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

Interview with Edwin Furshpan

1 of 2 audio files; 1 transcript | June 8, 2017

JOAN ILACQUA: [00:00:00] And we're recording. So, today is -- what is today? June 8, 2017. This is Joan Ilacqua here with Dr. Edwin Furshpan to do an interview for the Center for the History of Medicine. Dr. Furshpan, do I have your permission to record?

EDWIN FURSHPAN: Tell me, what would you like me to say for --?

JI: (laughs) Well, hopefully say, "Yes, it's okay to record."

EF: (laughs) You want me to just say -- (laughs) my age and name and position, and...

JI: Yeah, that would be great.

EF: (laughs) Okay. Let me -- this may not be appropriate, and you probably heard it from Ed Kravitz. Well, there are parts of it he doesn't know. (clears throat) Do you want me to just say five minutes' worth of how David Potter and I got here?

JI: That would be great. I mean, my first question is usually background, and that can be as early as, where did you grow

up, to what drew you to neurobiology, or wherever you'd like to start, so...

EF: All right. Well, look. Let me just say very quickly what happened. (pause) I finished my doctoral work at Cal Tech in 1955, and then, very presumptuously, I wrote to someone named Bernard Katz, who was eventually a Nobel Prize winner, and who really began the modern study of synaptic transmission. So he was a giant in our field, part of the, sort of, new rebirth of modern neuroscience. And the other people who fit the same bill were two people at Cambridge called Hodgkin and Huxley. And together, they worked out how the nerve impulse, which is -- it's a very brief and rapid electrical event that goes by -- and how do you study it? And they figured out how to study it, and they solved those problems, this age-old problem of the nerve impulse. How does it work? And they did it with elegant experimental procedures, brilliant mathematical analysis, and pegged the whole thing. You could say that every moment (laughs) during this one millisecond, the thousandth of a second, that the impulse lasts, they knew exactly what was happening in terms of sodium ions coming in and potassiums going out.

Anyway, it was so well -- it had a -- this is Hodgkin and Huxley now -- it had this dramatic effect on the field. People say, "Wow, you can solve really difficult problems, and you can do it elegantly." And it attracted people from physics, from biochemistry, who -- everyone knows that the brain is moderately interesting, (laughter) but you couldn't study it, right? But then they showed, yeah, well, you can make progress with some important little piece of it, and then if there are a lot of people putting together little pieces, eventually you might get something. And that's exactly what's happened and what's happening.

So I had the presumptuousness to want to see whether, as a, you know, a fresh post-doc, I could fling myself into this new era of Katz's wonderful work on synaptic transit. He used the neuromuscular junction as his model system, but it has exac-- it differs quantitatively, but qualitatively it works like a synapse in the brain. And so he -- it was accessible, more accessible, and he used that to study basic synaptic transmission.

And he and just several colleagues -- it was so interesting. It's so different from current way laboratories are organized. He worked with one younger

person, and then when that person finished up their term, with another younger person. So he worked with essentially three very effective, very bright young people. And the two of them published the papers. They worked together (laughs) in the laboratory. So the size of the laboratory was two. But then he had a department, and so he had people working, and he had post-docs there, and so on.

So anyway, I wrote to Bernard [00:05:00] Katz, and I said, "Please, sir, do you think I could possibly work in your (laughs) august department, poor little me?" (laughs) As I remember it, it was a terrible letter. And he wrote back and said, "Sure, come ahead." (laughter) Again, this is totally unnecessary. It's a little tidbit, though. When I decided that I would try this -- what could I, who was accepted in the middle of humiliation? So I went to see my -- (pause) (laughs) my professor, with whom I was doing my postdoctoral work, and I asked him to write a letter of recommendation to Bernard Katz. He said, "Oh, yeah. Sure, sure." So I wrote my letter, and then a short time later -- I don't remember. Maybe a couple of weeks later -- Katz wrote back and said, "Sure, come ahead." So I was elated. Unexpected (laughs) pleasure. So I ran into my mentor's office, and I said, "Oh, thank you. You must have written

a wonderful letter, because I wrote a terrible letter, and he doesn't know anything about me, and yet he said, 'Come ahead.'" And my advisor said, "Oh my god. I forgot to write it." (laughter)

So in other words, Katz just took me unseen, unknown, American to come to London and work in his department. And I later asked him about that, whatever motivated him to do such a dumb thing? (laughs) And he said, "Well, you -- people want to come, and I have room, I say yes." And I said, "But there must be students from Cambridge and from Oxford, just lined up, wanting to come work with you." He just said, "Hmm." I think that somehow they didn't realize what was available to th-- anyway. And still that was at a time when neuroscience was not -- it was a little bit off the beaten track. So there weren't hundreds of post-docs fighting to get into good laboratories. So anyway.

So I went there in 1955, and I worked on a project on the neuromuscular junction for about a year. It was interesting, but not terribly. Then the next year, 1956, David Potter arrived as a fresh post-doc from Harvard. And so Katz said to us, "Look, you two are Americans. Why

don't you work together?" So we had to figure out what we were going to work on.

Now here's -- this is very important. It sounds like a side issue, but it isn't. Bernard Katz was a very austere person. He had escaped from Nazi Germany as a Jew, and he had an interesting history. He went first to London, and then he went to Australia and worked with very distinguished scientists, and then came back and was made professor, head of a department, of a new biophysics department -- well, n-- yeah, that's right -- that his mentor when he went to London had previously been the head of, but it hadn't been a full department, and now was made the biophysics department. So anyway. My point is only that Katz was a very serious person who'd been through some very difficult times. He had very high standards, and he was a little bit intolerant of anything that was not right. He could not stand error. Truth was not a question, because obviously everyone would tell the truth, but accuracy was really a question. And accuracy in language, too. I mean, he was not a native English speaker, but he was so precise in his language. You gave him something that you'd written. He would just (growls) take it apart. So he was rather austere and a demanding person.

When he was in Australia, he met another refugee from Germany who was not Jewish, a man with a Catholic background, but had got involved in some political events, actually in Hungary, and then, well, he's working in Austria. (coughs and clears throat) He had a Hungarian background, but he [00:10:00] was working in Austria. Got involved, almost peripherally, in some politics, and was then marked as somebody who was a person of -- who needed to be dealt with. And he realized this, and he escaped from Germany, went to Australia. He had also a journey, but ended up in Australia, in the same department with Katz. And they got -- now, this man was called Steve Kuffler. And (laughs) you've heard a lot about Steve Kuffler already, because he was the driving force behind the formation of this department.

Well, anyway, Steve was this very warm -- not exactly jovial. That gives the wrong impression. He had his own sense of humor that could be very sharp. If he was at a picnic with children, he would be down on the ground playing with them right away. And he just -- he had a huge circle of friends, and he just loved people, and he was good to people. He wasn't so good on women, but anyway,

that was at a particular time. So anyway, it turns out there's this guy named Steve Kuffler, and this guy Bernard Katz, and they'd become good friends, (laughs) even though they were like water and oil. They became good friends in Australia. So anyway.

David and I are there in Katz's department, and Steve Kuffler comes, as he did periodically, to visit his friend, Bernard Katz. I already knew about Kuffler, because we had had some exchange. I was working on something, and he became interested in it, and wondered whether he could also work on part of that. He was trying to get my permission. (laughs) He was, by this time, a very distinguished neurophysiologist in this country, (clears throat) having been recruited from -- anyway. He was working at Johns Hopkins. (clears throat) So Steve Kuffler came to visit Bernard Katz, and one of the things they used to do when Steve came was they'd go to see a movie. When we heard that Bernard (laughs) Katz had gone to see a movie, we said oh my god, that's unbelievable. But somehow, they just enjoyed each other a lot.

So Steve is there, and he brings up the issue that -- he knew what I had been working on, giant fibers in the

crustacea, in lobsters. That's what I did my thesis on. And he said, "You know, there's this connection between giant fibers in the crayfish or the lobster nervous system. It might be an interesting synapse to work on." And I said, "Yeah, that's a very good idea." And so David and I started working on this synapse. And it turned out to be very interesting, okay? I won't go into the details. It's not important here. But it was the first convincing case of electrical transmission, rather than transmission being mediated by a chemical neurotransmitter. Here the electricity, the electric current, went directly from cell to another, and it had some interesting properties. It was a rectifier and so on. Anyway.

So this was sort of new news, and we had a really good time. And Bernard Katz would come to see us almost every day, see how we were getting on. And he was always with David and me. (laughs) I think he liked the work. He was always so kind and gentle. I remember once we'd made some graphs and showed that they superimposed exactly, and he said, "Um, mm-hmm, yes, very interesting." And when he came back the next day, I said, "Well, you know, they didn't superimpose exactly, because of this, this, and this reason." And he said, "Oh? But you said..." You know, he

started to get (laughs) his usual demanding self about, that was an error, [00:15:00] and we don't tolerate error. (laughs) Anyway. But usually he came, and he was so sunny with us. He was all, "How's it getting on, guys?" and, "Oh, that's interesting, yeah." And so we always were in the light of his sunshine. I know that he made other young men in the department cry, (laughter) but David and I were just -- well, so anyway.

So here David and I are. We finish up our post-docs. We're writing up this work. I had to present it at the august Physiological Society meeting at Cambridge, and I was (shivers). (laughs) Anyway, I managed to -- that's another interesting story I won't go into, but it's how David and I became good teachers. So I won't go into that, but anyway, so here we are, David and I. We don't know what we're going to do when we've finished up our post-docs with Bernard Katz. And Steve Kuffler comes through again, and he said, "Why don't you guys come and work with me?" And that was because our research project had worked out so well. We didn't think about it for very long, and said, "Yes, yes." We joined him in Baltimore at Johns Hopkins, at the Wilmer Eye Institute, where he was working. And he

did -- well, anyway, I'll get to that. (coughs) (laughs) (drinks water)

At that same -- that was 1958. David and I arrive at Johns Hopkins, and I was newly married, and David was a new father. At that same time, David Hubel came as a post-doc to Steve's department, or Steve's group in the Wilmer Institute. And there was already somebody working there named Torsten Wiesel. (laughs) And so I think -- well, anyway, David Hubel had already done some really important work on the visual system, and he learned how to make metal microelectrodes with very fine tips that could record outside a single -- if you look downstairs in the display case, there's a thing on David Hubel, and there's this famous picture, which is a mockup of a metal microelectrode next to a neuron, a stained neuron, in the cortex. So obviously the neuron is real. It's (inaudible). And the image of the microelectrode right next to it is a mockup, but it's a famous picture. (laughs) It crops up everywhere, because it sort of says, this is the way you record from single neurons in the brain. There are lots of other ways of doing it, too, but anyway. It was with this method that David Hubel and Torsten Wiesel did their magnificent work on the visual system, and got the well-

deserved Nobel Prize, for, really, two separate aspects of their work, either one of which could have plausibly been worth a Nobel Prize.

So anyway, that work then begins in that year that David Potter and I are there. And during that year, late -- I think, yeah, during that year -- Steve comes to see us and says, "You know, I got a letter from a man named Otto Krayer, Professor Otto Krayer, who's the head of the pharmacology department at Harvard Medical School. He realizes that neuropharmacology is becoming a very important field," because, after all, (laughs) drugs interact with the brain. He wondered if Steve, who was one of the most distinguished neurophysiologists in the country, would like to come and set up a laboratory of neurophysiology within the department of neurobiology. Sorry, within the department -- I said that all wrong.

JI: The other way around, yeah.

EF: Set up a laboratory of neurophysiology in the department of pharmacology here at the medical school. And [00:20:00] we gulped and said, "Yeah, let's do it." (laughs) No, no. That's not the -- then what happened was -- so we said yeah. He said, "If I go, will you guys come with me?" The four of us, David and Torsten, and David and I. And we all

said yes. So Steve wrote back to Otto Krayer and said, "Yes, I'll come, if I can bring my guys with me. I have, sort of like, a ready-made laboratory of neurophysiology." And Krayer agreed to that, and so we came.

I think it was the year after that that -- this is the way neurobiology (laughs) got established as a real field in this country, and this was the first department of neurobiology. And what happened was that Steve was, at this time, working -- this was also working with lobsters and trying to see whether he could find out what the inhibitory neurotransmitter in the brain was. And the way he was going to do this was by dissecting out single nerve fibers, axons, that he knew were inhibitory from the physiology, and do biochemistry on them, and see if he could discover what the neurotransmitter was.

But he needed a biochemist, so he went out and, you know, beat the bushes, tried to find a biochemist. And eventually he came across some young guy who agreed to come, named Ed Kravitz. Then, at that time, there were the five of us, Steve, and the two visual people, David and me, and Ed Kravitz. This was by -- we came in 1959. This was by 1960 or '61. I'm not sure when Ed came. Okay. Now

David and I weren't working together. I started working with a colleague from Japan, and David started working with Steve on this project of finding out what the inhibitory neurotransmitter was, and Kravitz joined them. But then it turns out that they needed to have an electron microscopist, and so they tried a couple of electron microscopists, and settled on Story Landis, who then went on to become the head at NIH, the head of the neurological institute at NIH. Very distinguished career. But she was the first faculty electron microscopist.

So just by -- Steve was very intuitive, and he began to realize that what he was doing was creating not a laboratory of neurophysiology, but physiology, and biochemistry, and anatomy. What he was doing was bringing together the subfields of neuroscience, rather than having neurophysiology here, say, in a pharmacology department or a physiology department, and neurochemistry in the biochemistry department, and neuroanatomy in the anatomy department. Why not bring them all together? It was not like it was some brilliant plan that he conceived of early on. It happened to him. Things were always happening to him that turned out to be (laughs) enormously productive.

Something was always going on here. But it was kind of intuitive. It was low-key.

So I don't know exactly how it happened, but at that point, I think the then-dean proposed to Steve to form a department of neurobiology. And again, he consulted with all of us. He said, "Well, yeah, that'll be fun." And we would have our own separate space, and we wouldn't be part of pharmacology anymore. We'd be a separate department. (pause) There was one hitch. This proposal had to be considered by the heads of all the departments. They were agreeable. They thought the idea was okay. But the original proposal was to call us the department of neuroscience, and they objected to that. They said, "Neuroscience is a very broad field, and we have neuroscientists working in the hospitals. We don't want to preempt what they're doing with your department. [00:25:00] They're neuroscientists, but they're not in the neuroscience department. You guys are all biologists, you know? You study crustaceans and goldfish, and stuff like" -- of course, that wasn't true of Torsten and David Hubel. They ended up studying primates, monkeys. But anyway, they say, "Look. You're all biologists. Why don't you call it department of neurobiology?" We said, "Yeah. Fantastic.

That's what we are." (laughs) And so it became the department of neurobiology. Everybod-- then they all agreed to it, and they said yes, and there we were, the department of neurobiology. Okay. Oh god. I meant to go and check some dates online, and I forgot to do it. Anyway, we're going along doing our usual thing in the '60s. And then -- when was it? Was it April of '68 that Martin Luther King was assassinated?

JI: Yep. April of '68.

EF: And that had a galvanizing effect on many, many people. I can remember my own responses, of just dismay, disappointment in this country, of horror. For me, Martin Luther King was the most distinguished, the most admirable person in this country. (drinks water) When was Kennedy assassinated?

JI: I would say, which Kennedy?

EF: Say John.

JI: Yeah, John was assassinated in November of '63, and then Robert was assassinated also in '68, I think in later in -- February '68, maybe? January?

EF: I only mentioned it because I can remem-- you know, obviously, that was a horrible, horrible thing to happen, to have a president assassinated. That was just (clears

throat) dreadful. And then Robert Kennedy, who seemed like such a good guy.

JI: Mm-hmm. He was June of ’68. I’m a historian, and I always get --

EF: June of ’68?

JI: June of ’68. So after MLK, was RFK.

EF: After? For --

JI: Robert. For the second brother.

EF: For Robert, and John before.

JI: Yeah, John was 1963. I used to work at the JFK Library.

EF: Yeah, (clears throat) okay. So (coughs) -- excuse me. So obviously what is -- we’re all upset by it, by the assassination of Kennedy, but it wasn’t the same. I didn’t have the same feelings about Kennedy that I had about MLK. I thought Kennedy was a little bit superficial, a little bit glitzy, and created this myth of -- appearances were extremely important. King was focused on something really important and went about it in the most productive and creative way. He managed to do it while insisting on nonviolence. And then, as a black man, he had the -- oh, my -- I have such a trouble with words. But he was getting uppity. He was having decisions about the Vietnam War and other things like that. (laughs) Decisions which we all said, “Hey, hey. Yes. Yeah. Hear, hear.” (pause) And

then the thought that one person should take it upon himself, (clears throat) because he didn't like this person, to take away from a huge group of people someone who was doing what they wanted him to do. That's -- this is the antithesis of democracy. It was (clears throat) the interruption of a brilliant career, and an important movement. [claps once] This was a dramatic and significant event that happens (clears throat) maybe only once in somebody's lifetime.

And so that just -- that mobilized people. I almost felt ashamed, being white, or being an American, that we could have a country that would support this kind of awful deed. So what Ed and Jonathan -- and David and I, the two of us, to an extent -- was just went out and started talking with heads of departments and everybody else, and said, "You know, we've got to do something about admissions in [00:30:00] Harvard Medical School. It's shameful." From the time we first started teaching neuroscience to the (clears throat) to the medical students -- I was sort of first, just by -- it just happened that way, and then later formally became the director of the course. But we'd been doing this now for something like 12 years, and I had the class pictures for the last 12 years. And I went through

them and looked at everybody who could plausibly be thought of as African American. And some of them were African nationals, not African Americans, but even so, during those 12 years, I could plausibly identify nine people who were black. And so that became one of our rallying cries. "Harvard Medical School has three-quarters of a student per year, on average." And compared with their percentage in the population, which I think was something like 10 or 12 percent, it was pretty shocking, (drinks water) particularly because the need was so great.

But then, of course, that is not part of the mission of Harvard Medical School. We train the leaders. See, there was this tacit assumption that young black students could not become leaders, (laughs) and you probably know very well, the group of black medical students who have come through here are extraordinary (laughs) leaders all over the place. They've become deans, heads of departments, neurosurgeons. One of our first graduate students (inaudible) that David recruited (clears throat) was the head of a neuroscience institute and the department of anatomy -- he just stepped down, just retired -- at Morehouse Medical School in Atlanta. And so on. The current dean of Morehouse was a medical school graduate

here, a black woman. That was just (laughs) totally erroneous. You know, there was a lack of imagination, is what it was, and an inflated view of people's own importance.

On the other hand, this is a very distinguished faculty, and a lot of very, very, very bright people, so that there were a lot of people who got it, and wanted to be on board. So there was this division between, (clears throat) people who said, "Well, it's a good idea, but it isn't practical for us," and those who said, "Yeah, it's about time we did something." So I'm sure you've heard the whole thing from Ed, but what it eventually came down to was two faculty meetings. That is, the sufficient momentum had been generated that it got to a faculty meeting. And Dean Ebert was, more or less secretly, very supportive. He didn't take a very strong public position, but he was -- he supported us.

(sighs) It turned out -- and I'm sure -- this is stuff that I (clears throat) don't remember as a primary source, from my own memories. This is what I've learned and recalled since -- was that at this first faculty meeting at which this issue was brought up, and it was a very stormy and

(sighs) emotional meeting, the very fact that it came up was due to the agitation of our group of young faculty members. I don't think it would have happened... And also -- oh god, this is (inaudible) -- and (inaudible) Leon Eisenberg, who came on board a little bit later, but then became head of the commission to examine the question of black admissions in the medical school, and his commission made recommendations. So we had a formal basis. Some formal [00:35:00] procedures had been undertaken. Okay.

So we have this meeting, a stormy meeting, and the proposal, as you know, before the meeting, was that Harvard Medical School should undertake, should commit itself, to admitting a substantial number of, as the word was then, disadvantaged students. No mention of race, but disadvantaged. Okay? And that was interesting, because I remember, myself personally, and I know the others -- there was a faculty member whose name I can't remember whose focus was poor white students who didn't have the same opportunity to come to medical school. If you were the son of the chief of the department of medicine, you stood a very good chance of being admitted to the medical school, but if you came from a state university and an impoverished family, you didn't have the -- anyway, that was his focus.

And we said, yes, that's a very good idea, but we weren't particularly interested. We were focused on black admissions. But still, it was disadvantaged students. And we all said no, no, no. What is a -- what was the word? -- substantial. We've had three-quarters of a student, so one and a half is going to be doubling. That's going to be substantial. We need -- 15 would be in agreement with the percentage in the population.

(clears throat) One thing I'll say as an aside here. (clears throat) It's sort of -- it's like an exculpation. I'm 89 years old now, (coughs) so I'm not functioning as well (laughs) as I might otherwise have done. But anyway.

JI: You're doing fine.

EF: I'm -- yeah, okay. (laughter) I'm having trouble with word finding. So we said, no, it's got to 15, or at least 15. And that was the final wording. Now it turns out, as you know, as you've heard, that at this faculty meeting, large numbers of people who never attend faculty meetings came, because there was an issue having to do with -- I think it was a cap on salary. Is that right?

JI: Yeah.

EF: And there was a lot of (laughs) agitation and emotion about that. And so they came to this faculty meeting, when,

unfortunately, this proposal came up. And they were not willing to accept it. That's why there was a certain amount of shouting and accusations and stuff. Anyway. And so it was agreed to table it till the next meeting. We were crestfallen. We were just -- this was awful, because here we thought something that's just so important, is so appropriate, and is so needy -- needful, has now been tabled. (laughs) And we came out of it, and we were disconsolate. (beep) And we were talking to Dean Ebert, and he said, "Oh, you saps. Don't you realize you've won?" (laughs) We said, "We've won? How come? They tabled." He said, "Because all these people were here at this meeting because of the salary cap. They won't be there at the next meeting, and it will pass." That's exactly what happened.

(laughs) So, now let me go back to my -- something that I know particularly -- from my own... Now it turns out that the admissions committee said, "Well, this is fine, but we have no experience with (clears throat) these people." (laughs) The admissions committee has always had subcommittees, so that people with particular expertise, people who knew the California schools, for example. I don't know exactly what all the subcommittees are now, but they're mostly regional, or focused on Ivy League schools,

or state -- whatever. I'm not sure. Okay. So they were used to the idea of subcommittees with special expertise. And so they set up a subcommittee. [00:40:00] At various times, it was called subcommittee four, or subcommittee six, or subcommittee... Anyway. They set up another subcommittee that would deal with disadvantaged students.

And Al Poussaint, this amazing, wonderful, admirable man, (laughs) (clears throat) was selected to be the first (clears throat) head of what came to be called minority admissions subcommittee. And he did that -- again, my historical memory is so poor, but you will have this. This will be in the records. (sniffles) Al was chairman of the minority admissions subcommittee for -- I don't remember -- two or three years? I may turn out to be totally wrong about that, but then he stepped down, and I was asked if I would chair that subcommittee. And I thought that was a wonderful idea. And that was one of the (laughs) loveliest experiences of my life, because it was a group of about -- I don't remember -- 10 or 12 people, very heterogeneous. Several black faculty members. (pause) A variety of different faculty members, including women, but not very many. But all very sympathetic to the cause. And so we were like a cabal, and I'm sure Al must have had the same

experience. We were all on the same page. We just (laughs) loved being together and working together.

So we paid attention not only to grades. You know, grades were important, but if we thought somebody could do the work, we didn't care whether they had all A's, or whether they had 800s on their MCATs. It was character. It was accomplishment. It was motivation. It was vision.

Just as a little anecdote that illustrates this, as chair of the committee, I had to present our list of candidates to the parents committee, and they would question me about the various candidates. And if they looked at their cursory look at the records, or maybe not so cursory. Maybe they took them home and studied them. But they had access to all the records. We would take up one candidate after another, and they would say yes or no. And one year, I presented our list. We were supposed to present it in rank order. Our best candidate is number one, all the way down through. And so I remember that that year, we decided that our first candidate should be a guy whose father was an agricultural worker in California. What's the name of the group of -- the union for agricultural workers in --

JI: Oh. Yeah, I can't think of it. All I can think of is Cesar Chavez, and that's not what you're talking about.

EF: Yeah. But anyway, here's a low-paid field worker. And that was the background that this young man came from. And he'd done very well in school -- again, not perfect, and his MCAT scores were far from perfect -- but he, as a student, while going to college, set up a health clinic for field work-- for agricultural workers, and recruited doctors to come and spend some time there, and it was a going concern. And he did this on his own book. In an interview, he came across as a wonderful, lovely young man whose aspirations were very clear -- to help his people. And we said, wow, that's really something. We put him as number one.

And so I presented this guy. [00:45:00] And the head of the committee said, (clears throat) "Ed, do you recall that you're meant to present your list with the best candidate first, rather than your least good candidate?" And I said, "Yes, I remember that, and these are the reasons we selected this person." And the parent committee discussed it for a while, and they did not accept this man. They thought he couldn't do the work. Now, we'll never know whether or not he could have done the work and what would

have happened, and I don't -- I never followed him up. I don't know what he's done in life, but I'll bet it was something important, and that he would have been a distinguished graduate (laughs) of Harvard Medical School. But anyway, that sort of, for me, illustrates the mood and the -- it's still a very important issue.

Here, David, as long as he was able -- he's not able anymore -- as long as he was able, continued to work with admissions. Something I have to tell you about David. This is really important. (beep) This is absolutely seminal in the whole history. We suspected that one of the reasons that the proposal had got through the faculty meeting was that many of the more conservative faculty members didn't believe that we would ever find 15 students, and "gulp." How we were going to go from three-quarters to 15 in one year? David Potter, on his own, on his own money, became a force (laughs) for good. He visited lots of traditional black colleges. He went to other universities, as well. And I don't even know the full list of colleges that he went to. And he brought a message. The message was that Harvard Medical School has passed a proposal that they want to recruit 15 disadvantaged black students. When he went and said that he was there to

recruit black students to come to Harvard Medical School, people just sort of dismissed it, and said, "Harvard is never going to take black students. That's just out of the question." He said, "Look. Here is this proposal, which passed the faculty meeting." And they said, "Wow. That's amazing."

I think largely through his efforts, the word got out and spread, and a large number of applicants, for the first time, actually appeared. I think what David had done, without consulting anybody else, without asking for funds to do it, made the whole thing possible. He did it singlehandedly. That has to be (laughs) on the record. If he were here, he wouldn't tell it to you that way, so I'm glad I have the opportunity to tell that. (pause) I think that's all I want to say about black admissions.

One other thing was that (laughs) -- a little anecdote, because it still goes on. As long as he was able, even though he was having health problems, serious health problems, he (clears throat) was a member of one of the subcommittees. There's no longer a minority admissions subcommittee, but each of the subcommittees will have a certain number of minority candidates, obviously. So David

decided he wanted to continue with admissions, be on one of the subcommittees, to be an advocate for minor-- that was his goal, was to be an advocate (laughs) for minority candidates that came up.

After doing this for awhile, the head of his subcommittee, and somebody else, I think -- it was a small group of people -- called David in and admonished him. They said, "Look, you're not doing your job properly. Your job is to be a dispassionate evaluator of medical students, and not to be an advocate for one particular group. And whenever a black student [00:50:00] comes up, you are strongly in favor of that person, and that doesn't help us at all, because we know what your recommendation is going to be before we even look at the candidate." I think they may have booted him off the committee. They certainly reprimanded him.

David felt that it was necessary, because we didn't have a minority admissions committee, for someone to be there to speak for the qualities of these -- you know, Harvard Medical School doesn't get (laughs) applications from bad candidates. That's part of the problem. I don't know how they deal with it, because -- and I don't know the numbers

-- but for, say, 140 places in the main part of the medical school, they may have 10 or 20 times that number of applicants, and probably 90 percent of them have straight-A averages and near-800 or 800 on the MCATs. So the first thing they do is go through, and anybody who doesn't have a straight-A average or an 800, they just throw their applications away, which is dumb. (laughs) And then from that group, somehow -- these are smart people. This are admirable colleagues, you know? We admire and respect them? And they've got this impossible job. (laughs) And they probably do the best they can with their deep intelligence and experience. There's something about this candidate that really gets to them, that says, wow, this is a great person, and they advocate for them. That's intelligent and appropriate. So a lot of that goes on, but at the same time, there's this threshold, and anybody that doesn't meet that threshold is out of consideration. And you can say, yeah, well, of course. How else are you going to do it? Because you've already got more than you can cope with. What do you do? So it's an insurmountable problem.

They deal with it admirably, except that we feel that given the inequalities in this country, given the difficulty for

some -- some black kid is born, (laughs) at some place in this country. What are the odds he's going to be able to apply to Harvard Medical School? They're pretty dim, because he'll probably, on average, go to a not very good elementary school. He'll probably go to a very poor high school. If he's lucky, he'll be part of the very small group that can get into an elite school, and from there, he might be able to apply to Harvard Medical School. But, again, still combating his early years of poor education, he may not be able to meet exactly this threshold, but would still be an enormously admirable -- You have to take account. You have to take into account not only where people are now, but where they came from.

And I don't know -- again, if the head of the current admissions committee were here, he would say, "No, no, no. You're all wrong. We do take account of where people came from, and that's in our recommendations to members." And I would say, "Yeah, okay. I'm wrong." But deep down, (laughs) I know it isn't true. It's true to some -- obviously, if he says that, it'll be true to some extent. But then it's a matter of taste. Is it true to a sufficient extent? And my guess would be, the answer is no.

And so, again, I admire what David was trying to do. I understand why they (laughs) booted him off the committee, because he wasn't being helpful. You have to ask, who wasn't he being helpful to? Because who was his -- (sighs) who was he advocating for? Was he advocating for Harvard Medical School, or was he advocating for this group of students? Clearly, he was advocating for this group of students. He felt, I think appropriately, that this group of students needed his help (laughs) more than Harvard Medical School needed his help. So we're still not there. We're still not there. The numbers are impressive. I mean, we've done very well. The first year -- because, I think, largely -- not entirely, but largely -- because of David's efforts -- at least 15? As you know, there were 16. I think that's sensational. So it's something this medical school can be very proud of. [00:55:00] It's continued to do very well. Not as well -- I wish Al Poussaint were here, because he'll know the numbers precisely. He, again, is one of these -- he came here after all this had started, but then, in his quiet -- do you know Al at all?

JI: Oh, yeah. And I've interviewed Dr. Poussaint, too.

EF: Yeah, okay. So you know what he's like. In his quiet, determined way, he just keeps on, keeps on, keeps on. Advocating, thinking of things that will be helpful, being creative, bringing people together, never being harsh, never putting people down, always (laughs) trying to make things better, and doing this year after year after year for -- what now? Probably 40 years. I don't know.

JI: Maybe closer to 50.

EF: Closer to 50. Yeah, okay.

JI: I mean, I'm a historian, so my math might be off. (laughs)

EF: Yeah, no, I wouldn't doubt that for a moment. Actually, David and I have been here -- we came in '59, so that's 58 years. (laughter) Yeah. So anyway, that's all I want to say about black admissions, minority admissions. And then it did expand appropriately, you know. As you know, the whole question of women was another story. You know, don't you, that -- I mean, women are admirable people, but they're -- they don't quite fit the picture of a Harvard doctor, do they? So, I mean, we understand that, don't we? (laughter) So now what is it, 51 percent of the (laughs) [class?]?

JI: Oh, yeah. It hit parity in '94, was the first class with 50 percent, and now it's usually between 51 and 52.

EF: This is an admirable place, you know? It's not just wonderful for all the research it does, for the very high quality of teaching. The new curriculum, I gather, is just wonderful. Students love it. But it's -- when it was pushed, and push come to shove, it got up and did what needed to be done, so that's -- all that's admirable, something we can be proud of. Let me say a few words about -- am I going on too long?

JI: No, you're perfectly fine.

EF: I'm very discursive, but anyway. (laughter) Let me say a word about the -- what used to be called the Native American high school summer program at Harvard. See, it's not the Harvard program, the Harvard Native American program, it's the Native American high school summer program at Harvard. And I'll say some more about why that's so important.

Here's David Potter again, this admirable person, who's just been in there ever since MLK's assassination. He's never let up, until he was just totally unable to do it anymore. He, somehow, ended up taking a course -- oh god. My name recognition -- over at the Kennedy school, given by a distinguished (laughs) faculty member whose name I can't dredge up right now. But it's called "nation building."

This was somebody who had been working with Native American communities, sharing with them expertise about administrative aspects. The name may come to me. And he now taught a course, and the course was -- as I understand it. I wish David were here -- as I understand it, provided a context in which Native American communities could make proposals, and then these proposals would become study questions in the course. And if people thought there was something they could contribute to the request, to the proposal, they would make a proposal to say, yes, we can do this, we can [01:00:00] provide this, and we can provide that for you. Is that acceptable? And they can say yes or no.

What David remembers particularly from this course, and mentioned and talked about repeatedly, was that -- oh, what's his name? Anyway -- during the course, he once said, "When you're working with Native American communities, the most important thing is that you respect their sovereignty. They are sovereign nations. And you don't tell them what you want to do. You ask them if you can be helpful, and then you listen. You do much more listening than you do talking." And the famous phrase was,

"It's the sovereignty, stupid." (pause) Do you know Jim Zuckerman?

JI: No.

EF: He's a faculty member in obstetrics -- I think at Children's Hospital. You have to talk to Jim Zuckerman. This is absolutely essential. And you have to put aside three or four hours for it. (laughs) Jim is this marvelous, wonderfully affable, generous person who knows everybody. He knows everybody in "Indian Country," and he goes here and asks them what they're up to, and they tell him, because he's established a good relationship with them. And he says, "Well, do you know that these people over here are doing this? And maybe you want to get together, (laughs) and you could do that." Or he could come back to the medical school and say, "Hey, you know, they need this. Could we provide that?" He's a facilitator. He's a catalyst. He's an enzyme that goes around knowing everybody and getting everything to happen.

END OF AUDIO FILE 1

EF: [00:00:00] So I don't know if he established it, but anyway, he was part of a commission from Harvard Medical School to go to the Hopi reservation and discuss with them -- again, I think very much in the style of, "Tell us what

you need" -- to see if they could set up some collaboration for healthcare at Hopi Reservation. David and I were well-known for our teaching at the medical school, and I had become really heavily involved -- jumped in with both feet -- in Dan Tosteson's new curriculum, the New Pathway. And I was just, "Oh god, this is fantastic." I wanted to be part of it, and so I became the chair to develop a new course in neuroscience in the New Pathway, and the idea of having tutorials, and the teachers could be tutors as well as lecturers, be facilitators, and that students would study cases to learn, at least partly, their basic science in the context, clinical context, where it would be relevant, rather than learning the neuro-- not the neuroscience. The science. Learning the medical science here in the first year, and then hoping you'd remember some of that in the third year. It was just a dumb way to organize things. And it was the result of a previous wholesale wonderful new curriculum in medical schools, to turn medical schools from being just sort of, you know, teachers of lore, to become based on science. This was the (pause) Flexner commission.

JI: Oh, the -- yeah. And that was 1916, I think?

EF: Something like that. First or second decade of the twentieth century. The Flexner comm-- a man named Abraham

Flexner, I think it was, chaired a commission, which brought in all these recommendations about how to make medical science truly a science, and to have separate departments of anatomy and physiology and so on. They would become specialists in their fields, and then teach the students so they would learn the basic medical science in each of these various courses taught by each of these departments. And it was a wonderful revolution in medical science, but (laughs) in the way I was talking about, in some ways it was dumb, because of the separation of the preclinical and the clinical science.

So Dan Tosteson's New Pathway -- the reason I got involved, partly, was that I had a very good friend, who died three or four years ago. We were the same age. We first met when I went to work in London in Bernard Katz's department. He ended up -- although he was English. He was born in Manchester -- he ended up at McMaster Medical School, a small provincial medical school in Hamilton, Ontario, in Canada. And there, they had a marvelous dean, (pause) John -- it's not important. But anyway, they had one of these deans who is, again, a force of nature, and who changes things. He had the idea -- (pause) no -- of teaching by the case method. I think he was -- as far as I know, he

was the originator of this idea. McMaster, in fact, instituted a program where they had cases and tutorials, and every -- it was (laughs) very [00:05:00] much like what we ended up with. We never acknowledged their existence, but I knew about it in some detail from my close friend, Jack Diamond.

And I became really jealous. I thought, "My god, I'm so tired of lecturing. I've given these same lectures year after year after year, and I'm tired of them, and I think for the" -- I used to tell the medical students, "Hey, look, I know this is going in one ear and out the other." So to deal with that, David and I, and then others, did what we called handouts. And we'd have verbatim transcripts of our lectures, and we gave them to the medical students. And we said, "Look, we know this is not a very good way of transmitting information, because you don't have time to think about it before the next thing comes, so here's something that's just like our lecture, and you can study it." But then I can remember saying to the medical students, "You know, we're giving you these handouts -- and I'd get up and give the lecture, and give you the handouts -- and this information is going from my notes into your notes, passes through my brain, through

yours, and it's gone." (laughs) Anyway. It's still not a good way of teaching.

So I jumped into this with both feet. And as I say, we -- again, we had a wonderful time. A whole marvelous group of people, including a young faculty member in psychiatry who was recommended to me by Leon Eisenberg, named Steve Hyman, (laughs) who then became provost of Harvard College -- Harvard University, I should say. But he was one of the members of this committee where we, from scratch, built a new course for neuroscience, taught by the case method. And he helped write, I remember, at least one, or more than one, of our cases. We had psychiatrists, and neurologists, and basic neuroscientists, all working together, trying to make a broad course that would bring in all social issues as well. Again, we had a wonderful time. It was just a great group of people. We were all on the same page. We all agreed that, you know, we were not there to defend our own particular, but to see how we could build something that would bring it all together. So that was -- again, that was a lot of fun.

So anyway, (laughs) Jim Zuckerman, (laughs) who was getting together this group that was going to visit Hopi, somehow

he knew David, and he knew that David was very much involved in our teaching. And he said, "Look, why don't you come along, in case they want to talk about teaching?" And so David went. And then it transpired that he talked to the vice chair of the Hopi school board. Again, this man had a name. A year ago, I would have known the names of all these people.

JI: (laughs) It's okay. Afterwards, we can look at the transcript and see if we can add them in.

EF: Yeah, if it's important. This was a man who later on had some problems, I think maybe drunk driving or something. Anyway, his reputation was blotted, but he interviewed David, and said, "I gather you're here to talk about education." And David said yes. "Here's what I want you to do." (laughs) He was very definite. He said, "What I want you to do is to have a course at Harvard Medical School. I want you to take 10 of our students, and I want you to teach them something which is very relevant, some scien-- an academic subject which is very relevant to our needs. And it should be a three-week program, and we'll select the students." (blows nose) David said, "Well, would it be more convenient if we came here and taught the course?" He said, "No, no, no. You're missing the whole point. (laughs) The idea is, I want these students to go

to Harvard Medical School. I want them to say, Oh my goodness. This is just a place that has people in it. It's just a place with people, and it's nothing in the sky. It's nothing unattainable. It's something you can go to. I want them to exp-- some of them have never been out of our state. [00:10:00] I want them to experience a large city. I want them to experience a large university. I want them to think new thoughts. That's the whole point of it." And David said, "Well, yes," in his way. "I can do that."

And so as it transpired, they sent 10 students. And the way it ended up -- I don't know the details -- was that five of them stayed here at the medical school and five of them went to the design school. And they had two Anglo teachers there in the high school, who were wonderful, Tom [Menser?], and I'll think of the other. Anyway, it doesn't matter. That's not important. They're not even on the scene anymore. But they were totally dedicated to their students. And so one of them -- I think Menser -- stayed here at the medical school with five students, and the other went over to the design school. And what they did at the design school was to design a new ecologically -- (laughs) at this time, already -- ecologically sound

junior/senior high school for Hopi Reservation. They have their junior and senior high school combined. And so they undertook to do this, to work at the design school at making a design. And they had a wonderful time.

Then it turned out that the Hopi wanted a course on -- (pause) I think it was on diabetes. I'm pretty sure it was on diabetes. Because that was a serious problem in the community. So David swotted up on diabetes and started to teach them. And then I joined him. I thought, wow, this is really interesting. Then together, we made it into something rather more. This is a program that went from, I think, the year 2001 to 2010, so for 10 years. For the last five years, it was funded by NIH. For the first five years, it was funded mostly with the help of people like Jim Zuckerman, and HUNAP, which is the Harvard University Native American Program. They found funds for this.

(pause) Well, then Jim Zuckerman -- (laughs) so we had this first year of the program with Hopi students. He goes to visit a colleague of his at Fort Peck, and -- (pause) I'm sorry. Anyway, at Fort Peck. And this is a guy named -- his last name is Smith, but a very memorable first name, anyway -- who was at that time or later -- I think later --

became the head of the Indian Health Service, but he was a member of Fort Peck. It's Assiniboine and Sioux tribes. I don't know which one he was, but anyway, he was a member of the tribe, very distinguished -- Kermit Smith. And he told Kermit about this program that David was doing with Hopi. And Kermit says, "Well, we want into that." And so he came to see -- by this time, I was involved -- came to see us, and said, "Can we send 10 students from Fort Peck?" And we said, "Yeah, yeah." So then we had 20 students.

And then a year later -- (pause) David and I had (laughs) worked with Joan Reede for several years, with her various programs, bringing students here to the medical school, and we helped teach -- we actually helped to prepare some of the cases for case method teaching for local black students. As you know, Joan is another force of nature, totally dedicated to black students. When we told her we were working with Native Americans, she said, "Well, I always say you have to look after your own backyard." (laughs) So she was sympathetic, but she was never really wanted -- [00:15:00] but I think more recently -- anyway, that's aside from the point.

At some point, I think I was the one who realized that, my god, we're giving lectures to these kids. They were fun. We tried to make the lectures fun. By that time, David and I were very experienced teachers, so we could give them neat kinds of lectures, and I remember those were fun, but again, it seemed dumb. (laughs) Here we are. We're experts in teaching by the case method. We have to do this with the kids. By this time -- well, anyway, I started to say, it was somebody -- I think somebody over in Joan's office we were working with. I can't remember -- who was native Hawaiian. And she said, "How about the native Hawaiians? They have exactly the same problems as Native Americans. They're displaced people in their own territory, and they're treated like second-class citizens, and they don't have the same opportunities. We think we should be included." We said, "Yeah, okay." (laughs) So then we had 30 students. And then we realized, oh my god, there are the Wampanoags. Here they are --

JI: They're here.

EF: How can we not deal with the Wampanoags? And so -- I can't remember if it was Jim again, but somehow we got hooked up with both the Mashpee and the Aquinnah on Martha's Vineyard. They each sent 5 students, and so then we had 40 students. We couldn't handle 40 students at once, so we

had two three-weeks sessions now. We did one session in June and one session in July. And again, it was fun. (pause) David continued to be -- we were both equal teachers in this thing. And I have to say, part of the reason the students really liked the program, was because they always talked about the professors. They liked David and me, and they liked the fact that we liked them. David was so good about this.

I can remember what he used -- he always used to say, on the first day of the course, he said, "Welcome to our course. Welcome to Harvard Medical School. I want you people to know that your presence here represents a big improvement in Harvard Medical School. (laughs) Your presence here is a step up for Harvard Medical School, and thank you for coming." (laughs) So that set the mood, you know, the tone. That's a very important thing to say to these students coming here. My god, are these people going to be mean to us? Tell us how dumb we are, that we don't know anything? No. They welcome us and tell us that we're improving the place.

And so again, the style was extremely important, that it's the sovereignty, stupid. It was always -- David always

said, "It's your program." And I always said, "This is a cooperation between Harvard Medical School and your communities, and we work together to make something." David always said, "It's your program. We'll do what you tell us to do." (laughs) So we had the slightly different views of it. I thought mine was more realistic, (laughter) but we never argued about it or anything. We just did exactly what we would otherwise have done, but called it something slightly different.

And so then we -- I think it was one year or maybe two years. By this time, all the communities agreed that their most serious problem was addiction. It's so interesting that this, all across Indian Country, and even in the native Hawaiians, the same problem eating away at the body of the society. So we did addiction. In our medical school course, one of the cases in the neuroscience course was on addiction. It was -- I still remember that case so vividly. [00:20:00] It was a black -- well, the first year he was black, but then he wasn't. A sergeant, who was a munitions specialist. He was defusing a mine, and it blew up, and he had very severe problems. He had long-lasting pain. He had neurogenic pain. And because of his use of opiates, he became addicted to opiates. So this was really

a case on pain, but we spent -- a major issue of it was opiates, opiate addiction. And so we used this case with the students, and it was good. It was successful. They had a little trouble getting used to the fact that they had to have opinions. (laughs) Not in remembering what they were told. They had to think and have opinions, discuss things with each other, and so on. I think it was maybe the second year we were using this case. Another force of nature -- have you visited -- his name won't have come up, I don't think. Kenny Smoker.

JI: Nope.

EF: If you're doing anything about the Native American summer program, you have to know about Kenny Smoker. Kenny is this brilliant, totally unassuming man. "Oh gosh, you know. Well, I don't know." (laughs) Somehow he got appointed to be something like -- he has no medical background, no healthcare background, but he was appointed to be -- one of his later titles was health specialist, but I think at first, it was just -- I don't remember. It had something to do with health. (laughs) There's no healthcare, no decent healthcare. They did have a center for addiction at Fort Peck. I didn't make that clear. He's from Fort Peck Reservation. And so he once told us, "You know, people on reservations say to me, 'Aw, Kenny,

what are you doing?'" And he'd say, "Well, I'm trying to improve health in the community." They'd laugh, "Oh, yeah, okay. Good." And they were a little bit jealous, because he was probably getting a salary. And, "What the hell are you doing, Kenny?" Anyway.

When it came to actually making arrangements with Fort Peck, it turns out that Kenny Smoker is the guy we deal with after Kermit Smith had proposed this idea to Jim Zuckerman, and we had agreed to take 10 students. Kenny's the one who selects the students and sends them. And we discussed with him what the program should be. He's the one who says, "Addiction is a very important problem for" -- and so on and so on. So Kenny sends these -- couldn't always get 10 students, remarkably enough. But anyway, he sends 8 or 9 or 10 students. I think it's the second year. He decides to come at the very -- he's very busy by this time. I'll tell you a little bit more about him.

He comes and he sits in on one of our tutorials. And he says, "Oh gosh, you know, why are you using -- that's a very nice case, and I like the idea of the case. It's very good. Why don't we write a case that, instead of being about these white people" -- in fact, she was called Mrs.

White. (laughs) Just as an aside. This is a case that (laughs) -- anyway. It was written by local people, and originally they wanted to call -- it was a case of cocaine addiction. And you know snow is a code word for cocaine, so they were going to call her Mrs. Snow. And then they thought, no, (laughs) this is too obvious, so let's call her Mrs. White. So [00:25:00] she got -- so this white woman and her husband get involved with cocaine, and it's an interesting narrative, but the science of addiction is okay.

So, all right. Kenny says, "Look, why don't we take Mrs. White case and use what we don't know about, the medical aspects, the neuroscience of addiction, and all that. Use that, but make the setting Fort Peck, and make it recognizably Fort Peck. We'll talk about places, actual places, actual restaurant, the actual Spotted Bear addiction clinic, and we'll make the protagonist of the case a young woman from Fort Peck, called Spotted Eagle." And that's the case. The case is called Spotted Eagle. And it turns out to be a much better case than the one we were using in the course, because the one in the course never got far eno-- this was Steve Hyman's case, and he wrote this with another colleague at MGH. But it never

went into therapy. It only got as far as -- they do have some therapy. They have some -- they make some progress, but then the case ends when they fall again. And they're in remission, but then they start using again, and that's the end of the case.

The Spotted Eagle case goes on, carries on with her after she (pause) starts using again. They follow her after that, what happens, and how they get her back to, and so on, and so on. It's in nine parts, and over the nine days of the academic part of the program, they do one case, they do one part of the case, and then there's a part 10. And part 10 is, what happens to Spotted Eagle? Write part 10, please. And each of the students had to write part 10. It was wonderful. It was such -- (laughs) and on the last day of the course, the students would each get up and read their version of what happened to Spotted Eagle. And they were all over the place. Some of them, she really -- she worked through her addiction and lived happily forever after. In some of them, she dies from an overdose, and so on. But they were engaged.

Now, by this time, here's what Kenny Smoker did. When the 10 students came back from the course here, from the summer

program, he got them together and said, "Look, you guys learned something about addiction, and you know we have terrible problems in this community. What can we do about it?" And he recruited the students as sort of shock troops to try to make changes. He was this one health specialist. He recruited them as -- not as employees, obviously, but as his assistants, really the shock troops that, where the adults might not pay attention to him -- "Aw, Kenny, what are you doing?" -- they would pay attention to the kids. So the kids said, "What do you want to see happen in our community?" And then he said, "Well, you know, there are these burned-out buildings, which were the result of arson, and they're an eyesore in our community. It needs to be cleaned up." (inaudible) "What else?" "Well, there's a derelict movie theater, which hasn't been working for X number of years. Why don't we get that up and working, and actually show movies again, and use it for the community in other ways?" (inaudible) (coughs) "Why don't we have a new community center with an athletic center and a swimming pool?" (laughs) And so on. And so they go about doing all these things. The first thing they do is they clean up the arson, the burned-out buildings. And somehow, I don't know how, [00:30:00] a group of -- (pause) what do you call the people who deal with back problems by kneading and...?

JI: Oh, chiropractors.

EF: Chiropractors. A group of chiropractors -- (laughs) (drinks water) or maybe it was one step up from chiropractors, but anyway...

JI: Well, spine specialists.

EF: Not surgeons, but...

JI: I was going to say, yeah, (overlapping dialogue; inaudible)

EF: Let's call them chiropractors for now. They somehow heard about what Kenny was doing, trying to make changes, and they came, and they said, "Look, we want to help you." And they provided funds, some funds, and they worked. They rolled up their sleeves, and I don't know the details, but they actually started to work. Changes started to happen. They took a long time. Eventually they got the movie theater up and running. It was only several years ago that the movie theater got up and running. And now the kids helped to draw up plans for the community center and the gym, and that now -- Kenny managed to raise funds for that. They had the plans for it, and I think now it's been completed. I think it exists now.

Kenny then started to develop funds so that he could have a couple of employees. Then every time he would come back and see us, he would say, "Well, you know, now I've got 10

people working for me." And then he said, "I've got 30 people working for me." I said, "Kenny, how do you do this? Where'd you get all the money?" He said, "Well, I realized that just about everybody -- say everybody on Fort Peck -- is eligible for Medicaid, so there's a huge amount of money now there that is not really being used properly." And he said, "I was able to get those funds to hire people, people with health exp-- healthcare specialists who would go into people's homes," and they would find out about -- you know, the children were being neglected, because the parents were addicted. They would provide childcare. They would provide help for the kids. They would get them going back into school, stuff like that. They would deal with the elderly parents, grandparents, who weren't being looked after. And they just started to make improvements in individual families. They got doctors who would come, and they developed a good health clinic. Kenny was doing all this with Medicaid funds, and it grew, and it grew, and it grew, and I think he has now something like 50 people working for him.

Then we heard -- I've got to talk to him and find out -- I just learned from the head of HUNAP -- it was a few weeks ago, actually -- that Kenny had -- I don't even know

whether it was a grant from Medicaid or what -- something like $20 million. And Kenny was overjoyed, because he could now do so many of the things he want-- he had just grown from nothing into a force for rejuvenation, if you like. Who knows what the outcome is going to be. It's going to be a long, hard slog, because when you have a whole bunch of people with addiction problems, a whole bunch of people with attitudes of resignation and feeling that nothing will ever happen, nothing will ever change, and who don't have good feelings about themselves, either, because they're not respected members of the community -- are you running out of time?

JI: We're just at time. I'm going to send a quick message to my next meeting, but please, keep going. (laughs)

EF: Okay.

JI: You were saying, when you have people who are down and out --

EF: Yeah, so, I mean, it's a formidable problem, and it's not going to have an easy, happy solution. But the point is that Kenny has just made extraordinary things happen in his community, and at least up to a certain point -- [00:35:00] I don't know if he still does it -- well, he does. He blames it all on the summer program. (laughs) He says it wouldn't have happened without that, if I didn't get the

kids involved. I said, "No, no, Kenny. Look. You did it all by yourself. You were the one who mobilized this effort, who knew where to go, who knew -- you did it all yourself. You're extraordinary." And he said, "Well, never would have happened without the summer program." (laughs) David and I were no longer able to do it anymore after 2010. Obviously you know David Cardozo. Do you know Cardozo?

JI: I know the name. I've never met him.

EF: He's an associate dean for graduate studies, and he's over in mech. He's now the driving force, the sponsor, if you like, of the summer program. And he does some of the teaching of it. He's one of these people, like Kenny Smoker, who says, "Oh, well, no, I didn't do this at all." There's two women who work in his office. (drinks water) One of them is his chief administrative assistant, and another one is a secretary. I don't know how it happened, but David Cardozo invited David Potter and me to have lunch with [Lisa?] and -- (snaps fingers) oh, I can't remember her name. Anyway, the two women in his office. So the five of us had lunch. And David wanted us to tell them about the summer program. See, I'd been trying to get, somehow, get Cardozo involved in the summer program, because I knew that when David and I stopped doing it, the

only person in the medical school who would possibly carry on was David Cardozo. (laughs) I just knew in my bones that he was the person who'd actually do it. There's various stories about this, but anyway, I kept saying, "David, we need help." He'd say, "Don't worry. I'll find you somebody. I'll find you somebody." And anyway, in the end, he was the person who really did it. He's got some other people from graduate programs to help him, and he's even used his own funds, from his associate dean's funds.

But I have to tell you that the two women in his office (inaudible) have become so invested in this that they are, like -- they go out to Fort Peck. They've come to know Kenny very well. They know the names of all of the students. They remember them from all of the years. David and his colleagues have done this for two years now. But they are so invested in these students. When they go to Fort Peck, they want to meet again, they want to see each of these students, they want to visit them, visit their families. They are just -- they've adopted all these kids as their own. So there's no way that even if he wanted to -- and he is also, in his own quiet way, totally invested in this. He's been so creative in thinking of new things for the kids to do. I think the program now is much better

than when David and I were doing it. And David Cardozo has -- but the two women. If he wanted to stop now, he couldn't do it. (laughter) They would say, "If you stop this program, we're going to quit." You know? (laughter) But so David always says, "Well, I didn't do the program. It's Lisa and Chelsea. Lisa and Chelsea have done it. They've done the whole thing." No, [David?]. (laughs) But he always blames other people for the good things he does. So anyway, that's not an ending, but it's a happy interlude in the story.

So again, I should tell you that, I'm sure, through Cardozo's intervention and Kenny Smoker's agreement, the (laughs) program is now called the most awkward name. I hate it, but I love it. It's now called the "David Potter and Edwin Furshpan Summer High School Program."

JI: (laughter) Well, I think it shows all the work that you've put into it.

EF: Well, it's fun, but it's -- yeah. That's all I wanted to say about the Native American summer program, but I don't see it ending any time soon, because Cardozo and his colleagues are so committed to it. (clears throat) [00:40:00] No, it's from Cardozo that I heard about -- and he didn't know any of the details.

Now what, of course, (clears throat) one is terribly worried about is that Trump is going to cut Medicaid very severely. And if this money -- I don't know where it's coming from -- if it's coming from Medicaid funds, or wherever it's coming, if it's coming from the government, and it has to do with Native Americans, Trump is going to cut it. (drinks water) I don't want to inquire about that. If it happens, I hope Kenny will tell us about it, but I don't want to ask him if he's worried.

(sighs) So I think we're potentially at a crucial point with anything good (laughs) happening, at anywhere, in any part. You know, the universities are struggling now, already, as you know, without Trump. And he has no sympathy for universities. They're just a place where the elitists do their thing. You know, you could turn this off now, but this is --

JI: (laughs) Well, let me say thank you for letting me interview you.

EF: If this is (overlapping dialogue; inaudible) I don't know if it should be on. Let me just say this.

JI: Well, here, we'll do it on the side.

EF: There is a serious problem. We are elitist. We think we have a good thing going. I love universities. I think they're the finest institutions in the country, in the world, because you have people coming together who are dedicated to trying to get it right, trying to find out how things actually work. And their work has to be scrutinized by other people, and it has to meet certain standards. This doesn't happen in other fields. It's a community. It's a close community. This department, I love it. (laughs) I want to hug this department, because, right from the beginning -- I didn't go into how -- anyway. Steve was the driving force. Steve Kuffler was the driving force in the founding of this. Well, I did. I talked about -- anyway.

JI: Yeah.

EF: Yeah. I did. But, so right from the beginning, there was this lovely attitude that -- you know, we were not all close friends. We were all friends. We were not all close friends. I was not a close friend with David Hubel, or even Torsten, but hearing about their work as it was developing -- you know, we were in the same small group of people -- it was such a pleasure, such a joy.

So, you know, there will be jealousies and there will be competitions, but I know that people still take great pleasure in each other's work, and, you know, we have this -- in the department, there's this faculty seminar series. It's just for the faculty. And one of the faculty members will get up and describe his or her work. People enjoy it. You know, "Oh, that's so fun," and then have questions about it, make criticism, make suggestions. But it's all in such a good spirit, in a cooperative spirit, in a creative spirit, making things better. And of course we're human beings, so everybody wants their own place in it, to be admired and -- (sniffs) but at the same time, it's got to meet certain standards. And part of those standards is a sense of community. So that's really fine. It's really fine.

I think if we could organize the whole society -- and people become -- here's the problem. Because of these high standards -- just take the nervous system. The nervous system is so unbelievably complicated, we may never fully understand it. What people do is, they take this tiny little piece of it, and they dedicate (laughs) their lives to it. And they become so good at it, they become so knowledgeable, have such deep understanding of this little

part of it. (sighs) It's just -- (pause) somebody who was teaching kindergarten [00:45:00] in Belmont. How do you tell them about this thing you're doing? Well, you can't start with your own work. You have to start elsewhere. And even then, she's not really going to understand it, because it's built layers on layers on layers on layers. We have a serious problem. We have the problem within the university. How do we talk to each other across the university? And, you know, the president is very aware of this problem, and she's very much trying to deal with it, but it's innate. It's built in. It's part of the -- (blows nose) it's unavoidable, given the magnitude of the elephant we're trying (laughs) to feel and understand. Okay.

So here we are. We are elitists, because of the nature of what we do, and the standards, and the fact we need a lot of money to do this, and so the government gives us a lot of money. And why are those people getting all of this money? Why do they go in their little rooms and do their thing, and we don't know what they're doing? So we have a problem. And we have not been sufficiently respectful to people in the communities who feel as if we disrespect them. Because a lot of them haven't gone -- most of them

haven't gone to college. They haven't even gone to college, for god's sakes, and here we are in graduate schools talking about the most esoteric aspects of esoteric fields. We are clearly not respecting them, and we are not informing them, and I don't know how we do that.

It's a formidable, almost intractable problem, but we have to acknowledge that we have some responsibility for that, and when a political movement like Trump's gets going, we have some responsibility for that, because we haven't dealt with this problem. But we have to, somehow, protect the most, to me, the most precious -- well, our democracy, okay, is the most precious thing. But amongst the institutions we have, (sighs) our government is the most important, perhaps, but it's failed us. It's not been doing what it's supposed to do. It has just been deadlocked all the way through.

There's not deadlock in the universities. There are problems in the universities, but there is generativity, there's creativity. So to me, these are the most admirable institutions in the country, in the world. They need to be protected, but we have a problem. Even the people in the government who understand why it's important, who know the

importance of technology, if they don't understand the importance of knowledge -- but in the communities, they don't get it. We're just spoiled brats whose money -- the government gives us money that we want, and when they want money, they get something. They may get some welfare. They may even get some community assistance, but they're not getting the same treatment we are, so it's unequal. It's unfair. We're part of the problem. We're part of the elite. We're not part of the one percent, (laughs) but we're part of the elite. So there you are. Okay.

JI: All right. On that note, thank you for taking the time to talk with me today.

EF: Well, thank you for being interested. You know, everybody likes to get on their soapbox (inaudible). (laughter)

END OF AUDIO FILE