 38 | example | "70 kg. male..." |
| 38 | example | "70 kg. subject..." |

None of the examples were female.

Many other books are written this way...very likely has some effect on patient care; definitely affected my feelings toward the course.

NB: related to this are social medical statistics on US white population, etc.

Ignoring women in the content of teaching materials is equally bad for both men and women students. Since doctors of both sexes will have women patients, it is clear that accurate information based on female physiology is essential.

3. Ignoring Female Presence---Teaching Situations. Over thirty percent of the "Ignoring Female Presence" instances fell into this subcategory. There are four main ways that women are ignored in teaching situations, according to these reports. The first involves the teacher speaking as though only men were present, telling students to "wear coats and ties" or answering women's questions with "Yes, sir." This is more likely to occur in classroom situations. The second involves creating or maintaining an atmosphere that is hostile to women, what one woman described as "like I was in the men's locker room." An atmosphere of this sort is most likely to be found in clinical situations.

There is also the "invisible woman" syndrome. Being invisible is one of the most debilitating experiences that can happen to a woman student. It is usually done unconsciously, and it is very frustrating to be treated as though you don't exist. One woman student recounted the following:

At [hospital name deleted], students present three times a week to the visit---I presented once in the whole month. I had tried to tell the visit about this but he was not interested in what I had to say or didn't give my thoughts credibility---and so did nothing. At the end of the month he turned to me and asked why I wasn't presenting!!

Without doubt, a woman student who is ignored does not receive an education that is equivalent to that of her recognized classmates.

Lastly, there is the problem of learning how to do a complete physical examination. Without question, this is important for every medical student. However, one common complaint of women medical students is that they are not adequately taught how to examine the male genitalia and inguinal region. One respondent reported:

I was not taught how to do a hernia exam. In ITC, the instructor bawled out all the students because we didn't do a hernia exam. So I asked the instructor to show me how to do a hernia exam. He said okay and then went to the bedside and examined the patient's abdomen. [Emphasis added.]

Although male students may receive equally poor teaching, they have an advantage---society defines the male doctor as the one who may examine. Should the situation of a female doctor examining a male patient's genitalia be inherently more awkward than that of a male doctor doing a pelvic? If male clinical physicians themselves have difficulty, both

intellectually and psychologically, presenting and demonstrating all parts of the physical exam to women, how then can a woman student comfortably examine a male patient? Clearly, not teaching women how to do complete physicals leads to unequal training.

The situation is compounded by the discomfort that is apparently felt by the male clinicians toward teaching women how to do exams of the genitalia and by the discomfort of male patients to being examined by a woman doctor. It is, therefore, not only essential that a woman doctor be properly trained, she must also be prepared for the possible reactions of her male patients, reactions that can range from surprise and doubt to hostility and/or sexual arousal.

4. Ignoring Female Presence---Other. A few instances did not fall easily into the preceding three subcategories, but are generally similar. Memos from Chiefs of Services about the need for "staff men" or "medical men" make women feel excluded from their chosen profession. Another example of ignoring women students came in this report about Vanderbilt Hall:

General party funds usually went to "mixers"---where male medical students go to meet invited nursing students.

5. Spotlighting. The reverse of ignoring female presence is the "spotlighting" of women---calling on women all the time, spending more time and teaching with women students, etc. This type of behavior, often called reverse discrimination by men, constituted 3% of our sample. When this does happen, it is usually uncomfortable for the woman involved. In addition to the pressure she feels to perform well all the time, there is often the implication that women need this extra attention because they don't understand things as quickly or as well as their male colleagues. Even if it's a positive experience (it is nice to be called on if you know all the answers), women report that they feel guilty when it happens. An example of spotlighting is the following:

In [course name deleted] lab, there were four women [in two lab groups] and the rest of the lab groups were all composed of men and one other woman. The lab instructors spent 95% of their time with the four women. When asked why, one instructor responded, "What do you expect? They're women."

VII.

Acknowledgements

This report was prepared by:

Claire Broome, HMS: Co-chairperson, Student Taskforce
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Joint Committee

We would also like to extend our thanks to all those people who have assisted us in preparing this report, and especially to those women and men who submitted incidents to the Committee.

Our special thanks go to Dr. Leroy Vandam who revised this report for distribution at Harvard Medical School, October 1974.

Appendix A: Data Collection

1. Description of Data Collection

Data were obtained in three ways. (a) On March 19, 1974, the Student Taskforce of the Joint Committee on the Status of Women sponsored a seminar on the "Minutiae of Sex Discrimination," led by Dr. Mary Rowe, Special Assistant to the President of MIT. All women students from the medical area were invited to attend. The purpose of the meeting was to open discussion of acts of discrimination experienced by women students at Harvard, to elicit and record verbal descriptions of actual incidents, and to provide a foundation for follow-up. After that seminar, Sex Discrimination Forms were distributed (see below), which provide space for a brief description of any act of sex discrimination experienced by a student. Signatures were not required. These forms were either mailed or hand carried to the Committee's office.

(b) Women from each school distributed the forms to as many women students as possible on a personal basis, discussed the purpose of the forms, and answered questions about filling out and/or returning the forms.

(c) In addition, as part of general data gathering, the Student Taskforce sent questionnaires to women students at Harvard Medical School, and reports of discrimination returned with these questionnaires were also included. The questions that elicited such reports are attached.

The following report is based on the first 100 incidents of sex discrimination which were reported by 50 women in the Harvard Medical Area from March 19, 1974, to May 23, 1974. Twenty reports (20%) were from documentation of verbal reports made at the Rowe seminar; fifty-five reports (55%) were from the Sex Discrimination Form; and 25 reports (25%) were from the questionnaires sent to women students.

2. "Report of Incident of Sex Discrimination" Form

A copy of the "Report of an Instance of Sex Discrimination" form appears on page 19, below.

REPORT OF AN INSTANCE OF SEX DISCRIMINATION:

The Student Taskforce of the Joint Committee on the Status of Women HMS-HSDM-HSPH is compiling a report on the kinds and amount of sex discrimination that occurs to women at these three schools. This report will be used to document the present situation; to make general recommendations to improve it; and to be an educational document for those people who do not realize or understand that individual acts of sex discrimination can create a pervasive atmosphere that is detrimental to the women involved.

We would like to publish our first report in June 1974 and to publish subsequent reports during the following years. On the form below, please describe any instance of sex discrimination you know about, minor or major, including those that have affected the quality of your education here or the quality of care delivered to patients.

Please describe the incident, including where and when it happened unless you would prefer to not give out these details:

If you think it is appropriate, please indicate who the principals were in the incident described above. Also indicate if you would like these names to be kept confidential.

Did you follow up this incident at the time it occurred?

Would you like this incident to be followed up as a specific grievance as well as to be included in the report? (This course of action may not be possible in all cases.)

This form can be submitted anonymously. Signed reports are of course welcome.

Please return this form to:

Eileen Shapiro
Joint Committee on the Status
Of Women: HMS-HSDM-HSPH
Rm. 324, Kresge SPH

or to:

Mary Howell
Office of Student Affairs
Building A, level A
25 Shattuck Street HMS

For your convenience, this form may be folded and stapled or scotch-taped and dropped into campus mail (or U.S. mail if you add stamps)--the other side is already addressed to the Committee.

(additional forms are available in Eileen's office, phone: 734-3300, x2162)

3. HMS Student Questionnaire

Following are the questions on the JCSW Student Taskforce questionnaire that elicited reports of sex discrimination incidents: (HES III and IV only)

11. Was your first year tutor helpful?

Would you recommend her/him as a tutor for other first year women students?
If NOT, why not?

12. Name the hospitals at which you have taken your principal clinical clerkships. Please indicate in the appropriate boxes below whether you found the facilities adequate, if there was a favorable "atmosphere" toward women, and if there were any particular problems you encountered (for example, did you ever have problems finding bathrooms, sleeping space, gloves of proper size, etc.). Also, please add any other comments you have.

| CLERKSHIP | LOCATION | FACILITIES (rate: excellent, good, fair, poor) | ATMOSPHERE TOWARD WOMEN | PROBLEMS AND COMMENTS |
|-----------|----------|--|----------------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

13. Which clerkships and/or other rotations that you have taken would you specifically recommend to other women medical students? Why?

| ROTATION OR CLERKSHIP | LOCATION | WHY RECOMMENDED? |
|--------------------------|----------|------------------|
| | | |
| | | |
| | | |
| | | |

14. Which clerkships and/or other rotations that you have taken would you specifically not recommend to other women medical students? Why?

| ROTATION OR CLERKSHIP | LOCATION | WHY NOT RECOMMENDED? |
|--------------------------|----------|----------------------|
| | | |
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Appendix B: Categorization of
Incidents of Sex Discrimination

1. School of respondent

| | |
|-------------------------|-----|
| Faculty of Medicine* | 96% |
| School of Public Health | 4% |

2. Site of Incident

| | |
|--|-----|
| a. Incidents occurring in a classroom, lecture hall, or first year clinic. | 31% |
| b. Incidents occurring in a teaching hospital situation, including tutorials. | 52% |
| c. Incidents occurring in other situations---dormitory, administrative offices, in University or medical area publications, with colleagues, teachers outside of the classroom or hospital setting, etc. | 17% |

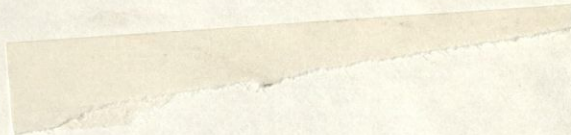
3. General Type of Incident

| | |
|--|-----|
| a. Demeaning atmosphere toward women: demeaning incidents represent condescension, hostility, role stereotyping, and sexual innuendo. | 57% |
| b. Unequal education, facilities, and/or treatment of women students, including (i) ignoring female presence---institutional; (ii) ignoring female presence---teaching materials; (iii) ignoring female presence---teaching situations; (iv) ignoring female presence---other; and (v) spotlighting. | 43% |

* Because there are so many shared experiences in the first two years of HMS and HSDM, these two schools were combined for the purposes of this analysis under the category of the Faculty of Medicine.

4. Impact of Incident on Women Students

- | | |
|-----------------------------------|-----|
| a. Negative atmosphere for women. | 51% |
| b. Unequal facilities. | 13% |
| c. Unequal teaching. | 36% |



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