

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

**Interview with Lisa Iezzoni | September 10, 2015**

JOAN ILACQUA: [00:00] Hello, this is Joan Ilacqua and I'm here with Dr. Liza Iezzoni. It is September 10<sup>th</sup>, 2015, and we are at the Mongan Institute for Health Policy at the Mass General Hospital. We're here doing an oral history interview for the Center for the History of Medicine. Dr. Iezzoni, do I have your permission to record you?

LISA IEZZONI: Yes, you do.

ILACQUA: Excellent, thank you. And so, my first question is, you know, could you please tell me about yourself: where did you grow up, and you know, how did you come to study medicine?

IEZZONI: I grew up along the Eastern Seaboard. My father was a physician and I need to step back to say he was an Italian man and he went to Columbia Presbyterian Medical School at a time when according to the lore from him, there were two slots allotted to either an Italian or a Jew. And he got the Italian slot. And after medical school, he was in the military for a while as a doctor and ended up trying to create a practice out in the Midwest, but as an Italian doctor, he actually found it very difficult to get patients

where he was. And so, he eventually, because he couldn't, kind of, really establish a practice because of discrimination because of his ethnic identity, he ended up joining the pharmaceutical industry. And so, he started working at Pfizer first and then moved to DuPont and etcetera, etcetera, so that's why I didn't live in any specific place while I was growing up, because he kept kind of changing jobs.

But my earliest memories of him as a doctor were when he was at Pfizer when I was a small child, he had a practice in the house, a pediatric practice. And so every Saturday morning, there would be parents with their kids traipsing into our house. And there would be screams emitting from the downstairs practice. I would be thinking, OK, you know, this is not the career for me, you know, causing injury and pain, you know, to little children. And so as I grew up, I never actually considered medicine as a career. I went to Duke University as an undergraduate. I studied medical anthropology there. I had to take two science courses, and so I took Rocks for Jocks, Geology. I liked that a lot. I also took Biology simply because I thought it would be fun and I tormented my premed colleagues, but I did enjoy Biology. But the thing that kind of got me

headed in the direction that eventually landed me in medical school was that Duke had an amazing kind of public policy program, and they had a three semester program in Health Policy that started the second semester of your junior year, went through an internship in Washington, D.C. during the summer after your junior year and then the first semester of your senior year.

And so, that's what I did and it just got me really, really hot into health policy, because this was the mid-70s; it was the time that people like Ted Kennedy were talking about national health insurance, and Victor Fuchs, the health economist, had written the book *Who Shall Live?*, talking about how our nation was spending way too much on health care dollars and how we really needed to think about constraining the costs of medical care. My internship was at the Allen Goodmenger Institute where I did my project on developing a male contraceptive. You know, obviously that hasn't progressed very far beyond where it was back in the mid-1970s, but that was a fun project.

And so when it came time to think about, OK, what am I going to do now, I decided to apply to schools of public health to get further training in health policy and ended

up at Harvard School of Public Health in September of 1976.

I never thought I would stay in Boston, but here I still am all these years later. So that's kind of how I ended up here.

ILACQUA: Wonderful. And so you were at the School of Public Health; what did you focus on there? What did you come to study there?

IEZZONI: I was in the Health Policy and Management program, which at the time, was -- can we pause for a second?

ILACQUA: Oh, sure.

IEZZONI: Yeah.

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ILACQUA: [00:00] OK.

IEZZONI: All right, I was in the Health Policy Management program that -- when I started there, I was 22, and it was led by a man who was only 32, Harvey Fineberg, who went on to have a very, very illustrious career as people know, as the Dean at the Harvard School of Public Health, and then as Provost of Harvard University and eventually as the President of the Institute of Medicine. Back then, I was just staggered by his brilliance. I just say there and kind of absorbed everything that I could. And one of the things about the Harvard School of Public Health for me

that was really, really terrific was that there was a strong international student presence. And a lot of those were people who had been practicing medicine for many years and just wanted to take a break to kind of re-up their engine, their passion for medicine, because they'd been working for so long, had kind of gotten bogged down on what some of the problems with caring for often disadvantaged populations were. And so, it was just really, really fun to talk to them. And I also came across amazing other physicians like Mark Rosenberg and Thomas Graboys and Bernie Lamb, who started talking to me and saying, "You know, Lisa, there are many things that you could do with a Masters in Health Policy Management, but why haven't you thought about going to medical school? That would really open up many more doors for you."

And I had never thought about going to medical school, as I told you earlier. [laughs] I didn't want to deal with screaming children, but I began to think about it very seriously. I mean, I still am kind of staggered all these years later that I did begin to think about it, but I had a little studio apartment on Commonwealth Avenue; it was a single room and I had a little dining room table that had a yellow note pad on it and I made a line down the middle of

the front page of that yellow notepad that was pros and cons, you know, about going to medical school. Obviously I'd have to take calculus and biology and physics and inorganic chemistry and organic chemistry. I'd have to do basically the whole post-Bac route. But eventually I decided, you know, this is what I am going to do. I really did it for the Pollyanna reason of, I want to help people. This could be -- I mean, I was terrified, the notion of taking these science courses, but these men, frankly -- men, yes, professors -- who I'd come in contact with just made these really, really compelling cases that this is what I should do.

And so I graduated from the Harvard School of Public Health in 1978 and started that summer doing inorganic chemistry, two semesters in one summer -- you know, in two summer school slots. And then I did the post-Bac program. I was planning to do that, and I would do calculus, I would do all my kind of pre-requirements, pre-med requirements in a single year. I also moved into Dunster House as basically an indentured servant. I was on the third floor and I catered all the Master of Dunster House's events as the place where I could live. And so I was right there on the Harvard undergraduate campus and was able to really kind of

just focus on my studies. That was the year that I literally ate peanut butter and jelly sandwiches for lunch and dinner, and I never, anytime since then, have wanted to even look at a peanut butter and jelly sandwich.

But what I do have to mention at this point is that during the two years that I was at the Harvard School of Public health, I had started getting these weird symptoms. When I would bend my head, I would feel like there would be electric currents going up and down my arms. I since learned that that's something called Lhermitte's sign. It's often the very first kind of indication that somebody might have multiple sclerosis. I went to the student health services, which was then in Vanderbilt Hall. And I had a great doctor there who was very, very kind and had me take a cervical spine film. He thought, you know, maybe that's what the problem was. They didn't find anything, and so I basically just kind of learned to live with it.

But what happened that summer when I was taking the two inorganic chemistry semesters was that I'd be jogging along the Charles River, because I liked to be very physically active, and I didn't know where my legs were in space, and my legs would feel as if there were branding irons that had

been put into a flame and then heated to a high temperature and just pressed into my flesh. [05:00] You know, just these incredible feelings of heat sensations. You know, at that point, I was 24 years old. [laughs] I'd been really healthy and really vigorous all my life; I had no idea what was going on; I didn't know that taking inorganic chemistry was a pretty stressful thing, you know, two compressed semesters in one summer school block; I called my father, the pediatrician. I can't even remember what state he was living in at that point, but I think he was living in New Jersey. And I said, you know, "What should I do?" And he said, "Well, you know, maybe you should go to the emergency room." And Holyoke Center at that time still had a kind of little emergency room that they ran for Harvard undergraduate students and Harvard faculty.

So I went one sleepy summer afternoon, and I saw this sleepy kind of, probably moonlighting resident who was on call then, and I described the fact that I didn't know where my legs were in space and I felt like I had hot branding irons pressing into my flesh. I looked perfectly healthy, you know? I'm a five foot ten, you know, svelte - - at the time -- physical vigorous young woman. And he said, "Well, you know, there's nothing here that we can



really do. This doesn't sound like an emergency. Maybe you should see a neurologist."

So I didn't, you know, and the symptoms disappeared -- which is very characteristic, obviously, of relapsing-remitting MS. But over the course of that year, I would periodically, you know, have weird symptoms. They would come; they would go. And I would think, OK, you know, I'm under a lot of stress; this is really a scary thing for me, what I'm doing now; I have to focus; I'm, you know, working my butt off basically to do all these courses in this single year. And I got through the year and didn't go to see a doctor again.

I took the MCATS -- I did terribly in physics; I will not even mention that. But I did well enough otherwise that I thought, OK, maybe I can apply now to medical school. And I did, and I found a job in Boston during the year that I would have to wait, got into several medical schools, including my father's alma mater, Columbia Presbyterian Medical School. But I was amazed and shocked and just kind of -- I'm one of the people who said, "I got into Harvard? Really? How did that happen? Really, me? Did you

actually intend it to be me?" But I did, I got into Harvard.

And the summer before I started at Harvard Medical School, I decided I'd been working and I was going to give myself a treat. And so I had some (inaudible), I have no idea why, because I have no ancestry along these lines. I'm half-Italian and the rest of me is kind of a mutt, English and German and Dutch and whatever. But I somehow had fallen in love with Scotland. And so I decided I was going to take a hiking tour of Scotland. And so I left in mid-July. I was going to be over there for four weeks, just walking around. And so that's what I did. I walked the hills of Scotland. I never knew that, in fact, Scotland has the highest per person rate of MS, Shetland Islands, in fact, a place that I didn't go. But that was the last time that I ever was able to walk freely ever in my life.

I started at Harvard Medical School on September 8<sup>th</sup>, 1980 as I told you, Joan, 35 years ago. Two day ago, that was my 35<sup>th</sup> anniversary of starting HMS. And at that point, I started having symptoms that I just simply could no longer ignore. You know, I'd be walking along and I'd suddenly just walk into a car or walk into a tree. You know, these

were just -- I just obviously could no longer ignore these symptoms. So it was very stressful for me being in medical school, because obviously I was there with all these people who'd wanted to be doctors ever since they were five years old [laughs] and were so much smarter than me, of course. You know, and I was having to take biochemistry and remember the Krebs Cycle and, you know, all of this physiology. And oh my gosh, it was a terrifying time for me. But these things were also happening to my body that eventually I couldn't not pay attention to any longer.

And so, I made an appointment with a doctor named John Boyd, who was the neurologist staffing the student health services [10:00] at the Holyoke Center. And John Boyd is now a dear friend. We still go out to dinner periodically all these years later. And actually it's interesting because I'd learned so much from John about what it means to be a kind and caring doctor. He never once stood up when he was talking to me. He always would sit down and just be at my eye level, and just have very gentle conversations with me leading me to where I needed to go. And basically, the only appointment that I could get was on -- I believe it was the Thursday of final exam week in December. And I had taken five courses, including History

of Medicine, that I had not -- I had not studied for History of Medicine at all. And so, I -- gosh, but anyway -- and then Neuroanatomy was on the Friday. And so I just kind of -- I don't know how I did it, but I had that appointment with John that Thursday, the Neuroanatomy test on Friday, and the day before, you know, during the appointment with John, he said, "Look, you know, I can't tell for sure, but the way you describe your history -- you've got these symptoms and then you've got remissions; they go away; they come back; they go away -- this sounds like a classic history for multiple sclerosis." This had been going on now for four years or so; I was 26 by that point. And -- "But we can't tell. We need to do more studies, so why don't you come back in January and we'll do those studies?"

So I went home over the Christmas break with the phrase multiple sclerosis just kind of rotating around my head. You know, and at the time, the National MS Society had a big fundraising campaign, and the slogan was, "MS,crippler of young adults." You know, and I was present enough in the world -- you know, at that time, I did watch some television. I no longer watch commercial television, but I would see television ads, you know, for MS,crippler for

young adults -- of young adults, you know, donate money to the MS Society. I had no idea what the disease was. I'd never heard of it before really. And I tried kind of just not to think about it. It was kind of a stunning thing because, you know, MS,crippler of young adults. Am I going to be crippled? What does this mean for me?

So I came back -- at the time, Harvard Medical School had this one month period in January where the freshman took embryology, and so I came back for that -- and yeah, embryology, yeah, that was all we took -- and I came back and MRI scanners didn't exist at that point. So I had a CT scan to see whether I had a brain tumor. I didn't. I had various other studies about potentials. I had a spinal tap. And at the end of that month, I was diagnosed with MS.

Now, this was back in January of 1981. And it's very, very hard for young people, such as you, to understand that at that time, people were still pretty private about their health. You know, the notion of Oprah Winfrey and people talking publically about their health and their private lives and Facebook -- my God, Facebook? Revealing everything about yourself -- it simply wasn't really done,

you know, in kind of routine professional kind of school-type situations. You know, and especially for me, I mean, this was very private. I didn't want everybody to know about this. But somehow, you know, the administration at the medical school found out and the very first thing that they did was the reassigned my academic advisor. My academic advisor had been a physiologist, but they decided in their infinite wisdom, for some reason, that I needed to have a psychiatrist as my academic advisor. I don't know why that was, but they did. And so I dutifully made the appoint with the psychiatrist, and this was the first time that I realized that this new diagnosis is going to carry implications beyond my health; it's going to carry implications for how people are going to treat me and react to me, because I walked into the door of this doctor's office and the very, very first words out of his mouth were, [15:00] "I'm here to be your advisor, not your friend, so I will talk to you about your coursework, but don't expect any other support from me." Fine, I hadn't expected any support from him. I never went back to him.

But that was a rude awakening for me, because I had really thought I was joining a field where empathy and compassion and kindness were the keystones of the field. And to have

that be the very first reaction from somebody who'd been told obviously about my diagnosis and who the medical school, again, in its infinite wisdom had decided that I should be transferred to, was pretty shocking.

And so things went on from there. I can summarize it very quickly to say that I did graduate with my class in the four years that were allotted to me, but if you'd like, I can go into some of my experiences at Harvard Medical School. I guess that's a yes. [laughs]

ILACQUA: I think it would be helpful -- well, helpful's not the right word -- but I know in other interviews that you've mentioned people outright discouraging you from continuing and I'm wondering what that was like and what drove you to keep moving on. You seem like a very persistent person, if we're going to even look at the year of post-Bac science work that you did. You know, what motivated you in the face of --

IEZZONI: Well, you know, I was basically -- I feel kind of like, it's easy for me to talk about it now and sound remarkably calm and sound totally together. I was anything but. You know, I was -- I met the man who has now been my husband for 33 years, [laughter] yeah, during my first week at Harvard Medical School, and so that was a huge support.

He was a medical student at Harvard also, the year before me. His name is Riegers and he's an oncologist at the Beth Israel Deaconess and he was extremely supportive. And so that was very, very helpful. But basically, I -- this was the first time that I'd ever been to medical school. For everybody, it's the first time that you've ever been to medical school and it's the first time that I ever thought that my life was going to change in ways that were unpredictable. I mean, that was actually one of the things that John Boyd said to me, was kind of like, "We don't know now how your life is going to turn out because MS is such an unpredictable disease." And it is; it's hugely unpredictable, as I now know all these years later, because I know many people with MS now and I know people who've done really, really well and I know other people who've died from the disease. You do not know now what it's going to do for you, to you.

And so I'd struggled all this time to get into medical school; there I was; that's what I was going to do. I was just going to keep going and kind of hope for the best. But again, I was so challenged by the coursework and so on, because science -- you know, I'd been an anthropologist. [laughs] I'd taken Rocks for Jocks, you know. I'd taken



biology just for fun. This was not my natural terrain, and so the academic challenges were really kind of staggering to me.

So I will take a moment then to say that at the time, I was treated with high dose prednisones, steroids, for the flare that I had. I had the flare at the end of my first year where basically I couldn't walk. And I was admitted to -- at the time, Holyoke still had an inpatient unit, so I was admitted there and by that point, the fact that I had MS had gotten out to some people like a friend of my husband's roommate had found out about it, and so he came and stood by my bedside hold a gift for me, a big a huge box, and he said, "Well, I guess you've got a really serious disease." And I looked back at him and I said, "Yeah, I guess I do." [20:00] And he said, "Well here's a cheesecake." [laughs] So he handed me a cheesecake, you know.

And then my second year, I had some more flares. And at that point, John decided to switch me to ACTH, which is an injection drug, where I had to go to student health services every day a couple times a day to be injected. And I had to have my potassium monitored very carefully, because that can cause your potassium to really fall, which

can be life-threatening if your potassium falls to a dangerous level. And so I did that during the week. I was taking renal pathophysiology at the time and you know, the kidney is very involved in kind of electrolyte kind of metabolism and keeping all that kind of figured out. And you know, keeping the homeostasis of that kind of set. And that weekend -- at the end of my first week of taking the ACTH -- I was just incapacitated. I could barely lift my head from the pillow. I mean, I remember Rita and I had a Boston Symphony Orchestra concert that Saturday night that I somehow was able to drag myself to, but the rest of the weekend, I just could barely lift my head from the pillow, as I said.

And so, that Monday morning, I went into renal pathophys and somebody came into the room and said, you know, "Is Lisa Iezzoni here?" I was handed a slip of paper saying you need to get to the university health services urgently. Basically, a lab result had come back on Friday night, but the guy who's my primary care doctor at that point hadn't looked at it because he was going camping with his kids that weekend and he wanted to get out. He was at least honest to tell me that, and so I had such low potassium that I had U waves on my EKG. And they potassium repleted

me and somehow the head of the course found out about this and he asked me if I wanted to tell my classmates what it was like to be so hypokalemic that you would have U waves on my EKG. And I decided no, that that was actually not something that I wanted to do.

But the main thing that was coming up that was really scary was that starting in my third year, I would have to do clerkships. And this was way before the 80 hour work week. This was when it was a badge of honor to stay up all night, be with the residents, be with the interns as the medical student, up all night, you know, go to the 11 o'clock dinner that the cafeteria would have for you and basically brag about how many hours you went without sleep. It was just part of the initiation into the profession. And as you might know, MS is a fatiguing illness. And one of the things that John said to me was that you will not be able to do that. You just simply will not be able to take call. You will be able to be at the hospital for many hours, you know, 12 hours, 14 hours, maybe 16 hours, but you're going to have to come home every night and you're going to have to go to bed.

And so the question then became, who would tell each of the clerkship directors that I could not take call? Would it be the medical school administration or would it be me? And I made a mistake. I decided I wanted to be in charge of that. I wanted to be the one to tell the clerkship directors. And so my first clerkship was actually at McLean Hospital. And it was a psychiatry clerkship and we didn't really have call then, and so that wasn't going to be that big a deal. But I remember that they had facilities where they would see patients upstairs with no elevators. And so I remember one day trailing my attending physician up a flight of stairs where the patient was actually complaining about walking up the stairs; it was hard for her to walk up the stairs. And so I said to her -- because I was having trouble walking up the stairs too -- and I said to her, you know, "Oh my gosh, I understand how hard it is to walk up the stairs. You're almost there. You know, it's OK. I know it's a struggle, but we're almost there." And the attending, after I sat in during the patient visit, blasted me. When he had me alone, he said, "You should never, ever reach out to patients like that. You should never express sympathy to them like that." I will not name names, [25:00] but this physician

is now a national name among physicians of the United States. He's somebody whose name would be recognized. OK?

And again, you know, this was just absolutely shocking to me, that I should be told, as a third year medical student that I should not express sympathy to a student for having trouble -- to a patient for having trouble walking up stairs.

So then I do radiology, which was fine. That also didn't require call. But then medicine loomed in September of that year of 1982. And it was at one of the big Harvard teaching hospitals and I decided I was going to be the one to tell the clerkship director. Well, it was a bad idea because basically, I don't think they believed me. I don't think they believed that it really was a medical reason that I couldn't take call. The team would run upstairs as they were doing rounds, not take the elevators. By that point, my walking was such that I had to take the elevator. I just couldn't bound up the stairs. And so by the time I would get up on the elevator -- because at these big hospitals, these elevators are always as slow as molasses -- the team would already have finished at the patient's bedside and had moved on to the next patient.

I kept little index cards where I would write down every patient who'd worked up. You know, everyday I had to work up a patient and I kept little index cards. But you know, it was just really, really, really difficult. And at the middle of the clerkship, the clerkship director always kind of meets with his students to tell them how they're doing, and the clerkship director said, you know, "I'm going to need to meet with you, and this isn't going to be good." And he said, "There's some really big problems." And I knew that there had to be big problems, because I'd be sitting there writing on my little card, writing up the patient note in the record, and I'd look up and the chief resident would be kind of staring at me around the corner. And I'd look up and I'd say, "Hi Dr. So-and-so, can I help you?" And he'd say, "No. I'm just checking." And then he'd disappear.

And I found out later -- so, you know, the clerkship director had kind of told me this was going to be bad, and I'd spent -- and actually my attending physician that morning had told me that he didn't think I should pass the course. And so I'd spent the day kind of in stairwells in tears, in tears. And I met with the course director that

afternoon and he said, you know, again, "Your attending doesn't think you should pass the course. Because the attending says you've only worked up half of the patients that you should have worked up. Yes, we did have the chief resident check on you to see if you were doing your work, but, you know, tell me what's been happening." And I pulled out my little sheet of index cards. I had index cards for every single patient I'd worked up. I'd worked up the requisite number of patients, it's just that that attending physician refused to believe that I had.

And so you know, it was amazing. My intern on that service -- actually, I cannot tell you because that would reveal where I was doing this clerkship, but the intern has actually gone on also to be a nationally known physician, but known for a role in which this intern has shown tremendous compassion and kindness. And so that was my one person who really was my advocate. And he told me that the team had actually assigned me all the difficult patients, all the patients that they'd chosen psychiatric consults on, because they thought that I at least would have time to sit there and talk to all these really difficult patients. And so you know, I had been assigned all these difficult patients.

And then at one point, another physician who's gone on to become an international [laughs] -- this guy is an international name -- when I was newly assigned to him, he was a resident -- said to me, "OK, I understand you've got MS. I want you to tell me about how it affects your bladder. I want you to tell me now about how it affects your bowels." And I'm there at the nurses' station writing up my notes [30:00] and this resident is asking these incredibly private questions. What am I supposed to do? You know, I'm a third year medical student; I want him to rate me well. So I answered the questions and he said, "OK, now I think you need to go home. Here's \$20 to take a taxi." And he just handed me money and he said, "I want you to go out front and take a taxi home." You know, this is the kind -- these are the kind of situations that I encountered.

I -- you know, I'll just give you one more story from my third year, and that's surgery. You know, I did surgery actually at the Brigham and I'll mention that because at the time, John Manning was the Chair of the Department of Surgery, and he was having back problems. And he actually asked for a stool to sit on while he was operating. And so



I felt somewhat empowered to ask for, you know, a stool or something. Because I was expected to be in the OR, and I could hold finger retractors or something like that. But you know, so I felt empowered by that. But I found out once I started doing that, that the surgical interns and residents wouldn't talk to me. They literally would not talk to me, especially after a very, very famous surgeon there said to me during surgery while I was in the OR scrubbed in; he'd done the operation and he was in the process of closing and he said, you know, "Do you want my opinion about your medical career?" And what am I supposed to do? Again, I'm a third year student. Of course I want his opinion about my medical career. And he said, "You shouldn't have a medical career because you lack the quality that's most important in a doctor and that is 24/7 accessibility, availability. You won't be available all the time and so I think you should find some other career for you."

I did actually fall during my surgical correction and I broke the fifth metatarsal in my foot walking home. I just -- my leg just collapsed underneath of me. And that's when I had to start using a cane. And what was really interesting is that, once you start using a cane, the

surgical residents would start talking to me about their experiences with broken bones from skiing trips or whatever. [laughs] You know, so it was really, very, very weird. But that was kind of how my third year was ending.

And then towards the end of my third year, I went to one of these dinners that Harvard Medical School sponsored at the time at Vanderbilt Hall, back when it used to have eating facilities, the dining room there. Where in the living room, they would first serve cheese cubes and sherry, and then you'd all traipse down into -- you know, down the stairs into the dining room for the dinner. And they would have, you know, physicians there, attending physicians and leaders from the various hospitals. And so I sat at a table with a CEO of a very large Harvard academic medical center. And I decided that I was going to describe my situation to him and say, you know, how would your hospital feel about having an intern like me, where I maybe I would do it half time and it would take me six years to finish training rather than three years? And he paused and he kind of steepled his fingers and he said, "Well, there's too many doctors in the country right now for us to worry about training a handicapped physician. If that means that some people get left by the wayside, so be it."

Well, this was at a dinner table, you know, where there were other people sitting there listening. Actually, my husband was across the table, heard all of this. And so you know, that was how I started the summer of my fourth year, which is when all the students go and they talk to their internship advisors and they're preparing the letters that are going to go out with the internship applications.

And I was -- I just -- I still was going to try for an internship in Madison to become a primary care doctor maybe. And so I went to my internship advisor and he said, "You know, I'm not sure this is going to fly. And you really need to think about it." And so I did something that I actually feel that I can talk about now because I got his permission to talk about this story. There's a physician here at the MGH; his name was Charlie McCabe. [35:00] He had died; he died several years ago, but before he died, I asked his permission to tell this story. He didn't remember what had happened, but I certainly did.

Charlie McCabe had been about to be chief resident in surgery at the MGH when he was diagnosed with MS. And because of his MS, he was unable to go on and be chief

resident of surgery. He was unable to continue to operate. And -- but he did go on for an exemplary career as an educator, basically teaching generations of medical students in the emergency department here at the MGH. And there's actually a teaching award named after him because of how beloved he became. But I had heard -- I'd had an advisory who was a surgeon -- and I heard through the grapevine that there had been serious concerns about Charlie McCabe, about whether he could continue on, whether he -- because apparently he made a joke on entering the room when he was having oral exams to test him for surgery -- he had made a joke about tripping. And the committee had said afterwards, well, maybe he's got this inappropriate euphoria of MS, which actually is kind of amusing to me because I've actually had attending physicians -- at least one -- come up to me and say, "You always seem so cheerful, Lisa. Is that the inappropriate euphoria of MS?" [laughs] You know? Where do these people get their information?

But you know, obviously Charlie McCabe had overcome these incredible, you know, maybe private but lack of appreciation that he could continue in his job. And so I went to meet with him. I said, "Dr. McCabe, here's my story. Should I try to find another career other than

pushing to become a physician?" And he said, "Look, you know, if there's any other thing that you could do, you should try to do it, because they will never believe that you're competent, that you're capable, because of your MS." And so obviously, that's more a story about him than about me, because that must have been what he experienced, that he experienced so much kind of lack of belief that even with MS that he could go on to have the exemplary career that he did.

Meanwhile, the medical school had decided, in its wisdom, again, that it was not going to write me a letter for an internship. So even if I'd wanted to push, they were not going to support me. But what I was told by my advisor was that the medical school was going to pass the hat to department chairs of medicine at the various Harvard-affiliated institutions and see whether they could donations to create a salaried position for me that would not be board-eligible. So even if I did this training, I would not be able to sit for the boards. And they had done that, and they'd come up with a salary of \$3,000 a year. And at that time, the starting salary for an intern was \$26,000 and you couldn't actually live on \$3,000 a year.

And so I've learned from lawyers ever since then that what that was is a technique called constructive dismissal, where basically, the entity doesn't outright fire you, but they make your life so miserable that you voluntarily go away. And so that's what I did. I basically didn't push to go on for training. And Reeve completely supported me in that because he understood also what Charlie McCabe had said, that I would face just incredible hostility. Remember again the 80-hour workweek had not yet come, and so it just would have been almost nightmarish for me.

So that was the end of my medical career. I never practiced a day, never became a licensed physician. But I had this School of Public Health training and I had to find a job. So I went and I tried to find a job, and one of the first people who I interviewed -- if I say too much about who this individual is, he would be readily identifiable so I won't say who he is, but let me just say that he had a very important role at the medical school at the time. And [40:00] he said to me, "I have three choices: I could either not hire you because I don't want to deal with your MS, or I could hire you because I feel sorry for you because of your MS, or I could look at your CV and see whether you're qualified for the job." Well, he offered me

the job and I didn't want to work with this person, so I turned it down.

Another person who's similarly a very prominent person at Harvard Medical School who would be identifiable if I told you more about this person said, "I could offer you a job, but I would only pay you half a salary because I'm sure that you wouldn't work 80 hours and I would expect 80 hours of work." Well Joan, in fact, I'll just tell you something anticipating -- I still work probably 60 hours a week and certainly for the first 20 years of my career, I was working 80 hours a week, so you know, not at an institution; I would work at home a lot. But you know, the fact that people would say something like that to me and offer half a salary, so no, that -- I'm not going to work someplace for half a salary when I know I would be working those 80 hours.

And so the way that I finally got a job was that Howard Hiatt, who'd been the Dean at the Harvard School of Public Health when I was there had remembered me and had met with me periodically. And he picked up the phone and he called somebody at BU and asked if they would hire me. And they did; they hired me as a research assistant. Now, by that

time, I think I was still using one cane -- or was I using two canes? By that time, I was using two canes. And during my first week at work, that person asked me -- if you can believe it -- to go bring him a cup of coffee. [laughs] You know? So OK, so sexism was alive and well then too. You know, and I just kind of looked at this guy, you know, OK, I'm using two canes here. Tell me what's wrong with this picture besides the sexism bit. But from this point forward, you know, was when I began to kind of regain my footing, oddly enough.

But during medical school, one of the things that I had been taught was, you've got this incurable disease; we really don't know what to do with you or for you, and so, best not to talk about it. Just don't talk about it. So for 12 years, you know, I went from one cane to two canes. I went to starting to use a scooter wheelchair. I graduated from HMS in '84, I started to use a scooter wheelchair in '88. I didn't talk to anybody publically about this at all. I was, you know -- mum's the word. Nothing. I think Oprah had probably started coming on the air by the time I started talking about this.



But at BU I was very, very lucky because I entered a research group that had a contract with what was then called HCFA, Health Care Financing Administration, which is now CMS, Centers for Medicare/Medicaid Services, so it was a very exciting health policy time when they were just newly implementing DRGs, diagnosis-related groups for hospital payment. There were lots of questions about the implications for fairness of payment and quality of care. I also started a relationship then with a statistician where we developed the risk-adjustment method that CMS now uses to send capitated payments for their manage care programs. That work started back in July of 1984.

And so I was just able to do all of this really great work and really be able to have credit for it that allowed me to get recognized and be viewed as somebody who actually had some merit. You know, before, as a medical student -- which frankly, I remember my medical school days in shades of gray. You know, it was just really a time of just gritting my teeth and getting through. But you know, I just started to get recognized for what I was doing and was recruited back to Harvard in 1990.

And it was very interesting because once back at Harvard, I ran into a lot of the people who treated me in such a very kind of, let's just say problematic way back when I was a medical school student. And it was not obvious that any of them recognized this, with one exception. The attending physician from my medicine clerkship, [45:00] who had asserted that I hadn't written up all of my -- hadn't worked up all of these patients and had wanted to fail me actually had me come meet with him to say that his behavior during that time had haunted him since then and he wanted to apologize to me for that. That was the only recognition I ever got from anybody from all of those years that anything was wrong.

But you know something? The Americans with Disabilities Act was signed on July 26<sup>th</sup>, 1990. The world was going to transform. You know, all of a sudden now, people with disabilities had civil rights. And what happened to me back then could not possibly happen to a Harvard medical student now, with one exception. And that is that I do still think that there will always be suspicions about competence and capabilities if you can't walk, if you use a wheelchair.

Maybe there will be some exceptions to that, especially if the person happens to be a Paralympic athlete, like my dear friend Cheri Blauwet, you know, who's here at Harvard and is wonderful, you know, and is still hugely respected. But the average person, somebody like me, especially if you have a condition like MS where people have all these kind of assumptions about, you know, inappropriate euphoria, or how does this affect your mental health, or your mental well-being. And certainly yes, there are people who have mental capacities affected by MS, but not everybody does.

You know, and so I sometimes now wonder, given that it is 35 years after, again, my first day of starting in Harvard Medical School, whether -- if the officials that were there at the time knew that 35 years later, here I would be, still kicking and still working away, whether their attitudes might have been different. I'm not sure, but it's something that I do sometimes wonder about.

ILACQUA: [clears throat] Excuse me. So we're a little over time, and really you've answered most of the questions that I was going to ask you in the course of telling your story. So really my final question here is, you know, is there anything else that you'd like to add to the story? Are there any other questions that I didn't ask that you think

I should have that would come into understanding what your experience has been like over these past 35 years? And if you would just say what your position is now, because --

IEZZONI: Yeah, yeah. I'm a professor of medicine. I became a professor of medicine at Harvard Medical School in 1998. I was actually the first woman ever appointed as professor in the history of the Beth Israel Deaconess Hospitals, which by that emerged, but the Beth Israel had never had a woman professor of medicine before and so that's the result of all the work that I'd done at BU in the health policy work that I'd done. I was able to get a reputation and rise to that lofty rank.

I mean, I just think that making no assumptions about somebody with a disability, treating them like anybody else who you'd get to know -- everybody has strengths and weaknesses; we're just like everybody else. I've got my weaknesses too; trust me on that. That just making no assumptions but getting to know people as individuals and recognizing that disabilities have the same hopes and aspirations and goals in life as other people do. And I still think that that's a work in progress, even though it's now 25 years after the signing of the ADA, there's still stigmatization of society, especially around serious

mental illness, around, you know, excess weight. Obesity is still a highly stigmatized condition that can be very disabling. You know, there's still people stigmatize people who can't hear and so I think that it's still kind of a societal work in progress, recognizing the contributions that people with disabilities can make. I mean, we're not always all going to be a Stephen Hawking, but you know, we still are here making our contributions.

ILACQUA: Wonderful, and I just want to say thank you so much for having me here today and for being part of this interview.

IEZZONI: You're very welcome.

END OF AUDIO