

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

Interview with Harold May

Part 1 of 2 | April 9, 2015

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JOAN ILACQUA: [00:00:00] Hello. Today is April 9th, 2015. This is Joan Ilacqua. And I'm here at the home of Dr. Harold May in Newton, Massachusetts. We are recording an interview for the Center for the History of Medicine. Dr. May, do we have your permission to record this interview?

HAROLD MAY: You do. Yes.

ILACQUA: Excellent. Thank you for inviting us here today. So my first question is if you could please just tell me about yourself. Where did you grow up? When were you born?

MAY: Well, I was born in Peekskill, New York on August 19th, 1926. My father was a minister in a small church in Peekskill, the African American Episcopal Zion Church. It's the AME Zion Church. It's African Methodist Episcopal Zion Church. And my mother was the church organist, but she had been a teacher before that in Jamaica. They had both been born in Jamaica. But I was born as the fourth child, along with my twin brother, on August 19th, 1926. We

were there in Peekskill for six years and then moved to Middletown, New York. Methodist ministers moved every few years, and so that was not unusual. What I didn't realize until later years is that those were the years just before the Depression. That was 1926. The Depression was in 1931. We were poor, but we didn't know we were poor. We were just in a small town. Now of course I didn't know much what was going on in Peekskill. But in Middletown I was very aware because by that time I was six years old. And with my father as the minister of this small church, but a larger church than the one in Peekskill, and the community of Middletown was larger than Peekskill, but those -- we were there for six years -- those were the Depression years. As I say, we were poor but we felt rich, because we would -- to go to get milk for example we'd go to a farm outside of town for I think it was five cents a gallon of milk. Now one thing that I think is really very important to know about my father and my mother. I have always been blessed that I had my father as my father and my mother as my mother, because I think in retrospect they had a wonderful contribution to make. My father being a very gentle, good person who personified what I think a minister of the gospel should be. And my mother was the entrepreneur of the family, but she was just as devoted to

her faith as my father was. And they were very very close to each of us. My older sister Gloria was two years older than Herb and me. And then Art was one year older than I. So they really made sure that we understood the value of an education. But even more than an education was just what it takes to be a good person, just in society. Just what is our -- what are we here for anyway? [00:05:00] Our faith really guided -- it guided who they were, and they modeled that for us. So I forever will be grateful to them for that modeling that they did for us.

ILACQUA: And so you said that your father was a minister, your mother was a teacher. And did they also instill value in education in addition to this value in service and being a good person? And did that come around to -- did that come in mind for you when you were considering medicine as a career?

MAY: Absolutely. We just had habits of life. We all had responsibilities within the home. As I say, we were poor but we didn't know it. My mother gave piano lessons, and as I say my father was the minister, but we all had responsibilities within the house -- within our home. And they made sure also that we were very disciplined in our studies and we understood the importance of the education.

And so all of these factors just entered into who I am and who I have been in my life ever since.

ILACQUA: That's wonderful. So you grew up during the Depression. But you were also coming of age during World War II. And in 1941 Pearl Harbor -- the attack on Pearl Harbor occurs. Did you see that as a catalyst or turning point to your plans for life or your plans as you grew up?

MAY: Well, actually it was a turning point. But you see, by that time we had moved to Poughkeepsie, New York. And that was a larger church. But December 7th, 1941 was a turning point for my life and the life of every boy in our nation because we knew that we were going to be at war. We were at war. And we knew that that had an impact on us, a direct impact. We were going to be in the service in one way or serving or another. And we knew that we might live, we might not live. It was that serious. But I don't want to paint a picture of darkness. It was more a picture of energy that we all were engaged, deeply engaged, everybody. Those who were of service age and those who were older, we had rationing of food and gas, and my mother took courses in first aid. And my father helped in the city. We had blackouts in the city to learn how to just -- we were assuming that at some point there may be bombs and we would have to -- the sirens would go off at night, and when the

sirens went off at night we knew that we'd have to black out. We didn't have to turn out all the lights, but we had to have dark shades so that no light could escape.

[00:10:00] In other words, everybody was engaged. But for boys it was different. Now girls -- well, they served. Many of them took first aid. But for the boys, our high school class accelerated so that we would -- instead of having a semester or two terms a year, there would be three terms a year. That way we would be able to go to college early. And college had the same thing. Instead of having two semesters we had three semesters. And so by the time I graduated from Poughkeepsie High School in 1944, that was in January, of all months to graduate from high school, I stayed at school with two of my friends who were doing the same thing that I was doing. We graduated from high school in January but then I entered Harvard College in March of 1944. And I entered an accelerated program. So yes, the war had a tremendous impact on all of life in those days.

ILACQUA: And so you enter Harvard College in March of 1944.

And from what I understand, you didn't finish your college education immediately. You had a break where you enlisted in the armed forces.

MAY: That's right. You see, I had always wanted to fly. I knew since I volunteered to go into the army -- I could wait

until I was 18 and then be drafted. Or I could volunteer before that and choose the service that I wanted to be in. Well, I chose to go to the air corps. And so after I had had two terms at Harvard College I volunteered to enter the -- well, I couldn't volunteer to enter the air corps immediately. I had to enlist as a private. And then there were a huge series of tests that I had to go through in order to go take the track that would lead to the air corps, to go to Tuskegee.

ILACQUA: And I don't want to say, "How did you end up at Tuskegee?", but you went to Tuskegee. And do you think that prejudice impeded your plans of flying? Was there a reason why Tuskegee was the place that you went?

MAY: Well, you see, Tuskegee was the only place I could go, because I'm African American. We called ourselves colored then. We didn't call ourselves black. We didn't even call ourselves African American. We called ourselves colored at that time. But the only place any young man who was going into the air corps to fly could do that was Tuskegee because of prejudice. We haven't talked about prejudice up to now. But in my community, you see, I was born as I say in Peekskill and then I was in Middletown and then Poughkeepsie, all in the North. And I felt I was an American boy. Yes, I was colored. But I didn't feel any

prejudice myself. [00:15:00] I felt fully accepted by everyone throughout my high school years and my college years. Except if I can go back to the going to Harvard. Very subtle prejudice caused me to be roomed with another African American. There was -- at Harvard there was no overt prejudice at all. We were fully accepted. But we had to meet the same mark as anyone else. I mean we got no preference at all in getting into Harvard. And so we would know. Actually we didn't realize it at the time. But let me just say this. I was rooming with Clifton Wharton, Cliff -- I call him Cliff -- because we were both colored, we were both African American. But Cliff in later years became the president of Michigan State University, the chancellor of the Universities of New York, the president of the TIAA/CREF Insurance for the nation, and then the deputy secretary of state for the United States. So that was a great privilege actually to be a roommate of this young -- this person who was so extraordinary. So we were blessed. And we had other African American friends who were really wonderful people and great friends. But each of us though felt fully accepted. The term then was integration. But you asked me about Tuskegee. We were going to Tuskegee because of segregation, overt segregation. Blacks did not enter the army together. The

blacks were with blacks and whites were with whites. And the same was true in the air corps. But what a privilege that was to be with -- these were young men from all parts of the country, all of them there at Tuskegee. And I would have to make sure that it's understood that I did not fly in combat. But I did -- when I was halfway through my training in Tuskegee the war ended. And so I had the option of either staying in the air corps, finishing my training. But if I did I'd have to stay in two years extra. I chose instead to go back to Harvard.

ILACQUA: And so you came back to Harvard. And I'm curious what you studied there. Why did you make that decision to not stay in the air corps?

MAY: Well, I had always wanted to fly. But I could -- I did that, I accomplished what I had wanted. And so I could fly any time I wanted to. I didn't have to dream about that anymore. So I felt -- before going to Tuskegee I have to say that when looking into the future for myself, I didn't just see medicine. I saw flying was something I was very serious about. [00:20:00] My hobby all through my childhood was flying model -- building and flying model airplanes. But once I had accomplished that, then I knew I could move on to this other option. And it seemed that medicine was clearly it. I was inspired by Albert

Schweitzer and his example. I loved music, which Albert Schweitzer of course loved. Now he was Albert Schweitzer and he could do with music what I couldn't do. But I loved music. And he was -- by the time he became a doctor he was also -- he had also gotten a ministerial degree. That was before he chose to become a doctor and go to Africa. But still though I was inspired by him. I think the thing that attracted me to him a lot was we only have this one life. And I wanted to make the most of it. And I felt that of all the people I knew of, he came closest to really making the most of it and just music, the ministry, and medicine, and service of mankind. And so I thought well, I would like to be like that.

ILACQUA: That's wonderful. So did you study a premedical course? Were you a science major? Had you continued your education at Harvard College with Harvard Medical School in mind? Could you tell me a bit about that process between finishing your undergraduate degree and moving to medical school?

MAY: Yes. By the time I went back to med school, I was singular in purpose in terms of medicine. I knew clearly I'm a premed, clearly I'm preparing to be a doctor, and so I took science courses. I took chemistry for example and biochemistry and most -- I focused on that. But I took

general studies also. And as a matter of fact I've found that some of the courses that have been most meaningful to me have been courses in fine arts. Architecture and fine arts and music. Just in terms of appreciation of beauty of music, of art. And even architecture. So I think it would be a mistake to focus only on the sciences if we're going into medicine. For me. For me. I didn't want to be just a doctor with a narrow kind of vision as to what life was all about. I wanted it to be bigger than that. And so all -- in terms of my college preparation I sort of went about it from that point of view. And I also always thought I want to have a family someday, and I want to be a father and a husband and a doctor. I didn't want to be just a doctor. I wanted to be a good doctor. But I wanted to be all these other things too.

ILACQUA: That's also a really wonderful way of looking at it, as the whole package. [00:25:00] And studying the liberal arts and humanities in addition to science. And that's something that comes up when people talk about compassionate care and doctors now, is making sure that you're looking at other aspects of life to bring that into your own care. And it's wonderful that you were doing that 70 years before people were talking about it now, or 60 years, my math might be a little off. So you finished your

degree at Harvard College. You stayed in Boston to study at Harvard Medical School. Did something draw you to staying in the Boston-Cambridge area or --

MAY: Harvard Medical School attracted me. Oh yeah, I certainly couldn't -- I didn't feel I could do better than being at Harvard Med School.

ILACQUA: And so you begin Harvard Medical School in 1947. And we talked about this before. You were one of two African American students in your class. And I'm wondering if you could tell me about that experience of being there.

MAY: Well, I loved medical school. And in terms of my race, that was a nonfactor actually. I mean I was there and my fellow classmate was there. But here I had always been so curious about how the body works. I was fascinated with anatomy. Just the structure of the body, just doing dissecting and seeing what's under the skin and then following nerves and arteries and muscles. And then learning about the physiology and biochemistry. I loved this. It just answered so many questions. It was just sort of tools to put in the tool kit for life. Now I knew that my mission actually was to be able to apply this to people. I just wanted to be able to be in a position that I could help people. And I couldn't see any way of preparing for life that would be more exciting than that.

ILACQUA: And I have a few other questions about medical school for you. But one of them is that -- well, let's see.

Well, the first one could be you earn an award in 1951 while you're at medical school. And it's the --

MAY: Maimonides Award.

ILACQUA: Maimonides. I want to pronounce that the completely wrong way, but you win the Maimonides Award. Could you tell me about what that award was, why you --

MAY: It was the -- at graduation in 1951 it was -- it's worthiness of character. I don't know why I won that. But one of the reasons may be that during medical school I noticed at the end of my first year when I was starting my second year of medical school I could no longer sit in the back of a lecture hall and see the blackboard. I thought well, I need glasses. So I went to an ophthalmologist and he tried glasses and he finally was exasperated. And he said, "I can't fit you with glasses." It turns out that I had keratoconus, a conical cornea, with both eyes. And he said that this could only be corrected with contact lenses, which were very -- I'm sure they were new then. [00:30:00] They were big lenses, hard lenses, not soft lenses. So it turns out that it was only with those contact lenses that the vision could be completely corrected. Well, I didn't use them in medical school. I found that if I squinted I

could see better. So I squinted. But the thing that it did though was it had an influence on what specialty I felt I could go into after graduation. Initially I'd thought I wanted to be a surgeon. But with the eye problem I knew I can't do that. So I'll go into medicine. So that kind of realization came to me actually mostly in the last year of medical school. The vision wasn't bad. It was not excellent but it wasn't bad. I was able to drive a car for example. I had an old Plymouth car that my mother and father bought for me for \$100 while I was in medical school because I did have scholarships for college and for medical school, but I had to work also. And my job in medical school was to live and work at the VA Center Soldiers' Home in Chelsea. And so as I say I don't know why I got the Maimonides Award. But it may be that -- I don't know. I guess you'd have to ask them why I got it.

ILACQUA: Oh, it's OK not to know. But it sounds like you were doing -- I mean a medical school curriculum is rigorous to begin with. But to work at the same time and live in Chelsea and then to be dealing with your own medical problem, that's a lot to be doing all at the same time. So it sounds like it was a busy few years for you. But you finish medical school. And then do you begin a residency after that? Is that the next step in your career?

MAY: Right. Yeah.

ILACQUA: Had you been thinking about -- you mentioned you'd been thinking about surgery. And then you were thinking about practicing medicine. What happens next? How does it start to play out for you?

MAY: Well, what happened is it was clear that I couldn't go into surgery. So I had to -- so I selected medical residencies or internships. I shouldn't say I selected. I applied for medical internships. And I applied here, I applied in Boston, and Minnesota, and two or three other places. Now here is where prejudice does come in, because I was not accepted at Mass General or the Brigham. They had never had any black interns. But I was accepted at the University of Minnesota Hospital. So I was very pleased to go there. And I had a good year of medical internship at the University of Minnesota Hospital. [00:35:00] For my first year of medical residency I elected to return to Boston to the Boston City Hospital, the Harvard Service. They had three services: the Harvard, Tufts, and BU Services, at the Boston Medical Center. It was called the Boston City Hospital then. And so I was given a medical residency, first year residency, at the Harvard Service at the Boston Medical Center. Now for two months of that medical residency I was -- I became the medical resident at

Faulkner Hospital. And there I became the medical consultant on the surgical service for patients who were going to be going to surgery. They needed to have a medical evaluation just to make sure that they're OK. Well, I did something that most medical residents didn't do. I said, "I'd like to be in on the surgery." And so I did. And as I was there I said, "You know what? I'm a surgeon." And so I applied for the surgical residency at Mass General Hospital for the next year. And the reason for that is by that time I knew that I was really preparing to be a missionary. Now there's something that I have neglected to speak about that turns out to be important. And that is when I started my medical internship in Minnesota I used my contact lenses for the first time. I never -- I had gotten them but I never used them, because I found it was hard. I would have to get up early and put them in. And my eyes go through an inflammatory response for an hour. And then it would settle down. Well, I didn't do that in medical school. But I had to do it in my residency because by that time it was important that I see clearly what I was doing. And in doing that I knew medicine was all that I seemed to be able to do. That was the case for the internship, and it was the case for the first part of the surgical -- of the medical residency at

Boston City Hospital. But when I was at the Faulkner Hospital all of a sudden it came to me, wait a minute -- as I mentioned before -- I have to go into surgery. Another reason for going into surgery was I thought you know what, I'm going to be going to Africa or India. I thought America has plenty of doctors. And so I'm going to be a missionary. Remember, Schweitzer was my model. So I'll be going to either Africa or India. And there I'll probably be the only doctor, so I'll have to do everything. I'll have to be the internist and surgeon. [00:40:00] And so I'll need to have the surgery anyway. And I thought that I should probably get pediatrics too. So instead of getting five years of internal medicine or five years of surgery, I would get two and a half years of surgery. Or two and a half years of -- no. Two years of medicine, two years of surgery, and then pediatrics and obstetrics. So I applied for the surgical internship at Mass General to start in July of 1953.

ILACQUA: Did they accept you? Did you go? What did you do?

(laughter)

MAY: OK. Well, what happened is I got in. And that was the first black intern of Mass General or any of those hospitals. Dr. Churchill was a wonderful chief of surgery. And he was a statesman, a medical statesman. I think he

felt he had a mission, and I guess that was part of it. Just to break the bars of discrimination against us. And so he welcomed me there. And so I was there for two and a half years in my surgical residency -- internship and residency at Mass General Hospital. But then in December of that year, my eyes started to give trouble. I did mention that when I went to Minnesota I started to use my contact lenses. Now every day had to start out with my putting -- I had to get up early, put in the contact lens, let it go through the inflammatory reaction, and let the reaction subside. Then I was all ready to go for the day. Well, that was OK for medicine, but with surgery sometimes I'd be up for 24 hours. I wouldn't be able to take the lenses out at night. And so that caught up with me in December of 1955. And I got corneal ulcers on both eyes. Started with one, and then with the other. So I had to take the contact lens out. And I wore an eye patch on that eye. So I would take that contact lens out, wear the eye patch, then the next day I would take out the -- I would put on the contact lens on the eye that had the patch, and take it out on the other eye. And my friends would say, "Hal, you were wearing your patch on your right eye yesterday. Now you're wearing it on the left eye." (laughter) They didn't know what was going on. Well, I had

corneal ulcers in both eyes and I was just trying to balance -- balancing it out. But it didn't work. And so I had to -- I went to Dr. Churchill and said, "Dr. Churchill, I want to give my resignation because I'm going to have to leave the residency because I can't see." [00:45:00]

During that time I was blind. I mean without the -- if I couldn't have the contact lens in the eye, I couldn't see. So my friends had to lead me into the dining room. I didn't realize that by that time there were nurses and nursing students who knew about this, and they were praying for healing. One of the things that I didn't really stress enough, I don't think, is that I never questioned why in the world is this happening to me. Especially then, in December of 1953. I just -- it was a time, a very important time in my life, because it was a time when I realized that my faith had to mean something. And my future did not really depend on my eyes. They didn't really depend on whether I see or not. It depended on what I did with that. So Dr. Churchill, just the wonderful gentleman that he was, said, "Hal, I will not accept your resignation. I'll give you a leave of absence. And you get your eyes healed. And we'll see to it that you get surgery for your -- get corneal transplants." So what happened is that my mother and father came and got me from

Boston, and they took me to be with them in their home in Auburn, New York. By that time my father was a presiding elder of the AME Zion Church. And he was also the curator of the Harriet Tubman Home. Harriet Tubman had been a hero of her people during the days of slavery. The leader of the Underground Railroad. And the Harriet Tubman Home was a gift to her given by people in Auburn, New York. So she -- that's where she died, in Auburn. And my mother and father as I say -- my father was the curator, as the presiding elder, with my mother. As a matter of fact I should stress that my mother's role was just to be there right every step of the way with my father. She was very active as one of the leaders of the Women's Missionary Society of the church, of the whole denomination. So both of them were curators of the Harriet Tubman Home. And I was blind. I couldn't see. I could feel my way around in the house. But my father read to me. I had talking books. I could check them out. And the whole idea was to get my eyes healed, so I could have a corneal transplant operation. And I mentioned that my father read to me. My bedroom -- their bedroom was up on the second floor.

[00:50:00] My bedroom was in a back room on the first floor, right next to the bedroom of Harriet Tubman. And so I was there from January of 1956 to April of 1956 while my

eyes were healing with the whole idea of getting a corneal transplant in April of 1956. And I mentioned that that whole experience was -- you can imagine it would be a very deep spiritual journey for me. And not one minute did I ever pray, "Lord, please restore my vision." But I just said, "Lord, please let me do what you want me to do." One of the things that maybe I should have said in answer to your question earlier about my early childhood. The way my mother and father helped to shape my life. We learned verses in the Bible. And some of those verses shaped my life. Verses that I learned from just early childhood. And one of the verses that I kept coming back to was "Seek first the kingdom of God and his righteousness, and all these things will be added to you." Seek first the kingdom of God and his righteousness, and all these things will be added to you. That shaped my life, since early childhood. Simple. In other words there is a way that life should be lived in which it would work out right for everybody. I don't like the word righteousness because it makes me think of people who might be self-righteous and feel I'm righteous and you're not righteous. That's not it at all as I see it. But what I really interpret that to be for me is what's the right thing for me to do. As long as I'm doing what's right, then OK, whatever happens happens. And

things -- I never said, "Well, I need this and I need that." Well, wait, wait, wait, wait, wait, wait, I think I'm giving the wrong impression here. I think I'm overdoing it here. To make it sound as if what a person, he doesn't ever want any -- what do you mean, I don't want any, of course I want things. But -- I'm human, but that verse still, it's a matter of priorities. Seek first the kingdom of God and his righteousness, and then these things, well, they'll take care of themselves. That's pretty much it. So anyway getting back to April of 1955 [sic 1953], that time of retreat with my mom and dad were really very precious times. Then I went back to Boston. The day after Good Friday in 1953 I got a call. It was on the Saturday after Good Friday. I got a call that my donor has given her cornea to you. So would you come and be admitted to the Mass Eye and Ear Infirmary? So I went to the Mass Eye and Ear Infirmary for a corneal transplant. That happened that day, the day before Easter of that year. [00:55:00] And I was a patient in Mass Eye and Ear for -- I don't know, two or three days. I don't know how many days, two or three, four days. And then I was discharged to a convalescent home with dressing over my eye. And I didn't know whether I'd be able to see or not. One of the most beautiful sights I've ever seen in my whole life was when

the nurse took off my dressing after 10 days, and I could see her. I could see her. It was beautiful. Oh, what a sight. So an amazing thing. It was a gift. So my mother and father tricked me after that, because they got me from the hospital, and they said -- they called me Harold -- "Harold, we've decided that we're going to take a trip to Jamaica, wouldn't you like to come along with us?" Of course. So they took me to Jamaica. I say they played a trick on me. The trick was that neither one of them wanted me to go to Africa or India. And I was on my way to either one of them. What they were hoping is that I would say, "I'd like to go to Jamaica and be a doctor there." So I went with them to Jamaica, and we stayed in Kingston. And we went to their home, my mother's birthplace and my father's birthplace. And it was wonderful to meet some of my cousins. And as I say it was a wonderful experience. Then I stayed for six months. I took the exam there in Jamaica so I could get a license to practice for six months. And so I went to the Montego Bay Hospital to just be the resident physician there. I helped out in surgery and I could see with the one eye of course. And I lived on the hospital grounds for six months. But something happened while I was in Jamaica. I was hearing more and more about Haiti, the next island over, how poor it was.

And I got thinking. I knew that I didn't need to stay in Jamaica, because they had doctors. But I was hearing that in Haiti, you know, it's the poorest country in the West, Western Hemisphere. I said, "I've got to go to Haiti, I've got to see that." So I decided I would go there on the way home. So I made reservation to go the day after Christmas of 1956 to Port-au-Prince, Haiti. The plane didn't fly that day because there was a revolution. The president was dismissed and then the planes landed the next day. Well, I was on the plane the next day. And when the plane banked over the airport and I looked down at the airport, I thought this is the place, Haiti is the place for me. But where? I didn't know anyone there. I had met a Haitian doctor at the Mass General. [01:00:00] And so I stayed at the Plaza Hotel, which is within sight of the palace. And the very first night that I got there to Port-au-Prince to the palace hotel -- or the Plaza Hotel -- I was served -- there was a glass of water in front of me. And I was just wondering can I drink this water. And I looked across the room, and there I spotted a Haitian who I had seen in Adams House at Harvard. I had not met him. But I had seen him there. And so I thought well, let me go talk to him. And I was glad to see him. So he was glad to see me. And then after we greeted each other I asked him if the water was

safe to drink. Oh yeah, yeah. And I asked him after -- then I asked him what he was -- his role was. He was the commissioner for the water. So he was responsible for the water quality. So anyway --

ILACQUA: So you begin sort of your -- the Haiti chapter of your life here. But I want to pause. [01:02:06]

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ILACQUA: [00:00:00] For a moment. [00:00:01]

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ILACQUA: [00:00:00] OK. And as you were saying or as you were explaining to me, this begins the Haiti chapter of your life. It's your second day in Haiti. And what do you do there? How long do you stay there? And I know eventually you come back to complete your residency in Boston, but you're still at this sort of interim moment. Things seem to be changing for you.

MAY: Right. Right. Well, what happened, I went to the hospital there in Port-au-Prince, and I met a doctor there, a

Haitian doctor, and he said that he would like to introduce me to some missionaries. Somehow or other I felt Haiti is the place, but where or what I was going to do I had no idea. So I met some missionaries and they said that they were going up north, up to Cape Haitian, would I like to go along. So I did. So we took a trip up north through the inner part of Haiti on the east and then up north to Cape Haitian and then back down again. And it was a very interesting trip, and I knew one thing, I knew I loved the people, and I loved the country. But somehow or other I didn't -- along that trip I didn't see anyplace, oh, this is -- here's the place I'm looking for, oh, here's the place I'm looking. No, I didn't see that. So we went up north and then we came back down. And I was very grateful for the trip, and it was very helpful, but when we got back there was a meeting of missionaries, and there was another group that said that they were going up north by another route. And so I went up with them. And so I went up north and then I came on my way back, as we stopped at a town called Plaisance, they said, "We have to wait because there's a parade." And the parade was for a presidential candidate who was coming into town. His name was Dr. Duvalier. And so he came. He walked. He marched along with his entourage through town. And we were very close to

him. He walked by. And that was that. And he looked like a very benign person. I thought he'll never become president, I don't believe. But he did become president. He was Papa Doc. And he became a ruthless dictator, that same President Duvalier. But that's almost an aside, because the next town that we reached was Gonaives on the coast of Haiti, and there a missionary coming from the north met us and she said that she was going into the Schweitzer Hospital the next day, would I like to come along with her. Well, it turns out that my father when I was blind in Auburn read a story about Dr. Larry Mellon, who had built a hospital in Haiti called the Schweitzer Hospital. He was inspired by Albert Schweitzer. And so this hospital is the place that she was going to be going. Well, I have to say that I remember that I told you that I was inspired by Dr. Schweitzer, [00:05:00] but during my time at Mass General I had gone with some nurses to a convention in Urbana, Illinois by the InterVarsity Christian Fellowship. And at first I didn't know whether I needed to go to that convention, because I thought that that was a convention for people who didn't know whether they wanted to be missionaries or not. I knew that I wanted to be a missionary, so I thought well, I don't have to go. But I went, and I found it was an inspiration to be

there. And the inspiration was deeply spiritual. Now by that time, see, I'd gone through this experience with my eyes. So I was living from that time on not by sight but by faith. I had made the decision that if my eye operation succeeds I'll be a doctor, medical doctor, surgeon, or missionary anyway, and if it doesn't I'll be a minister. But at that convention I realized that my inspiration wasn't Dr. Schweitzer, it was Christ, who he was and is, and who he is to me, and the power of, just the spirit of being -- doing right, doing the right thing. You're swimming in this power that is far beyond yourself. And the whole idea is not what you can do, it's what you can do -- what he can do through you. What he can do through you is so much more than what you can do by yourself. You're just -- you're one doctor. You can do this and this and this and this. But if you're in this whole movement of powerful transforming change for the good for everybody, that's what life is, that's what -- he called it the kingdom of God. Seek first the kingdom of God. I found -- you see, ever since I was a boy, that was the verse that I would always come back to. Seek first the kingdom of God and his righteousness, and all these things will be added to you. Well, the top of that was not Schweitzer, but it was Christ. And so that's very powerful for me. And so

when that missionary said she was going to the Schweitzer Hospital I didn't feel oh, finally, I'll be able to go to the hospital of my hero. It wasn't that at all. In fact I thought that's not where I need to be, because that's for people who are there because of Schweitzer. And I'm not there because of Dr. Schweitzer. And so but I was delighted to go, and so I said, "Yeah, I'd love to come." And so we went, and it turns out that I got there six months after the hospital opened. That was January now. January 1957. As I say, it was six months after the hospital opened. [00:10:00] There were five doctors. And the very next day three of them were going to be leaving, including Dr. Mellon himself because his wife needed an operation at Columbia-Presbyterian. So he was leaving for -- temporarily. And then two other temporary people. So he asked me if I could -- if I would be able to stay on and help. One of the things that I should say actually at this point is that I had talked to a Haitian doctor who was the president of the Haitian Association of Physicians, whatever the name of it was. And I had told him that I would like to work here in Haiti. And to my surprise he said, "We don't need you." I think he saw me as competition. I was amazed at that. But when in contrast to that Haitian physician Dr. Mellon said, "We need you,

would you be able to help us?", because as I say three doctors were going to be leaving, and I -- yes. But I said, "You have to understand though that I'm not here for Dr. Schweitzer, I'm here because I feel that Christ is calling me to be here." And he said, "There's scope for that." And so I said, "Yeah, I would love to be here." And I knew yes, yes, this is here. This is where I belong. This is what I've been looking for. (pronounced exhalation) I knew that's it. So I felt that was the answer to the when I was looking at the airport and saying, "This is it." Well, I felt I'd found the place that I was looking for. So I decided that I would be there. So I stayed there for six months. And what we did, during that time we started a Bible study and we had church service. Well, they had church services in the home. And we started a service at night in Creole -- on Sunday night with Creole. And I mentioned that I loved music. So I started a group, a choir, so that we'd have service at night at seven o'clock, but at three o'clock in the afternoon the Haitians who wanted to be in the choir would come to the house that I was living in, and we would learn a piece. There'd be sopranos in one place, and altos in another, and tenors, and basses. And each of them would learn their parts and then they would sing it together. Yay, it was so

exciting. So we did that, and I was able to with one eye assist in surgery, there were some simple surgeries I was able to do. And I knew that now I was getting prepared [00:15:00] for the rest of my life. So at the end of six months I returned and had the other eye done. And that was successful. So I returned. But then I had to return to Boston to complete my residency and then returned in 1960.

ILACQUA: To Haiti. And so what I'm curious about too (throat clearing) excuse me -- is you'd mentioned earlier in our conversation that in addition to being a missionary and living a life of service and being a doctor that you wanted to begin a family. And did that start to come around again during this time period for you when you returned to Haiti?

MAY: Absolutely, absolutely. I'm glad you ask the question, now that you ask it, because that became a real issue for me, because I really wanted to have a family. And I didn't want to be off there in Haiti all by myself with no family. That's not me. And I have to make a confession. Look, here -- where is she? Let me make a very simple crazy kind of confession. I wasn't expecting to. But I was going to be visiting with my brother and his family in -- my twin brother Herb in California for Christmas. And then I'd be going to Jamaica -- I mean to Haiti in January of 1960. By that time I had finished my residency and I was going to be

going back to be the chief of surgery at the Schweitzer Hospital. And this is a crazy kind of a confession for me to make. But I went to Jordan Marsh to get a Christmas present for my little nephew, and I saw an attractive attendant there. And well, maybe she's the one. All I had is a tongue blade. I wrote my phone number on the tongue blade and I gave it to her. (laughter) And I asked her to call me, which she did, and we went out. But I realized no, she's not the one. I mean you asked the question. You're the one who asked the question.

ILACQUA: Yeah. No, I'm curious. Well, it's funny how it comes around though but -- yeah.

MAY: So that's how -- I really wanted to have a family. And I didn't want to be there in Haiti -- this is for the rest of my life, you see. And so I was thinking life of faith. Who is she? Where is she? So anyway, it turns out she wasn't the one. And so I went to be with my brother and his family, and then we went back to Haiti in January. But in January I did meet my wife in Haiti. She was a nurse, a Mennonite nurse, and we were married on April 26th.

ILACQUA: Of that year?

MAY: Of that year.

ILACQUA: Oh, so you met her and you knew, so it was coming.

MAY: Yeah, yeah.

ILACQUA: Yeah.

MAY: [00:20:00] So there it was. The family. But there in Haiti something really very important was going on in my mind in relation to my mission there in Haiti. I've spoken about Tuskegee. Now that Tuskegee experience was pivotal for me not just for the flying, but it made fresh the whole Tuskegee experience from its earliest history. My father's hero when he was a boy was -- well, throughout his life was Booker T. Washington, the founder of Tuskegee. Tuskegee was founded in 1881 after the days of slavery. And it was for the development of these people who had been slaves. Now that they'd won their freedom, what next? How do they develop land? So he had a vision, starting with a one-room schoolhouse, of bringing in these people for them to learn how to develop land. First they had to have a basic education. And then education in various trades. And then when George Washington Carver joined the faculty at Tuskegee, and all of that early experience, they became the center for development not only for blacks but for whites too, for everybody. What George Washington Carver did with the peanut for example benefited everyone. And I couldn't shake that image that what Haiti needs, the poorest country in the Western Hemisphere, what Haiti needs is Tuskegee. It needs development. And so education is critical. So

what happened is there was a church that was developed at the Schweitzer Hospital, a morning service and an evening service. And I was asked to be the lay pastor. There was another pastor who was able to be there before I returned to Haiti. But in 1962 the church decided that we had a little over \$4,000 in the treasury, what should we do with that, and everyone agreed that we should start a school. Now some of them thought we should have a school for the hospital employees. By that time the hospital was by far the most -- the best hospital in Haiti. And everything that I could do as a surgeon I could do there, including operating on the heart. We couldn't do open heart surgery, but we could do any other kind of surgery. But I knew though that medicine was important. It was vital. But the problems were out there in the community, and in order to really have a transformational effect the medicine had to be supplemented with more development in all these other sectors also. [00:25:00] And so I mentioned that some people felt that we should have a school for hospital employees. But others, including me, said, "No, it should be for all of the children." But we had a choice of either spreading ourselves widely and very shallowly or focus more and be deeper. And so we chose the latter. We chose to have only kindergarten and first grade, but have it for

only 75 children, instead of -- see, the illiteracy rate was 85%. In order to make the systemic changes that are needed we had to have a long-range view and realize that in the same way that the -- Tuskegee started as just a one-room schoolhouse and then it grew, well, this school is going to have to grow. Now most people were thinking of a school that would start as the kindergarten and first grade and then every year another class would be added. My view was that. I thought that was exactly right. But we needed to go beyond that. So we had -- once it got to the elementary grades were completed, the secondary grades should be there, and then continue. Just continue to let it grow until it's Tuskegee. In other words if you think far enough into the future and let growth be natural, it'll happen. So that's what we engaged in. And in the meantime I was very busy as a surgeon. And on Sundays I was the lay pastor for the church. So all of these things were figuring together. Now 1962 is the year that the school started, 1968 -- I should say that I tried to be sure to keep track of what was going on in the rest of the world. Because one thing that I haven't mentioned up to now is the civil rights movement. In 1955 I mentioned about my eye operation -- in 1956.

ILACQUA: The spring of '56.

MAY: At the Brigham. When I was -- at just about that time, 1955, 1956, civil rights, civil rights things were happening in Montgomery, and I was keeping track of that. Yes, I was going to be going off to Haiti. No, I didn't know about Haiti, I knew I was going to be going off to be a missionary, either Africa or India. But I knew that there was something going on in this country, and I was intensely interested and concerned about that also. But now once I was in Haiti and I was sure that that's where I needed to be, [00:30:00] I was very aware of the Civil Rights movement, and I tried to keep track of making sure what was happening. And then in 1968 one assassination after another, well, the assassination of Kennedy in the first place in 1962 -- or 1964. Then in 1968 the assassination of Robert Kennedy, the assassination of Martin Luther King. I wondered what in the world is going wrong with our country. And I wondered what is my role here. Here I am. I knew I needed to be in Haiti. And I was expecting to be there for the rest of my life. I was fully expecting that. But in the back of my mind I had this nagging concern, how about our own -- how about the United States. Well, what happened is that in 1969 on July 4th I met a teacher. Because I should say that during those years leading up to that period the school grew very well.

We obtained 55 acres of land, so that not only were the children getting an excellent education, but also they were really grounded on the development of their land. And their parents were involved, and other members of the community. So things seemed to be moving really very well with the development of the school, growing year by year. But it turns out though that on July 4th of 1969 I met a Haitian teacher who I thought would be a great headmaster for the secondary school. And it turned out that when I talked to Dr. Mellon, who was a very close friend and a very firm supporter of the school, it turned out that he said, "No, the school can't grow any more, any higher than it has gone." Now I thought we had had an understanding. He knew about my vision about Tuskegee. But he said, "It can't grow any further than this." Because his permission had been only for medicine, and it couldn't continue to grow. So it turns out that then for the first time I realized the -- although my vision was that Tuskegee was needed, it wasn't going to happen there. So the only way that it could happen would be for the responsibility for the school to be handed over to another group, a Haitian group that was already there. Which we did. We accomplished that. Dr. Mellon and I agreed that that next year from July of '69 to '70 would be the transition that I

would -- that's when the school would have to be moved to another city and the responsibility given to another organization. And that's when I came back to Boston in 1970. [00:35:00] Not giving up on the vision of Tuskegee, because we continued to support the school. But the school was moved from Deschappelles to Verrettes, the next town over.

ILACQUA: And so with the sort of changing of hands over who was running the school, did that seem to you a sign to leave Haiti? Was there another reason why you decided to come back to Massachusetts, back to Boston?

MAY: Well, you see, I had really committed myself, and Aggie, my wife, and our family, we had three -- by that time we had three daughters. We were planning to stay for the rest of our lives in Haiti. But when it became clear that the school could not continue there at the hospital, it became clear to me that that was a chapter that was closing. And we would open up a new chapter. And remember, I was -- what was happening in this country was gnawing at me. What in the world should I be doing here in the United States? So it was a very natural transition for me at that point. It's not that I said, "Well, now let me go to the United States because I'm finished here." No, that chapter was closed for me. But the chapter that opened up was a new

chapter that was opening up. And I was looking forward to that, but I wanted to make sure though that the school would continue. So I couldn't leave -- anybody could do what I did. Any surgeon could do what I was doing as a surgeon or as a doctor. But I'm not just a doctor. I'm a human being. And my mission is medical, but it's much more than just medical. So what's the next phase then? So that's what I was sort of looking forward to. And so in preparation for that, that year, 1969 to -- July 1969 to June 1970, was a transition time, when it was important for me to be able to come here to explore. So I went to Philadelphia because there were people I knew there that said that they felt that that might be a good place for me to go. But then a good friend from Boston said he would like me to come to Boston, because Dr. Franny Moore was -- and the Peter Bent Brigham Hospital was looking for someone -- that he thought might be a good fit for me. So I did come, and I found that they were ready for a new venture, an office of -- they called it an office of community medicine. The Peter -- it was the Peter Bent Brigham Hospital at that time -- had a responsibility for the -- within the city for parts of Roxbury and Jamaica Plain. And they needed someone to be the head of that mission of connecting the hospital to the community, something that

was just getting started. That seemed perfect for me. It was perfect and so it -- as I explored and talked to people in the community and they got to -- we got to meet each other, [00:40:00] that seemed to be the natural opening. Because what -- how should a hospital, a tertiary hospital like the Peter Bent Brigham Hospital, be connected to the city? A city that -- in turmoil. I know in one of my visits in April of 1970 when we were in Harvard Square there was a riot. There was turmoil here. So how do we cope with this? How do we deal with it as a society? So it seems that I would be a strange person to pick to take leadership of the division of community health or -- they called it community medicine. Me, with my experience in Haiti, just this beautiful but very very poor country which is rural. And here I was in urban America. But that's what the challenge was.

ILACQUA: See, I don't want to disagree with you, because this is your interview. But I think there is a connection between -- (coughing) excuse me -- your commitment to the health and wellness and education of the community in Haiti and then looking at how a hospital may have a similar role, although it's in a different setting, in an urban setting in Boston. But I think that there are certainly parallels

between the community-driven work that you were doing in Haiti that you bring back north to Boston and --

MAY: That's exactly right. You see, that's what came to me. So I have a great piece about it, that there are certain principles that apply to people. They're people. And you can apply them. Those principles that apply in Haiti. You're absolutely right, I agree.

ILACQUA: And this is within the time period of sort of the rise of doing community medicine, creating clinics and medical almost outposts for people in either rural areas or urban areas that can't get to the hospital. And so it makes sense that this is happening at the Peter Bent Brigham Hospital at the same time as Jack Geiger has the clinic out in Columbia Point in Dorchester in Boston. And I know the Beth Israel was doing outreach work in maybe Chelsea. Chelsea and north of the city. So all of this is going on in Boston. You come back to Boston. And your family is here in Boston. And about how long were you working on these projects, on these outreach projects in Roxbury and Jamaica Plain?

MAY: Well, for five years. So that's exactly right. You see the focus then was primary care. The Brigham is a referral hospital, tertiary care. But where do -- many people who come to the Brigham really should have been able to get

care in the community in primary care settings. Up to that time there were general practitioners who performed that role. But now we're starting to think in terms of a health care system, instead of just health care in a hospital or a general practitioner in the community. What are the natural connections to -- that should enable a person in the community to get appropriate care in the community when they can get appropriate care in the community so they won't have to come to the hospital? Preventive care and all of those kinds of issues. Inclusion becomes important. Now I had some very good visits with people in the community before I was -- before I got the job of [00:45:00] being the director of community medicine at the Brigham. The thing that was so right about it was connecting with the people. You have to actually connect with them and care for them where they are. And I know in my -- I learned lessons. I learned lessons early. Here's the lesson I learned first. I loved these people, and I think they cared for me too. We had an advisory committee of community people and other -- members of the trustees of the Brigham and others. One of the -- I was an assistant director of the hospital. The associate director, Dr. Jessiman, Andrew Jessiman, who I reported to, was talking to me about a program that we could develop for emergency

care for the community. And we worked on that program. We thought well, this would be really good for the community and they'll love this. But when I talked to the advisory committee, the directors of the advisory committee, there were coheads of the advisory committee. One was an associate dean of Harvard Med School and the other was Priscilla Rhodes of the community, an outspoken champion of the community. And I remember she lovingly but very directly said, "What? You develop this without coming to us first?" I never forgot that. That she did it lovingly. And it was a lesson I learned early enough so that I always made sure that we developed our plans together. There was -- there are lessons you learn. And the lesson is just to make -- it's all in relationships and the connections.

ILACQUA: Wonderful. Well, and including the community in their own -- in the plan for themselves and giving them their own voice within that plan and --

MAY: Right. Now there is something though that I should add. Because there are some elements that cannot be really discovered by really communicating directly with the community. That's the emergency care system. Those five years as the director of community health were very formative for me. They were very important for me. We called it community medicine but maybe six months or so

after I joined the staff in that capacity a dear friend who was associate director of nursing said, "Why do you call it community medicine when what you're doing is really focusing on community health?" [00:50:00] Helen Aikins was her name. I said, "You're right, you're right. We should change the name." Which we did. So we changed it from community medicine to community health. And just changing the name was very important. But at the same time that that was going on, I was taking courses at the Harvard School of Public Health, and that was very important for me. One of the most important courses I ever took in any of my life of education was a course in education at the school of public health. If you have -- if you're developing a course what are the elements that go into developing a course that's successful? And that -- by the time I took that course I was also focusing on an assignment that my chief of surgery Dr. Franny Moore had given me. I reported to Dr. Andrew Jessiman as the associate director of the hospital, and then Bill Hassan was the director. And Dr. Franny Moore was the chief of surgery. What Dr. Moore wanted me to focus on for him and as far as the surgical staff was concerned was the emergency services system of the city. Not for me to work within the emergency department of the Brigham, but for the

city. How about the emergency services system? If there's an emergency anywhere in the city how do we deal with that? What is the role of the hospital? What are the roles of the various other components? I think that was a very important assignment for me because it took me where others really hadn't been focusing so much. There were certain individuals within the city who'd been focusing on the overall system, but that became a central focus for me, so that I had to start learning about systems. I had to learn. I had to make connections with MIT. And we had to establish for example here's what an emergency services system for the city looks like. If the emergency occurs out in the community, is it life-threatening? If it's life-threatening, how -- what's the communication system that -- who is it who calls who? Where does that call go? It's a 911 call. Does it go to the police department, the fire department, or the ambulance service? You see, there are many components, including the hospitals and the fire department. All the various corollary coordinating departments. How do they all fit together? So because that was such a strong focus of mine, I had the two prime focuses. One was that, the emergency services system, and the other was the primary care system. Well, since that was such a strong focus, I became the chairman of the

emergency services system for the region. That's Chelsea, Winthrop -- Boston, Chelsea, Winthrop, and Revere, and Brookline. So if there was a plane crash, for example, at Logan Airport then what system would be mobilized?

[00:55:00] Well, the marathon bombing for example, that was a prime example. There's preparation for something like that. How did the city all organize itself to respond appropriately? Well, that's what we were doing back in those early years, the '70s. And so there was an emergency services committee, and I became the chair of that. And so if there was a disaster, the police department would have to come for me because I was MD1, MD01, the medical disaster officer number one. They had to come for me and there would be a command post set up and respond. And we had disaster drills. There was a disaster drill for example of a mock -- a disaster drill of an airplane crash at Logan Airport. So we had to have a citywide drill of how that would work. And by that time we had -- well, we involved the family. My daughters and some of their friends became victims. And they were made up. There were hundreds of victims. But all I'm saying, in that role as director of community health, it included not only the primary care but also the extreme, the emergency care. And systems really became a very important concept. How do we

develop the systems? Not just the programs, the individual programs, but how do they all work together?

ILACQUA: That's interesting. I hadn't even thought of disaster management plans that long ago. You're right that then it comes around again as we think about the Boston Marathon bombing two years ago now, 2013. And we can see the idea of systems coming back around again in your life in your later career I think. But we're back in the mid '70s at this point. And you studied for and received your master of public health from the Harvard School of Public Health. And I'm curious about why public health, why you decided to go study it, if that's what you were actively doing in the community. How did you decide to get the degree as well?

MAY: Well, at the recommendation of my friend Andrew Jessiman. He had done the same thing. He had gotten his degree in public health. He said he thought it would be great for me. And it was very important actually because you see, it's one thing to have a hunch about something. Wouldn't it be a good idea to do this? But it's quite another to know what the experience is of other people. And there are certain principles of public health. And I mentioned earlier about the best course I ever took, I think. One of the best courses I ever took in my life was a course in education that I took at the school of public health. And

based on the assignment, the final assignment of that course was to develop a course. And so I chose a course in emergency medicine for medical students, because I noticed that Harvard medical students are very poorly prepared. At that time they were very poorly prepared to handle emergencies. If somebody asked, "Is there a doctor in the house?", they wouldn't know what to do in case of an emergency. There are certain things that you really ought to understand about responding to an emergency. And so taking that course forced me to think through [01:00:00] how would you teach this to somebody else. And so as -- in answer to that assignment I designed a course in emergency medicine for Harvard medical students, because as I say, I noticed that one of my friends spoke about being at some event when a visiting medical student from some other university had to respond to an emergency. She -- they did such an incredible job because they were ready for it. Well, our -- the Harvard medical students at that time were not ready for that. So we did develop the course. And it became a very popular course. And it was important in my education. From that I edited a book on emergency medicine, two editions. So that whole area of emergency medicine just became an added part of my general areas of

interest and concern. Now what happened, in 1975 --

[01:02:06]

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MAY: [00:00:00] -- our hospital was approached through our affiliation with Children's Hospital. We were approached by the Mass Department of Mental Retardation because the state facilities for mentally retarded individuals was sued because of the care that was being given at some of the -- at all of the mental retardation institutes. And now one of the divisions that I had to supervise was the home care division, and one of the physicians said that he was going out to Wrentham to see what -- see whether he would want to take a job there. He was asked to apply. And he asked me if I'd be willing to go along with him. And so I did. Well, Wrentham Developmental Center -- it was called State School at that time, it wasn't called Developmental Center -- housed more than 1,000 individuals with mental retardation. And the care was appalling. It was -- the conditions were appalling. So I went with him and when he finished the trip he and I spoke and he said, "Hal, I can't do this. I can't do this." And somehow or other I said,

"I can." Somehow or other there was something about it that appealed to me that I think that I should do this. So I talked with Dr. Jessiman, my friend Andrew. And decided that that would be the next for me. Here again by that time I felt that I was accomplishing what needed to be accomplished to get started with the outreach to the community for the Brigham. And this other issue was so immediate and so urgent that I should try to heed that. It was a calling I think. So I needed to heed it. So I did. And so I spent the next 19 years there.

ILACQUA: I'm not sure what I want to say about transitions. But to -- yeah. It is really naturally another chapter, another movement, and a new focus. But like you say it sounds like it was the next step and a new calling to a new mission.

MAY: It really was. And (throat clearing) excuse me. And it built on my experience up to that time because each of these individuals were individuals. They had mental retardation but they're not -- they're each of them different. One has this issue and the other has these other issues. But society was deciding we need to improve what we're doing. So that it's not as if it's my job to really make -- to do the things that are necessary.

[00:05:00] I could only do that with others. I mean there

are others who have to -- others better be called, because I can't -- what do I know about that? That's not what I do. I was a surgeon. By that time the surgery was not an issue for me. It was the -- I felt that my -- I had to reach out to the whole system to see how can we improve the whole approach to care. And so it built on everything that I had been doing up to that time. It's not as if wow, he did this and now look at this, oh, this, what's going on here. At the time it was the most natural thing in the world, you see, to transition from the one to the other. And by that time, you see, the public health training was what I counted on, because that gave me a way to approach this systematically. If I didn't have the public health training I would have done some things that would have -- hopefully would have been good. But I wouldn't have known how do you pull it all together so that it all fits as a system. Well, the way you do it is to -- not to focus on having meetings of this group and that group and this other group. You have to start with the person. You have to start with this individual and this individual and this individual. It's the same situation as with the emergency. Each emergency is different. But you have to be responding to that particular person in that particular emergency. The same thing -- the same identical thing happens with

each of these individuals who happen to have mental retardation. This one is this age and here's her or his mental condition, problem, and there's assets and liabilities. The various approaches. How do you assess the ways to identify not just the deficits but the strengths? I think you almost -- it's almost more important to identify the strengths so you know what to build on because you're trying to improve -- provide the supports that are appropriate for that particular person. Now I had nothing to do, not one thing to do, with the individual service plan. I mean that was something that other -- there are experts in that field who knew that you had to develop individual service plans. My contribution was to understand that that's fundamental. The individual. And don't call it service, call it support. And beside, there's another subtle -- there are lessons. What I'm saying, I was learning all this time. You learn, you learn, you learn from everything that you learn -- have learned before contributes to what you're learning now. Now one day the assistant director of the center Nick D'Aluisio mentioned something that none of us had thought of before. We call them the mentally retarded. It was quite common to use mental retardation as -- the mentally retarded as a noun. This -- it's an adjective, it's a

person. This person is an individual with mental retardation. [00:10:00] So I became the director of medical services for the Wrentham Developmental Center. And I worked very closely with the superintendent and the assistant superintendent and the business person. So we worked as a team to try to help to make sure that it all fit together, until my retirement year came up in 1994. [00:11:06]

END OF AUDIO FILE

Harold May Interview 1 - 5 of 5

ILACQUA: [00:00:00] Good. So --

MAY: Wonderful.

ILACQUA: Yeah. Dr. May, thank you so much for speaking with us today. We're going to take your time in Wrentham up to your retirement in 1994 as a pausing point. And then next time we can come back and talk about what you've been doing since then.

MAY: That'd be wonderful.

ILACQUA: So thank you so much for taking the time to speak with me. And on behalf of the Center for the History of Medicine, it's been a pleasure to hear most -- or not most of but some of your story today. We still have more to talk about. So thank you.

MAY: Thank you. It's a pleasure for me. Thank you. Bye-bye.

ILACQUA: Bye. [00:00:45]

END OF AUDIO FILE