

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

**Interview with Howard Hiatt | February 19, 2015**

JOAN ILACQUA: Hello, today is February 19<sup>th</sup>, 2015. I am here with Dr. Howard Hiatt at One Brigham Circle; we are recording an oral history interview for the Center for the History of Medicine. I am Joan Ilacqua. Dr. Hiatt, do I have your permission to record this interview today?

HOWARD HIATT: Yes Joan, but of course.

Jl: Thank you. So, my first question is please tell me about yourself. Where did you grow up?

HH: I grew up in Worcester in Massachusetts. Went to grammar school and high school there, and then to Harvard College.

Jl: And, what did you study at Harvard College?

HH: I was an English major, but I knew that I wanted to go to medical school. So I combined my concentration in English with taking the prerequisites at college for my candidacy for medical school. Because the war was on and it was really not possible to continue without abbreviating considerably my college experience, I left without a Harvard degree, that is, a bachelor's degree. Having applied to medical school and been accepted at medical school, at Harvard Medical School, on the basis of really

two and a half years of college. I didn't have a bachelor's degree. I have an M.D., I have some honorary PhDs. (phone ringing), but a short time ago I -- excuse me.

END OF AUDIO FILE 1 of 3

JI: OK we're recording again, as you were saying you don't have a bachelors. (laughter)

HH: As I was saying, I don't have a -- or I didn't have a bachelors degree, but I do have one now. Three or four years ago I got an honorary degree, a PhD from Dartmouth when Jim Kim was the president. At the dinner beforehand I thanked him and thanked my colleagues and pointed out how grateful I am... (door opens)

F: OK, she said that actually it wasn't as bad as she thought. She'll be down there in two minutes at Stop and Shop.

HH: OK. (door closes) We still...

JI: (laughs) We're still going.

HH: Yeah. So, at the dinner before the event, the commencement activities, I mentioned to President Kim in the presence of other honorary degree recipients that really what I was after was a bachelors degree. He was appreciative of that and when I left he handed me a -- an honorary bachelors degree on the back of a napkin from the Hannover Inn

(laughter) and it's there -- right there it's framed -- that's my bachelors degree.

JI: (laughter) Excellent!

HH: OK, we'll get back to real business in just a minute, OK?

JI: Yes.

END OF AUDIO FILE 2 of 3

HH: ... studied at Harvard Medical School and mine, incidentally, it's of interest as we talk about inequities, was the last Harvard Medical School class without any women. So, that was really addressing one important inequity that the faculty undertook while I was a senior at medical school. When I left Harvard Medical School and finished with my residency training, it was still during the period after the World War when doctors were being pressed into service for post-war activities, and one way in which medical service could be arranged in the -- in place of the army or navy, was public health service, and a position at the National Institutes of Health involved a -- an appointment in the public health service. And I was fortunate to have been asked to go to the clinical center in Bethesda, Maryland where I was to carry on research on the parathyroid glands which I had been doing as a resident and a fellow following my residency. When I got to the NIH

-- to the clinical center -- at the appointed time, it turned out that there had been a work stoppage. The clinical center -- clinical facility -- was not yet ready. And I was fortunate at that point to have been given a position -- temporary position -- in the laboratory of a bio-chemist named Bernard Horecker. Bernie Horecker, it turned out, was not only a very, very able scientist, but a wonderful mentor, a wonderful teacher, a wonderful human being. And so he taught me bio-chemistry which I hadn't been particularly interested in as a college or medical student. But he opened to me the magic of biological science and remained my teacher and then my colleague for several years thereafter. While I was at the NIH I had a phone call from the Chairman of the Department of Medicine at Beth Israel Hospital -- a great man named Herrman Blumgart whose portrait you see on the wall over there -- and he said we've decided to set up a program over here at Beth Israel Hospital in medical oncology and we'd like you to come and direct it. I said, "You know I've had no experience in that field. I've been really working in endocrinology". He said, "You can learn". And it was my good fortune to have been working at that time in Horecker's laboratory immediately next to a man named Henry Kaplan who was professor of radiology at Stanford

University and who was there on sabbatical at the NIH, and who was a great cancer specialist. He was the first person to cure Hodgkin's disease with radiation. [05:00] And when I said to my then relatively new friend, Henry Kaplan, "I've suddenly become a -- responsible for a program in cancer. I don't know anything about that field." He said to me (coughing), "You will learn. There isn't that much to know these days and I will help you find people who will show you what you need to know." He introduced me to a man named Alfred Gellhorn who was then the head of the cancer program at Columbia Presbyterian Hospital. Wonderful man, also, who was at that time, I think, President of the American Association for Cancer Research. I told him my problem, or Henry Kaplan had told him, and he said, "Well I'd be glad to have you come to my department in New York and learn what you'd like to learn". So I said, "Should I plan on coming for a year?" and he roared with laughter. He said, "I can teach you all that I know in a day, but come for a week or two." So before I started back in Boston after I finished my stay at the NIH, I went to New York for a week or ten days and learned at least some of the language of oncology. I then came to Boston having moved my family -- my family of that time was my wife Doris, and our three children: John -- Jonathan, Deborah,

and Fred. I have travelled -- my wife was from Boston. Her parents lived there and they were -- her mother was a marvelous woman -- who helped us find a house in Brookline. So, our move from Bethesda to Boston was really quite easy. I arrived at Beth Israel Hospital, established the program in medical oncology at a clinical level, and opened a laboratory that focused on work I had been doing with Horecker in Bethesda. And, as I mentioned, he continued to be a mentor to me. We collaborated on work in the laboratory, and two or three years after I arrived in Boston he said to me, "You know, (cough) if you really want to understand the biology of cancer, if you want to address problems in that sphere, this new area of science called molecular biology is clearly one with which you should be acquainted. I've just come from a year in molecular biology in the laboratory of Jacques Monod at the Pasteur Institute in Paris, and if (cough) you are interested I think I could arrange for Monod to take you for a year." I went to Dr. Blumgart and told him about this infor-- shared with him this information from Horecker, and I said, "You know I've been here now a short period of time, but -- and I could understand [10:00] your saying it's premature to leave." He said, "It's not premature. You should do that and we'll cover for you here." (coughs) You know, behavior

like that on the part of my teachers was really quite instructive to me. I knew how much -- (coughs) excuse me -- I knew how much that meant to me, and thus when younger people over the years have come to me for advice and sometimes for help, it was no difficult lesson to learn how helpful a more senior person could be. This time you may hear from others that several people consider me their mentors. I'm flattered to hear that, particularly when I consider that many such people have been my mentors. But, these were lessons that were very important. I had established the clinical program at Beth Israel Hospital and I became conscious of how much the Beth Israel Hospital was doing for the patients who came to it, but how little we were doing for people not very far away, who lived in impoverished areas in Boston. That was a lesson that was not difficult to learn. In any event, I went to Paris and it was my -- again -- my great good fortune that it was -- I was there the year when the experiments establishing the existence of the, hitherto unrecognized, factor in the cell... mole-- messenger RNA was discovered, and I was on the team that discovered it and the paper in the scientific journal Nature that describes mRNA, bears my name along with the people not only at the Pasteur, with whom I worked, but with two people with whom we were collaborating

at Harvard at that time -- two people whom I knew -- Jim Watson and Walter Gilbert. Watson and Gilbert are names that I don't have to really describe to go further with you. You know about them. But, again, it was my good luck to have that relationship and that continued when I returned to Boston. I did come back -- to Boston, of course. Our family had a wonderful year in Paris, I had a wonderful scientific year and returned to Boston, worked in the oncology program that I was once again directing -- in the laboratory that I was once again directing -- and year after (cough) I got back, my mentor Dr. Blumgart retired as Chairman of the Department of Medicine and the committee who looked for his successor, chose me. So, I became, at a quite young age, the Chairman of the Department of Medicine at Beth Israel Hospital and a professor at Harvard Medical School. It was as chairman of that department at Beth Israel and professor of medicine that I really undertook to address the question -- the problem that I mentioned earlier -- the need for the hospital [15:00] and the medical school to become more involved with it's neighbors. And I had the good luck to meet the head of Dimock Community Center in Roxbury and we established a relationship so that two of my younger colleagues at Beth Israel worked part time at Dimock and really addressed --



began to help address -- some of the problems that hadn't been high on our agenda up to that point. I said when I became chairman of the department that it would mean my giving up much of what I was doing in the laboratory (cough) if I were to do what was important to do as chairman of the department. And what it was important to do included recruiting a group of young colleagues who were all well trained in biological science and well trained clinically so that they could work in fields like cardiology, and kidney disease, and pulmonary disease, and so forth and simultaneously set up laboratories that were looking at some of the problems (cough) that brought patients with those problems to the hospital, so that we could address, really, first creating and simultaneously preventing some of those problems. I said, however, when I did this that I wasn't sure I was prepared to give up biological science and that after a period of years -- after six years -- I said, "I'd like to arrange that I could take a year off and go back to working in the laboratory." And that was agreeable to the dean and to my colleagues, and two of my associates at the Beth Israel Hospital when my colleague who was in charge of the clinical program -- a man named Richard [Nessin?] -- and the man in charge of the kidney program named Howard

Frasier. Mr. Nessim and Frasier took over managing the department, managing the house staff, managing the clinical programs while I was in London looking at the -- working in a laboratory where -- at the Imperial Cancer Research Fund in London. While I was there, however, I was also eager to understand medicine in England because I had heard that they were doing the work they were -- that their medical care program was in many ways better than that in the United States. Now one of the men that came to me as a resident was a man from London named Brian [Drawman?] who had come to spend a year on the service at Beth Israel Hospital and he went back to London when he finished and became a general practitioner. So, while I was in London working in the lab, most of the time I spent some time looking at the -- what is called the National Health Service, through the eyes of Brian Drawman. Going to his, what Britain has called, his surgery -- the surgery is where doctors practice their -- see their patients and making house calls [20:00], which doctors regularly do in London, and I made house calls with Brian and I looked at how patients were managed, and learned a great deal. When I came back to Boston from a year in London I had decided that I would remain in a clinical area and not really try and go back to the laboratory. I've maintained a

laboratory, but at a much reduced pace. I had to reduce it when I became chairman of the department anyway. But it was clear to me that it was, two things: first I was now quite far behind with respect to scientific medicine, at least the day to day involvement in scientific medicine, and secondly that there were so many things I wanted to do clinically that needed doing and that weren't being done. So, I set up at Beth Israel Hospital along with Dick Nessim, a program that we -- really where we focused on the needs of patients in much the same way that the practice in the British areas that I had visited were carried out. At about that time I began to have calls from other medical schools asking me whether I would consider dean. I had earlier before I -- before when I just got started -- I had been offered (cough) not a deanship, but the chairmanship of the Department of Medicine at Stanford and I turned that down because, really at that time wanted -- this was before I was made chairman in Boston -- because I really wanted to work in the laboratory as well as learn more about cancer practice -- the practice of medicine with patients with cancer. But now I began to be offered deanships. First at Johns Hopkins -- first at the University of Rochester, and then at Johns Hopkins, and then at Columbia, and then at Yale. University of Rochester came at a time when I really

was not ready to even consider (cough) a deanship, but a year later when I was offered the chair-- the deanship at Johns Hopkins I looked seriously at that position. It would have given me an opportunity to bring the -- I thought -- I was looking for opportunities to bring the medical school into closer relationship to its neighborhood, and that was a great need of Johns Hopkins. But I felt that there wasn't any enthusiasm for that on the part of some of the senior people (cough) at Johns Hopkins. The person who approached me, the chairman of the committee, was a marvelous man named Barry Wood. Very well known leader in medicine. He was all for it, but some of his senior colleagues were not, so I, with reluctance, turned that down. I was subsequently offered a similar position, a deanship, at Columbia and that looked very interesting. I thought that bringing the medical school into much closer relationship [25:00] to its neighborhood, particularly to Harlem, was something that could be very meaningful for New York, for the people in that area, and for the university and medical school. Again, on that occasion, the chairman of the -- in this instance, the chairman of the board of the Presbyterian hospital told me that this was not on his agenda and wouldn't be. So, I turned that down and returned to Boston where we continued

our work. And then I had a call from the new president of Yale. He said that he had heard about my interests. He said he thought they coincided with his, and would I come to New Haven and look at that position? I did, and it looked just right. He was all for bringing the medical school and the university together in closer relationship and for bringing the medical school into closer relationship with its community. So, I told him I thought I would come and I would give him an answer within a week. This was after having discussed it, of course, extensively with my friends here in Boston, and particularly with my wife, who was throughout all of this my partner and crucial -- (cough) excuse me (drinks water) -- a crucial person in all of this. (pause) The then new president of Harvard, Derek Bok, had heard from his colleague who was president of Yale and had been his fellow professor at Harvard Law School, Kingman Brewster, had heard that I was seriously considering the Yale position. President Bok called me and said he wanted to talk with me before I made a final decision. He told me that he had had a committee look at the School of Public Health and they had told him that it was in very serious disrepair -- serious condition -- and that he had three choices: he could close it, -- these are his words -- he could merge it with the medical school, or

he could make major change. He said, "I can't do the first, the agenda is too important. If I merge it, it'll get lost. The medical school is so much bigger and so much more comprehensive in its activities. So I'm prepared to do the third. Would you consider it?" I said, "I'm not the person for that Derek. I've never been in a school of public health. He said, "That's why I think you are the person that I need." Well, I thought about it further. I talked with my wife and we deci-- oh, I talked with some people at the School of Public Health -- three of the leaders there, who were not enthusiastic at the prospect of this outsider coming, but all three of whom said that they would welcome me and would work with me to make change. Unfortunately I didn't really specify what changes were needed. I didn't specify because I didn't know because I said I had never been in a school of public health.

[30:00] And I suppose in retrospect if I were advising anybody, I would say, "Don't undertake a position without knowing a great deal more about it than I knew about the Harvard School of Public Health." In any event, I told the president that I would do it for five years and at the end of that time, if the changes had not been made -- if the changes were made, then I'd return to the medical school, and if the changes had not been made he'd want me to return

to the medical school. There was really no interest on the part of all but a very, very small number of faculty in what I wanted to do. Many of them, particularly the senior people, considered me an outsider, -- which I really was -- and what was I thinking desperately needed there, and they resisted changes. So, I brought in young people. I brought in people -- Harvey Fineberg was an example. Do you know that name?

JI: Mm-hmm. I recognize it.

HH: Well, Harvey Fineberg had just graduated from medical school. He had spent a year as an intern at Beth Israel Hospital. He had come to Beth Israel because he thought that's where I would be. I had known him well as a student. And, he spent the year at Beth Israel and then I brought him to the School of Public Health. I brought Don Berwick to the School of Public Health. He too had just finished medical school. I brought Mark Rosenberg to the School of Public Health. He too had only a year before finished medical school and trained. And others: Milton Weinstein was a person who had just gotten a degree in decision science, Mark Roberts had just gotten his PhD in economics. None of them had any background in public health and none of them were welcome at the school. I couldn't find departments for some of them, so I created a

new department associated with the needs office and I put all of these people there and they began to work from the inside -- to remake the School of Public Health. For example, we set up a new department called Health Policy and Management and there was great resistance on the part of the faculty. The younger faculty were all for it, but the seniors said, "What has this got to do with public health?" And of course, it wasn't at any other school of public health. So, as I said, at the end of five years I went to President Bok and I said, "You know, five years are up and it's not working. The senior people are really unhappy and I'm going to leave." And he -- are we OK as far as time?

JJ: Oh yeah, we're fine.

HH: And, he said to me, he said, "You can't leave." He said, "what happens to these people that you brought there if you leave?" So, he shamed me into staying. But you see the senior people who had heard that I was going to spend five years -- now in the sixth year -- saw me stay on. And at the end of the sixth year, the senior person at the School of Public Health, organized something like 18 of the senior people who signed a petition to the president to remove me as dean. So, at the end of that sixth year I had left after commencement. The then dean of the Law School, Jim



Vorenberg, and I were close friends. And Doris and I, [35:00] and Jim and Betty, his wife, always left right after commencement to go to France and we had an activity that we did together. And we were in France on that activity -- we were on a little boat that we had rented on a canal -- and I had an emergency call from Boston saying that a petition has gone to the president asking that you be removed. So, I went back -- Doris and I came back to Boston -- and sure enough there was a petition that had been signed by, I think 18 -- could have been 17 or 19 -- senior people asking the president to remove me. So, he spent two months interviewing the faculty while I wondered what was going to happen to me. Had I resigned a year before, that would have been fine, but now there was word around the world that the dean of the Harvard School of Public Health has been petitioned -- or the president has been petitioned -- to remove the dean. What's going to happen? Well, he didn't of course; I stayed on. And we began -- we continued to do what I'd been doing. Continued to work in neighborhoods. I had tried -- started -- some programs. Many. And tried to start others. For example, I wanted to change the principle degree at the School of Public Health is what's called the MPH. And that was a good program for people who wanted to become, you know,

health -- to go into public health work in the city, in the country, or abroad. It didn't have many things that it needed, but it had no interest for, let's say, medical students or young doctors. So I wanted to change that program and had proposed the change and that was voted down. Well at any rate, that was so -- after 12 years I had finally decided that this was enough. The president agreed that he was prepared to see me leave at that point. The school had been changed considerably, but it wasn't still a wonderful place to be for me. It got somewhat better. The present dean is a marvelous man and he has, really, a school that one can be proud of and I'm just so pleased to see that. But, it was -- it is very, very different than what it was when I arrived, and I like to think that some of the changes I made, for example: that MPH program that I proposed, I started that when I got -- when I left the school. The person who had been my deputy at Beth Israel Hospital, Dick Nessin, was now the president of The Brigham. And he invited me to come to The Brigham, he and Gene Braunwald, who was then the chairman of the department of medicine. So, I came to The Brigham. In my first year here one of the younger people -- then younger people -- in the cardiology group, a man named Lee Goldman. Lee and I set up [40:00] a program similar to what I had

tried to set up at the School of Public Health: a program in clinical effectiveness. We started with three people who were here at the school at The Brigham in the cardiology group. It was a great success. There were eight people who took it the second year. The third year there were 17 people. At that point I said, "We should really make this a degree program, and I'm going to talk to the School of Public Health people and see if they would like to have it there." So, I went to one of the senior people at the School of Public Health who said, "I don't think we can get it here, but maybe." And Jim Ware, who was then the dean for programs at the school and a statistician, spoke to me and said -- I said, "Well we'll set it up at the Medical School. We'll call it the program in clinical effectiveness." He said, "But, you've got to do it at the School of Public Health." I said, "Well you've got to talk to X and persuade him." And he did. It's now the biggest program in the School of Public Health. It, I think, takes 170 students a year for a two year program. The only reason it's not more than 170 is that there's no amphitheater over there that takes more. It's the biggest program at the school and it's the program I wanted to set up at the school and now exists at the school. So, it's had this kind of circuitous history, but

that's interesting history and not such interesting history. (laughter) In any event, here at The Brigham there wasn't any need to talk about getting involved in the community. Dick Nessim was the president of The Brigham and all for it. And when I got here I was really -- I had the privilege of really deciding what would be on my agenda. I wrote a book that I had been eager to write on America's health care system. I started a program with a colleague from the Law School on the issue of medical injury and medical malpractice, and that was an important program, I think, because when you read that 100,000 people a year die of medical injuries in American hospitals -- that's from the Harvard-- we call the Harvard medical practice study. That was something that was on my agenda. I also wanted to begin a program on the needs of children at the American Academy of Arts and Sciences and I took a few years to do that part-time while I was still -- while I was at The Brigham. But soon at The Brigham some of the younger people -- two of the people who had been residents when I came here, two people whose names you won't know, one is Paul Farmer and the other is Jim Yong Kim -- approached me and I -- they and the then chairman of the department of medicine here at The Brigham, Victor Dzau. Victor Dzau said, "You know what you people are doing in

Peru and in Haiti is important for The Brigham, and we should have a division in the department of medicine." So, that [45:00] was the beginning of the Division of Global Health Equity with Paul and Jim as the heads and Howard as the deputy head. So that's been my activity here, primarily, and now helping that get underway is establishing a relationship with the 501(c)(3) organization called Partners in Health. A partnership involving PIH, The Brigham, and Harvard Medical School has been high on my agenda. The training program for young residents in global health -- what's called global health equity -- has been high on my agenda, and I can talk more, but I think I've told you pretty much what you are eager for me to talk about.

JJ: Yeah as a sort of a -- because I think it should be noted -- the residency in Global Health Equity at The Brigham is named for you, correct? It's the Doris and Howard Hiatt Residency in Global Health Equity, or is that a different program?

HH: That name has a history too. I don't really -- I think it's important to have names and you know, there are professorships and there are programs and so forth, but I wasn't enthusiastic about my name on anything. But, a friend of mine, who was a very, very charitable man and a

close friend named Frank Hadge, was very interested in what we were doing, and when we set up the Division of Global Health Equity we needed money to recruit faculty, to pay faculty, and to start the residency program. And, we didn't have much money so I went to Frank Hadge and asked him whether he would contribute, and he said he would. And I said, could we really go to some of the people he knew, who were in a position to help us get started, to pay salaries of faculty. And he said he preferred -- we could go to them -- but he didn't want to. So, I said, "Well we'd like to really use your name for the program -- The Frank Hadge Program for Faculty." And he said, "I don't like my name to be used." And I said, "Oh, but many people would give money for the Frank Hadge Program who might not give without that name." So, he said, "But your name is not on anything." So I said, "If my name were to go on the residency, would you be willing to have your name on the faculty program?" He said, "Under those conditions, I would." So, we raised, I think, five million dollars to get the program -- I'm not sure about that number. We raised quite a bit of money for the Frank Hadge Faculty Program and people gave us X dollars a year for five years. We said in five years we'd be able to find money elsewhere. So, he was willing, on condition that my name go on the

residency -- and it went on the residency. When my wife died eight years ago we added Doris' name [50:00] to the residency. But, that name, Doris and Howard Hiatt, is now for sale. So, I've told people, if we can find a donor who will give us several million dollars to have this called the "John Smith Residency in Global Health Equity", it will cost you only X million dollars. So, that's the history of that name and I'm prepared to see it sold.

JI: (laughter) To continue the program.

HH: Pardon me?

JI: Oh, to continue the program. It would be to help it along.  
(pause) So, what you talked --

HH: I mean it would be the residency.

JI: -- about today.

HH: It wouldn't change.

JI: Yeah, yes, yes. Oh, no, no, no --

HH: No? OK.

JI: It would be -- It would be good for the program.

HH: It would be good for the program.

JI: Yeah. So, you had talked about looking at community and serving community and that is something that comes up thematically throughout your career. Looking at who you're serving as a health professional.

HH: I didn't mention to you that when we started the program at Beth Israel Hospital -- the training program -- there were no women in the residency -- or almost none. We started something in that realm. There were no minorities in the residency -- we addressed that problem too. And, that, you know, was an opportunity I had to address issues that I thought needed attention. So, both at Beth Israel, at the School of Public Health, looking at domestic -- looking at local and domestic problems -- and then the international component at here -- at The Brigham -- in the Global Health Equity, it's now coming home to roost because now we have a domestic global health program. We have a program that is dir-- started by and directed by a remarkable doctor, Sonya Shin, at the Navajo Nation. We have a remarkable colleague named Heidi Behforouz who started what she called, a Pact Program, in inner-city Boston. Unfortunately Partners in Health was not able to continue supporting that and it had to stop three or four years ago. And now Heidi is starting a program in Arkansas and one in Los Angeles. Taking the experience we've had in places like Haiti and Malawi and Rwanda and Peru, and using that information to construct programs in the United States because the needs in this country are enormous. We spend more, and more money on health care and more, and more people are in need of health



care, or have inadequate health care. That's not high on the agenda. It's now high on the agenda of The Brigham's division of Global Health Equity, and Partners in Health and Paul Farmer and his department -- our department of what was Social Medicine, is now called Global Health and Social Medicine of Harvard Medical School. So, things continue to change and I hope for the better.

JI: Excellent. And, I think, unless there's anything else you'd like to add today -- if there's anything else we didn't talk about -- I think we're at a great place to end.

HH: Good!

JI: Good! Thank you so much speaking with me today Dr. Hiatt. It's been a pleasure. [55:00]

HH: It's been my pleasure. Thank you for what you're doing.

JI: You're welcome!

END OF AUDIO FILE