

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

Interview with Risa Lavizzo-Mourey | 2 May 2016

JOAN ILACQUA: [00:00] So they said. I am recording this interview today. I hit record already so that I don't have to fumble with the recorder, but I'd like to ask your permission, from this point forward, to record you.

RISA LAVIZZO-MOUREY: Yes, you have my permission.

JI: Excellent. Thank you. And for the recording, my name is Joan Ilacqua. I am the archivist for Women in Medicine at the Harvard Medical School, working on this project to collect the stories of diversity and inclusion at the medical school and talking to Dr. Risa Lavizzo-Mourey. Today's May 2nd, we're doing a phone interview. So my first question for you, Dr. Lavizzo-Mourey, is very broad. Could you tell me about yourself, where you grew up and what the role of medicine was in your early life?

RLM: Okay. Well, I was born in Nashville, Tennessee to two physicians. My mother was pediatrician, my father was a surgeon. And grew up in Seattle. They moved to Seattle when I was two. Having spent a year in Seattle during my

father's surgical residency and seeing that Seattle was in a lot of ways a freer place to raise a family than Nashville was in the early '50s. So my family was part of the great migration, as it's often referred to, of African Americans from the South to the West and the North. So I grew up in a neighborhood in Seattle that was very inquisitive in the sense that there were people of various socioeconomic strata and professions, all living in close proximity and medicine was very much a part of my life.

My parents were in private practice, which meant in those, those days that there were plenty of times when they got called to hospital -- during, after hours and my brother and I would get loaded into the car with them and we'd go off to the hospital and be entertained (laughs) by various hospital personnel while parents took care of whatever they needed to in the emergency room or on the hospital floor. So I grew up really wanting to be a doctor from the time I was, you know, my earliest stages and really decided in earnest to pursue that sometime in junior high school and the process of going to medical school, as most people know, pretty much consumes the road that you're going to take in college is that if you decided at an early age, and

so I actually applied to Harvard Medical School after my third year of college, because I was so intent on getting an early start on this and was, was thrilled when I got admitted and actually found the cohort of people that I came to call my friends and in my first year of medical school really, among the people that were, I found to be most like me, you know, they were all serious about medicine and had pursued it, most of them, from a very early age.

JJ: Wonderful. And was there anything that drew you physically to Harvard Medical School or to Boston?

RLM: I was drawn to Harvard because it, because of the status and really appreciating that there would be doors opened as a result of going to Harvard Medical School that wouldn't be opened otherwise and -- and particularly as an African American woman, my parents had always taught me that going to the best schools was what you should strive to do.

JJ: Wonderful. And so you had mentioned when you arrived on campus, [05:00] you know, you fell into a cohort of likeminded people, very engaged and -- interested and dedicated to medicine. Were there any groups or clubs you were involved with on campus? I'm trying to set the scene -- if I have done my research correctly, you graduated in

1979 from HMS and there was a lot of strife around African American students and affirmative action at that time. Did that affect your medical education?

RLM: It did. So my -- I went to the University of Washington for a year and then I transferred to SUNY Stony Brook after that. My intention had been to go to Yale, but my father died right before I was to matriculate, so I stayed in Seattle, went to the University of Washington and met my husband, transferred to Stony Brook with him and then we later married, but I tell you all of this because the environment that I was in, in both of those large universities was one where there were very few African American people in pre-med programs. So I was always kind of a loner in that way and particularly at Stony Brook I -- you know, I was in discussions in actually a class that was taught by Jack Geiger, a very well known journalist who's been a tremendous advocate for improving health in underserved communities. He taught a course on healthcare delivery and I can remember being very uncomfortable at one point in that, in that course because the discussion turned to affirmative action and the ways in which it was unfair. And since I was the only person of color in the room,

people sort of turned their gaze to me, as someone who was clearly getting something that was not my due.

But what they didn't realize, because -- that I knew exactly where I stood relative to everyone else who was applying to medical school, because at Stony Brook the pre-med office ranked us and that ranking was posted on the outside of the counselor's door, the pre-med counselor's door -- by Social Security number, not by, not by name, which is interesting again, because now of course, we'd never put people's Social Security numbers up, but they did and so I knew exactly where I stood and I knew that I was the, I had the highest ranking of anybody who was applying to medical school. And yet the discussion in that class was presumed that I, you know, was going to get something that wasn't, that I had not earned. So it affected me in the sense of -- you know, a certain amount of hurt and indignation, that this was the assumption. And then when we actually, you know, got to the medical school -- you know, I mentioned I had grown up in Seattle and it was a pretty progressive place.

I really had not experienced racism as it was in Boston at that time. There was a lot of intense demonstrations about desegregating the school, the public schools and in Boston at that time, people may remember a very famous or infamous picture of a person being sought after almost to, as if to entail them with the tip of an American flag poles, you know, pole -- on the courthouse steps and it was really the first time that I had ever been denied something because of race. I mean, we went to rent an apartment and as soon as the landlord saw me [10:00] he said, "It's rented," so that's the backdrop against, against which coming to the medical school as a person of color, you know, what we found when we got there.

So it was not a hospitable place and yet because I had always been in an environment where there were very few African Americans pursuing a pre-med degree in these large upstate schools, being with, you know, a group of African American students and particularly women who were interested in and as passionate about medicine and its ability to change the lives of people, was really wonderful and so we kind of created a little protection for ourselves and against this, you know, at times hostile environment.

JJ: Great. And you actually answered my question before I was going to ask it about support systems on campus and it sounds like you found support within the other students in group or in your cohort, in your school. Did you have any mentors or supporters at HMS? And then I know that you went on to Brigham and Women's. You know, was the administrative environment any better than the city environment for you?

RLM: Well, [Al Poussant?] was a tremendous resource for us. He was always available and so I would say he was probably the best resource that I, and strength. I can remember having lunch with him and a group of other students in Vanderbilt Hall, things like that. Just he went out of his way to, to make us feel welcome and to have us know that if we ever needed anything, his door was open. It was a, you know, if you've gone back and looked at some of the things that happened during that time, this was a, there was a point at which there was a lot of demonstration within the medical school because a professor published an article in the *New England Journal of Medicine* again, speaking about the -- the ways in which affirmative action was wrong. I'll say it that strongly.

At one point in the article said that there were students being admitted to medical school who were not competent to go to medical school and were going to leave a swath of death in their path. And I can still remember that to this day, that that was published in the *New England Journal of Medicine* that people like me would leave a swath of death in their path. So -- there were ways in which the medical school clearly tried to compensate for the -- inhospitable environment within the city and then there were ways in which clearly they were not able to do that.

JI: Mm-hmm. After medical school, as I said, from my research, I understand that you went onto Brigham and Women's and then you went to Philadelphia. Correct?

RLM: Correct.

JI: And could you tell me a bit about your experience here has influenced what you've gone onto do and you've gone onto do, we haven't mentioned it in the interview, but anyone who looks you up knows that you've gone onto do tremendous thing. Again, could you tell me a bit about, you know, what you did after or maybe what your experience here, how that affected it -- if there were any catalysts that caused you to take a certain path in your later career after HMS?

RLM: Well, when I reflect on my career, which has clearly been at the interface of clinical medicine, [15:00] what we now refer to as "population health" and "population health research" and business, a lot of it got started in my freshman year of college when I took a survey course in public health, but then it was reinforced at HMS because there were a number of community outreach activities that were available to medical students in our first year, that mostly involved families and others in the Roxboro area, Roxbury area.

So I was, have always been interested in understanding the factors that lead some people to be able to be healthier, to use the choices that they have to become healthier and try to understand the choices that so many don't have that prevent them from being as healthy as they could be. And that was fueled and nurtured while I was at HMS. At the Brigham I had a pretty traditional internal medicine training, but I was in the primary care track, so it was always connecting to the aspects of, you know, the upstream social determinants that so affect a person's care, but it wasn't a part of the curriculum at that point and when we moved to Philadelphia and I became a Robert Wood Johnson

Foundation clinical scholar, it was with the intent of understanding some of the other factors that I could learn about some social science and through an MBA that gave me a perspective on markets and financing and the healthcare system, but all of that was really geared, in my mind, to understanding the factors that led some people to be able to be much healthier than others.

And that's really been the thread in my career. When I was at Penn as a professor, my primary care practice was making house calls, so I saw firsthand how, where people lived affected their ability to regain health or maintain health and that is one of the main reasons that I've been so intrigued with the role that community and policy plays in factors that we typically think of as just being individual behavior, like obesity. The foundation has had a tremendous focus on trying to reverse the epidemic of childhood obesity and in doing that we've tended to focus on the factors that influence whether a child environment is a healthy environment or one that makes it very difficult for them to have a healthy weight.

JJ: Wonderful. And so I have you for just another moment, really, before we have to close this interview and so my

last question is, are there any other thoughts or memories or stories that you feel would be important to record that you feel would let us understand a bit more about you and your, your paths behind HMS and the other work that you've gone onto do with the Robert Wood Johnson Foundation.

RLM: You know, actually there -- I was just recalling a particularly important group that was formed when I was in my, I think my second year at HMS and this was a group of students, of women students who came together and began to seek out faculty, women faculty, at the affiliated hospitals and within the, within the medical school itself -- but there really were not very many women professors that we had in [20:00] those first two years and there were only a handful, really, in the, among the clinical faculty. But that, our class I think was one of the first ones that, that had a substantial number of women. I'm guessing now, but it was either, it may have been close to 30 percent, somewhere between 25 and 30 percent.

We have to check that number, but it was a substantial number and we began meeting informally over lunch and, and just talking to other women faculty about what it was like to be on the faculty, what their career trajectories had

been and I would say that while I was remiss in not staying in touch with some of those faculty members, those conversations very much influenced my interest in having an academic career and in understanding some of the challenges and the opportunities that would be associated with an academic career in medicine.

JJ: Wonderful. I wonder if I can do some more research and figure out what the name of that group was. If it was -- because we're coming up on, I think it's 70 years of women students at HMS this past year and a joint committee on the status of women might be coming up on 40 years, I'm not entirely sure, but that's really a faculty and staff group.

RLM: Yeah. To be honest, I don't think we had a name at that point. But I -- and my recollections are pretty fuzzy except that we tended to have lunch on the lawn and it was very informal. So I for one would be interested in what research you come up with and I'm sure that other women in my cohort would, would have some memories of it.

JJ: Wonderful. Well, I'll be sure to share it with you, as I start to do a little historical digging. It looks like we're just at time now and I don't want to hold you. So I'd like to take a moment to just thank you so much for speaking with me today.

RLM: My pleasure.

JI: And it was really a pleasure talking with you and I'm sure I could have kept you here for hours, (laughs) if we had the time.

RLM: Well, this is an important activity and so much -- I'm sure there's going to be a tremendous, rich context that'll come out of this, so I applaud Harvard for doing it. It'll enrich us all.

JI: Wonderful. Thank you. And -- I will be in contact with the release and the transcript once it is ready.

RLM: Okay, great. Take good care. Thank you.

JI: You, too. Thank you.

RLM: Bye-bye.

JI: Bye.

[23:09]

END OF AUDIO FILE