

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

**Interview with Nancy Oriol | January 21, 2015**

JOAN ILACQUA: Hello, this is Joan Ilacqua and today is January 21<sup>st</sup>, 2015. I am here with Dr. Nancy Oriol in the Tosteson Medical Education Center at the Harvard Medical School. We're going to record an oral history for the Center for the History of Medicine. Dr. Oriol, do I have your permission to record?

NANCY ORIOL: Absolutely, you have my permission to record.

ILACQUA: Excellent. So, if you could, please begin by telling me about yourself, where did you grow up?

ORIOLO: So I grew up in North Philadelphia. Philadelphia is a pretty big city. North Philadelphia, if anyone knows it, in the middle is Temple University, Temple Hospital, and I grew up about five blocks from Temple Hospital, at the intersection of Broad and Erie. Anyone who knows Philly, that's the sort of an interesting neighborhood. It was -- it was a little less dissembled and violent when I was there, but it was a poor black neighborhood, sort of at the edge of a poor, white neighborhood with a Catholic church in between, but it was home, and I liked it.

ILACQUA: And so, you had mentioned that you lived near the Temple Medical Center.

ORIOLO: Yes.

ILACQUA: And did medicine have a role in your early life? Did you have any kind of relationship with an institution?

ORIOLO: No, other than to really dislike it. That was where - - that was where we would go if something was wrong, and when my family, which looked multiracial, would go any place, we would raise eyebrows and so, it felt like an extremely unwelcoming place to me, and I didn't like them and I felt they didn't like us. And at the time, I didn't think about the -- I wasn't really struck with the fact that here was a supposedly health center, you know, next to what was, in fact, a poor community, I just didn't -- you know, I didn't really think about it. But as I grew older and realized, you know, it's the typical, you know, sort of major center of health right next to a community of -- you know, major center of an area of lack of health and poverty, and that just didn't feel right.

ILACQUA: And actually, that's something we can bring up again as we talk about your work with the Family Van --

ORIOLO: Yeah, OK.

ILACQUA: -- and community medicine. When you were younger, younger, was there a point where you decided you were going to work in medicine?

ORIOLO: So, I think I was just always interested in how things worked, including how people worked and animals worked, and at some point, a relative of mine was -- a relative on my mother's side was actually in graduate school at the University of Pennsylvania, so neither of my parents went to college. So, that was not our world, but this was a relative from Atlanta, and he was doing science, and I was young and I remember hearing about, you know, he was doing science and he was doing something with, you know, with flies, and it just, you know, intrigued me about science. But on my own, I was intrigued by science.

ILACQUA: And so you had also mentioned -- so your parents didn't attend college, but you came to Boston for college. How did you decide to make that move? Can you tell me about that?

ORIOLO: So, as I was applying to -- it was the '60s, and as I was applying to college, I had gone to a public high school in Philadelphia called Philadelphia High School for Girls, which is an all-girls school. It was the '60s and the disparity between the young generation that was definitely a little bit edgier than the older, more conservative

generation. So when I was thinking about going to school, the only thing I wanted to do was to go to a large, co-ed school in Boston. I only knew Boston because one trip my family had taken when I was younger was to drive to Canada and back, and we drove through Boston, and I thought the city was amazing. So when it was time, with absolutely no other logic than that, I don't remember any guidance counselor, you know, having any information, my parents certainly had no information, so I applied to Boston University. (laughter). It fit the bill.

ILACQUA: BU certainly does. So, at Boston University, what did you study?

ORIOLO: So, for the first very little bit of time, I studied - - I started pre-med, but very quickly switched into psychology. But then, within one [00:05:00] year, my father died and again, that's the '60s, a lot was going on, so it was sort of clear to me I wasn't really the world's best student. You know, I -- or I should say, I wasn't -- I wasn't ready to be a great student, so I realized I would go into medical school. As I said, I started pre-med, but I also started thinking that medicine wasn't really what interested me, but in fact, psychology was. And that was also around the Sputnik era, where going to medical school was no longer kind of a cool challenge, I mean, getting a

PhD was a cool challenge. So, for all kinds of, you know, confused reasons, and then, when my father died and I went through school very quickly so that I could afford to pay for it, and that just became a blur of, you know, how do you get through. I got out the other side, realizing (1) I was way too young to even get a job, because by the time I graduated -- I graduated in three years, and therefore, wasn't 21 yet, therefore, nobody wanted to hire me to do anything, and I had absolutely no skill set (laughter), so I sort of turned towards psychology and child psychology, because I was very interested in developmental psychology. I spent some time in education, worked at a -- did a teacher training thing, and then did a lot of random other things, until years later, when my mother became ill, and then decided, ah, I should go to medical school. I should have a career. And so it was at that point that I realized that I should have a career, and I went, you know, sort of thought back into what did I want to be, and then I went way back oh, I want to be a doctor. Of course, at this point, everybody wanted to be a doctor. So (laughter) what would have been an easy trip now became a hard trip.

ILACQUA: Well, like, even though it was a hard trip, you ended up coming to Harvard Medical School for your medical degree. Was there -- well, one question I have is why

Harvard?

ORIOLE: So, I had to do -- when I started, I had to -- it was now 10 years later, I had to start from biology one, so and post back -- it was actually kind of interesting -- so post back at that time, was not something a lot of people did, and I had a son, and my son was about three at the time, and so when I decided I was going to go and re-do the pre-med courses -- and part of it was I thought I wanted to go to medical school, I certainly didn't believe I had the skill to do it, so I figured I'd take a course and see if I passed and then try to figure out where I could take a course, and at the time, there were only two places that let you take courses if you already had a Bachelor's degree. One was UMass Boston and the other was MIT. And so, I went to both to, you know, to apply and I really had no clue what it truly meant to be a post bac, I just knew they were called special students back then. So I went to MIT and applied, and you know, he said -- I actually had to take my son with me because I didn't have anyone to babysit him, and so he sat there in the corner playing very quietly and the guy interviewed me and I sort of said I really want to do this and convinced him I did and convinced him that if I worked hard enough, I'd succeed, and it was very cute, he commented to me, he said, I would

have asked you how do you think you're going to do this with a child, but I see how you're going to do it, because my son was sitting there in the corner perfectly fine playing by himself. For UMass Boston, you just applied, you got in, and then, it was a simple matter of what I could afford and UMass Boston was all I could afford, so that's where I went, and actually loved it. I had a great education. It was sort of fascinating, it was great. I met a lot of people I really liked, you know, a lot of older people who were like me coming back, so it was a great environment to in then. And then, realizing that to some -- part of it is how do you fit so much in a small amount of time, because I had all the five courses to do, and how can you afford it, and how can you prove the value? So, I took -- did organic chemistry at Harvard Summer School, figuring if I could succeed in that, that would be proof that I could succeed, you know, because succeeding at UMass Boston, nobody is going to believe what that meant because, unless you'd been there, you didn't know that it actually meant something. So, I went to Harvard Summer School and did well, and then with all of that, you know -- and then what I did was apply to every school in Boston because, since I had a child, I really didn't want to also leave the city.

ILACQUA: So excellent. So you came to [00:10:00] Harvard Medical School. The broadest question I can ask you is what did you find when you came here? Specifically, I am curious about student diversity; committees, since you had mentioned that to me earlier, and that sort of thing, but if you could describe some of your time here as a medical student.

ORIOLO: So, the first two years were absolutely wonderful. I mean, you know, hard work. I was one of the older people in the class, but there were several older people, OK. In fact, there were a lot of us. It was, you know, a year that they had a -- I think the first year they had like, I want to say 30% women, but it might not have been that much, but there were a lot of women. There was, you know, a reasonable number of African Americans, so it felt like home. You know, it felt good. And the world of the underrepresented minorities led by Al Poussaint just felt taken care of, well organized, you know, it felt like home. And of all the medical schools in Boston, it was the only one that had diversity. OK, so there wasn't actually any question, you know, as far as that this is the place that felt like home. I felt like it cared. The students were stunningly diverse. I mean, from age, you know, there was a Jesuit priest. You know, there was a woman who was an



investment banker, you know, there were all these people that just had all different kinds of -- came here from all different walks of life. Because I had a child, I lived in Cambridge, so I wasn't in the dorm. There were a lot of things I didn't get to be actively part of, but I was -- we were all friends and in fact, stayed close with many of the people. And for me, being older was actually (1) kind of essential, because I certainly could not have been that serious a student when I was younger, and it also gave me a very different perspective, so I was really here just because I wanted to be here, because there wasn't anyone else, you know, I mean,, who knew or cared kind of thing. So for me, it was a really good existence. The second two years, the clinical years, were wonderful but scary, and scary because a lot of people here had come from a medical background and the language as medicine was their -- they could speak it more easily than I, and I was extremely aware of that, that this was just not a place that I -- you know, that medicine wasn't my home, but it was for a lot of other people. But, there were enough other people who were like me that that was fine, too. I met a lot of faculty I really cared about, you know, who I felt cared a lot about me. And you mentioned sort of the Bernie Davis episode, was, you know, again -- being here at that time, when

Affirmative Action was, you know, big in the conversation, having some -- having that sort of story be put in the *Globe* was absolutely devastating, and I now know that most everybody who comes here thinks they got in through the back door. To have a senior faculty say you all got in through the back door was extremely damaging, and you know, you get in, you get in on your grades and everything else, but no one -- everybody thinks they're going to fail after this, and it's just a matter of time because they realize -- before they realize that you shouldn't be here. So that was just extremely painful. Having been a child of the '60s, you know, marches and sit-ins and everything else, that was the world I came from, you know, so here I am with all these medical students who don't think that way, and it was so awful that the decision was to have a sit-in on the quad, so from my perspective, it was actually -- it was -- it felt right that everyone said they were not going to miss class, we're not going to be disruptive, we're not going to be like those people in the '60s, we're going to sit in the quad and simply express our displeasure by simply sitting here together and Al Poussaint stood on the steps of Gordon Hall and gave a wonderful speech and, you know, we all felt good and then we went back to work and studied some more. (laughter). But it was actually a very

-- it needed a response because it hurt too much to just let it sort of sit there that somebody would say something that we all were scared might be true. And if nothing was done to question it, [00:15:00] then it would just undermine our own sense of self because we'd say yeah, we really knew this was true. That's how I would say most students, except the ones with -- so most people worry about why they're here.

ILACQUA: Well, the Bernie Davis New England Journal of Medicine situation sparked a lot of responses in different ways, and that was a very thoughtful answer that I have not read about in any of the many responses people have written about Bernie Davis over time.

ORIOLE: (laughter)

ILACQUA: So, I don't want to gloss over it, but I am curious if there are any other -- you talked about how welcoming it was and how you felt at home here, especially thinking about other schools in Boston and how diverse they may or may not have been. Were there -- let me think of how I want to ask this. In part, I'm curious if there were any other steps you or other students took to make Harvard a more inclusive place while you were a student or if this one is the only one that really stands out for you, and if it is that's...

ORIOLO: So, Harvard didn't feel like it was not inclusive.

Harvard felt it was like it was perfectly inclusive. This sense that you came in the back door is the fear that you have inside yourself. There is nothing anyone can do to get rid of that. You come with it. It's the nature of the beast. It's the sort of internal insecurity, and getting over that, you know, all you can do is live longer.

(chuckle) Nothing is going to change that. It's when that gets confirmed that you get hurt. So it was in that momentary confirmation that we were hurt, and in protesting the confirmation allowed us to go back to doing our job. But the fact is, it didn't make us feel -- you weren't going to get rid of the imposter syndrome, we just -- that's just there. You just have to live with it, and to be quite honest, you're too busy so it's like you worry about it. It's like when you take an exam, after every exam, oh my God, I must have failed that exam, I don't know enough, I didn't work hard enough, I'm not smart enough, you know, I got in the back door and now, they're going to know because I'm going to fail the exam, and then you don't fail the exam. And then, the next exam, it's the exact same thing all over again, so you don't even learn.

(laughter).

ILACQUA: So if I understand correctly, the first two years of

medical school are in the classroom; the second two years are in the practical experience. Did you do that at the Beth Israel -- was it the Beth Israel at the time?

ORIOLO: Yes, it was the Beth Israel at the time. So, we had -  
- you had your choice of hospitals, and I lived in Cambridge, so I did almost everything at the Mass General because it was on the red line, except I was very interested in orthopedic surgery, and once I became very interested in orthopedic surgery, then I did everything here because I did lots of things at Children's, and in those days, we didn't require -- the students picked a -- how to say -- well-balanced set of courses (chuckle), so I had a poorly balanced set (laughter), I mean I -- not entirely, I mean, you know, it was very focused on my interest, which was orthopedic surgery, and that's really what I thought I wanted to do. I applied to surgery, did two years of surgery at the BI, with the intention of going into the combined Harvard Orthopedic program. But in the middle of my surgery time at the BI -- so in medical school, the things I loved the most -- one was physiology and the other was anatomy, and before -- one of my many careers before medical school had been doing construction work, so orthopedic surgery just made so much sense to me. But when I was a surgical intern and I realized that you

can't remember -- you can't keep everything, and so the choice was do you keep surgery and anatomy, or do you keep physiology and how the body works, and so I decided I wanted to keep physiology. So I switched out of the orthopedic surgery program, which was actually very hard because I loved all of the people, and John Hall, who was the chief of pediatric orthopedic surgery at Children's was my hero, and so it felt so much like sort of walking away from your hero and it was embarrassing, and horrible, and just terrible, but I just knew that I wanted to remember what the whole body did. And so that's when I decided to [00:20:00] switch at first into intensive care, but then, in fact, liked anesthesia so much, liked the speed and the independence of anesthesia, that I just didn't do intensive care, I did anesthesia.

ILACQUA: And actually, in your career as an anesthesiologist, which I hope I am pronouncing correctly...

ORIOLE: Yes, you are.

ILACQUA: (chuckle) Thanks. That I understand that's -- were you at the BI?

ORIOLE: Yes.

ILACQUA: OK, I keep bringing it back around to Beth Israel because I know that...

ORIOLE: When I graduated from Harvard Medical School, I did --

I went into surgery at the BI. During my second year of surgery at the BI, I started doing research in hemorrhagic shock, which is how I got really interested in the anesthesia and critical care side of the world, and then switched into anesthesia at the Beth Israel and John Hedley-Whyte was the chairman of the department.

ILACQUA: OK, and so what I am curious about that -- you're really well known for the walking epidural.

ORIOLE: (chuckle) Right.

ILACQUA: We're skipping about, I think about a decade here.

ORIOLE: (chuckle)

ILACQUA: So I'm trying to put together the steps from point A in medical school to point B...

ORIOLE: So, in medical school, I didn't like anesthesia at all mostly because I didn't understand it at all. As a surgical intern, you had to do a month of anesthesia and so I got to understand it better, and I found that I still didn't love it, I still found it -- so I found the independence and the speed of it disconcerting when I didn't know very much. But then as I learned more, I found that intriguing, and so that's how I became an anesthesiologist. I wanted to be just a straight old anesthesiologist because I really wanted to remember everything about the body. But the chairman of my

department, as I graduated, asked me if I would become the director of obstetric anesthesia, which I didn't actually really want to do because I didn't want to specialize, and essentially said no, until my best friend in the anesthesia department pointed out to me that that was really kind of stupid, that here, straight out of residency, I was being offered the directorship of a division, and that I should at least try it, and if I didn't like it, then say no, and that made a lot of sense, so I tried it and I liked it. So, that's how I ended up there. Once -- and what I liked about it was that as a division director, you could actually create things, and so I became more expert in the field and realized the things that needed to be created, the first thing I was interested in in creating was things to educate women, because they clearly didn't know the options, they didn't know the risk and the benefits. There is so much fad and misinformation on both sides, because this was the time of the natural childbirth versus medicated childbirth and everybody is arguing and everybody's saying how everything is destroying everything else, and I didn't think any side was quite accurate, so I felt educating women so that they could actually make informed decisions is where I started. In educating people, you have to know what they're about. I had had two



children at this point, so I also had my own opinion, and what was clear to me was childbirth hurts, but pain isn't death. In some people, pain is bad, in some people, it's worse, and some people, some things are worse than pain. And being numb for some people, being numb and paralyzed was worse than pain. And so, the question was what can you do to relieve pain that doesn't make you numb and paralyzed. And so, that's where the walking epidural came from. And at the time, the pain medicine was becoming a specialty, where a person would have surgery and then they'd have anesthesia after the surgery to relieve the pain, so like, you might have anesthesia where you're asleep for surgery, but if you had a hip replacement, you might continue to get a little bit of anesthesia to make that -- where the surgical site was, make it not hurt so much, so they could get up and walk and it won't hurt so much. So, that was called pain medicine. That was the beginning of pain medicine as a speciality. And so it seemed to me, if two floors down, you know, 80-year-old ladies who broke their hip are getting this low-dose anesthesia in order so that they can walk around the floor [00:25:00] and get their hips back, then why can't the 29-year-old on the other floor get a little bit of anesthesia to make it so it doesn't hurt so much? And then, I

happened to go to a conference on how to organize an anesthesia department, again, pure happenstance, and it -- one of the speakers happened to have had this interesting concoction and she described how it felt, and so I said, well, then why don't we just try it, just try an ultra-low dose and see if it can relieve the pain without causing numbness and paralysis. So, that's where it came from. The purpose was to get rid of the numb sensation and the inability to move. But in anesthesia, you would never use the word, paralysis. It's a very scary word, so hence, the name, the walking epidural. And actually, we didn't name it, a reporter named it. We were calling it the ultra-low dose, and at one point, we were calling it BI special, and Ultra-Light, we called it everything. It was the time of new Cokes, so we were like Classic, so classic epidural versus new. We had all these crazy names. A reporter came because he had heard about it from a neighbor. He was filming a person walking, and most people don't understand how to pronounce the word, epidural, so they often say epidermal. So, the reporter was so excited to see this woman in labor walking down the hallway, she said, "Oh my goodness, it's the walking epidermal," so that's actually the official name of it. But that -- that was what stuck, which was unfortunate because everybody thought you had to

walk, so it was not about walking, it was about not being paralyzed and not being numb. So, that's where that came from.

ILACQUA: Something that I'm kind of picking up on from that whole story is your concern for the patient and their comfort and where they're coming from, what kind of background they may have or education they may have. Is that something that you learned on the job? Is there something about how you interact with patients that factors in that? This is prior to New Pathways that you were at Harvard Medical School and so, I was --

ORIOLO: That's a really good question. And I don't -- part of it might have been because I was older when I came here. Part of it might have been that both my parents had become sick and died, and so I saw it. I know as a medical student, I was very aware of what I felt to be the patient's rights. Part of it might have been I was a child of the '60s (chuckle) and truly believed in freedom. And because -- one episode in medical school, there was a patient who was dying of cancer that was making -- obstructing -- obstructing their ability to eat, and the team was trying to figure out what was going on. What was going on was she had cancer and she was going to die, and there wasn't any question about that. But in the meantime,

trying to understand exactly, you know, which aspects, you know, where the obstruction -- what was going on, and so they wanted to do a procedure to her that she really didn't want done. She just said, you know, listen, really, no. And I was struck by the eagerness of the medical team to want to do everything and more and what not, and I just didn't think that was right. I felt -- so as a medical student, when I saw medicine sort of railroading patients for their own sort of scientific curiosity, it really bothered me. So I think the patient's perspective was always -- always mattered greatly, and whenever I would see a moment like that, it's as if that was a massive lesson. You know, it's not something I'd say, oh, that's a drag, and just move on, but it would really get under my skin. So I think by the time I was a resident, I had seen enough of that side of medicine. It's like, you know, that -- that was really important to me and something that I was going to respond to forever.

ILACQUA: Excellent, and this almost segues [00:30:00] into -- I'm curious about how the Family Van began. And again, there are these themes of caring for the patient, but you had also mentioned making sure that your patients were aware of what was happening to them, what options they had, and I think part of that goes into what creates a Family

Van, but if you could, tell me a bit about that.

ORIOLE: So, in obstetric anesthesia, again, I just tend to notice patterns and so a lot of, again, you know, noticing the women who didn't want to be numb, noticing the women who didn't know what was going on, you know, noticing the women who didn't feel comfortable in the healthcare system, just noticing these patterns, and I can't -- so I -- in obstetrics, you have everybody, rich and poor, you know, one room next to each other, and everybody -- everyone's doing the same thing, but you can see the world that comes with them. And I had many women who had complex cases and I could see the ones who had excellent care and how they got to have excellent care, such as calling their doctor when they didn't feel good. And then, I'd see ones who didn't get excellent care and it wasn't because they were different doctors, it's often because the patient didn't even know to call and ask, you know, and it was the sense -- it was back to the sense of self. If they didn't have the sense of self that if they didn't believe in themselves, if they didn't have the confidence to make the phone call, then they couldn't even be helped. If they didn't even know there was a problem that they might be suffering, they wouldn't ask somebody, is this a problem? And it just -- the absolute sense of feeling that you are

not entitled. And so, I would see those side by side and when I was seeing the differences, I started thinking -- I first thought the difference was sort of the health of the person and therefore, what we needed to do is help everybody's nutrition, and I understood that Women, Infants, and Children was a program about nutrition for women and children, and so I said, you know, I should call them and ask them if I can help them in some way because I wanted to -- I just didn't like what I was seeing, so how can I help? And I called the WIC office and I got to the regional director and said, you know, I'm the director of obstetric anesthesia, I want to help, and her comment was -- I thought they needed help lobbying to get more money, and so I was offering to do that, and she said, "Oh no, we don't need that, we have the money we need. We can't get the WIC stamps to the people who need them." And so, I was like oh, that's a really interesting bottleneck, you know, so you have people out there who want this, and you have it, and they can't even get together, so that's kind of where the Family Van came from, you know, sort of like oh, why don't we just get the WIC stamps out on the street, you know, and the conversation, well, what if I went out in the street and found people and signed them up for WIC or something, so obviously, it wasn't going to be that simple,

but that was the beginning, the idea of how to get education because, you know, if these women knew -- I figured if we went out there and checked people's blood pressure and dip stick their urine and told them about WIC, that was half the job. Obviously, it was more than that, but that was where it started, it was sort of like how to get education and resources to the people who didn't even know to ask for them.

ILACQUA: And it's grown immensely since then. It's...

ORIOLO: So, it's still alive and well, which it's 23 years old, and that's sort of amazing. It's -- I mean, it is amazing what it's doing, I mean, it's as popular -- so it was always popular, OK, once it got started, but it has become an institution that's just totally respected, that's part of the community, that it has stayed alive, funding itself all these years, it's kind of a miracle. A lot of -- a lot of generous people, but a whole lot of no's also. So seeing the world of where people choose to spend money, what's the popular problem, what looks like it makes sense, what is the model -- this is such a nontraditional model that it's very hard for some people to understand. It's like, "Well, why don't they just go to a doctor?" is what we've been told. It's like, well, that's actually not the answer. So it's an interesting middle ground, you know.

And part of it -- doing it here -- doing it in this academic medical center was back to Temple, you know, feeling -- when I saw these women who didn't know what to do I thought to myself, "If I was 16 and all of a sudden got pregnant I wouldn't even know where to start". And seeing so many people who had no clue what to do.

[00:35:00] There was a mobile clinic -- Bridge Over Troubled Water -- that was for runaway teenagers, and they were the same thing. They had no clue what to do with themselves so this idea was like, just people out there have no clue so let's just get the resources and the education and help people connect to the system. So that was the logic. And by then was these academic medical centers are actually well healed. The community one block away is not, time to share resources. So that was how it started.

ILACQUA: And -- I'm kind of curious -- was there anyone who stood out to you as particularly supportive of the Family Van or particularly supportive of bringing medicine to the community from Longwood to Boston's many neighborhoods?

ORIOLE: So, Mitch Rabkin was absolutely the hero of that. I dreamt up this idea and I started telling people that I thought it would work. And I was telling people in the outside world. So I called a classmate of mine whose



husband was a minister, so to say, "What do you think of this idea?", and I called friends who worked in Neighborhood Health Centers and said -- but I was doing it all kind of on the phone, nights and weekends, just thinking about it. And I managed to come across somebody through Gus White who was a representative in Cambridge, and he invited me to present the idea to the Congressional Black Caucus and I said, "Oh, that's really cool, I will", but I felt at that moment that I was now stepping out of just being Nancy making phone calls into being Dr. Oriol at the Beth Israel. So I asked -- went to see Mitch Rabkin and said, "What do you think about this idea?", and he said he thought it was brilliant. He said, if you can make it happen I'll -- I'll take care of the van if you can make the rest of it happen, and he was the greatest advocate. I also then realized that I was beginning to use a lot of my time and effort when I wasn't sort of doing work, so I thought I should tell my chief also Ed Lowenstein, so I told him and I said, "You know, I've got this idea, and Mitch Rabkin thinks it's not totally crazy, is it OK with you if I work on this?", and he said absolutely yes. And what was interesting is I couldn't do it all myself, I didn't have the time, so I asked if I could find somebody to work with me, and so I found medical student, Cheryl

Dorsey, and at the time of running obstetric anesthesia I had an administrative problem that needed someone to do some work on. So basically somebody had to get the charts every day and make sure they were done properly. And, you know, it was a tedious job and you pay a research assistant to do it. So he let me hire Cheryl to do that job and knowing that we were going to in any spare time work on the Family Van. So that's how it got started. And basically the rest is history. (laughs)

ILACQUA: Well, wonderful. So while all of this is -- so we're basically talking about what the Family Van was in the '90s and your work at the BI began in the '80s. When did you come on as faculty at Harvard Medical School? So --

ORIOLE: So as soon as you're -- when you become a resident in a Harvard teaching hospital, you're considered a clinical fellow. And as soon as you become a full time attending -- so as soon as you finish residency, if you stay in a full time job in the hospital then you're a Harvard faculty. And as Harvard faculty -- and so medical students would come over there, and I would teach them over there, and I would teach the residents, so that's part of the Harvard teaching which is how come we have 15,000 faculty because everybody at the hospital -- one of the many things that I did was -- they were -- I was on the admissions committee

and I would meet students who would say, why don't you teach? Then I did some -- a little -- then I did some teaching. And then they'd say, why don't you talk? And Al Poussaint was still here, so there just, we all just sort of stayed connected so it was a continuation of a connection to the Medical School. And they were always various things on women in medicine, minorities in medicine, just the usual, you know? (laughs) And so I stayed active in that.

ILACQUA: When did -- eventually you became a Dean here.

ORIOLE: Right, so I stayed full time at the hospital, doing all the things I was doing up there, which was obstetric anesthesia, the Family Van, a research project that was going on the side, I mean just all kinds -- just a bunch of stuff, and it was a time when medicine was thinking about diversity more, and so there would be diversity [00:40:00] things over there, too. And then there were education, like, with students I would meet -- I was teaching here in the preclinical courses, and then I was teaching there in the clinical course. And then Dan Goodenough, who was the master of the Holmes Society, who had been my favorite professor from medical school, asked me if I would be the Associate Master of the Holmes Society. Which I had never actually thought about, being over here because I was doing

what I was doing. And I just like Dan Goodenough, so I said of course. So I came over and did that and enjoyed it a lot, and while I was the Associate Master of the Holmes Society Ed Hundert was the Dean of Students. And we got along incredibly well, and that was all good, and then when Ed left the job he suggested I apply for the job, which was very shocking to me because I really didn't see that as my area of expertise. I just -- I had not thought about going that direction. But I was enjoying working with the students so much that I did, and hence I became Dean of Students.

ILACQUA: That's -- so, you and I were kind of joking before the interview about being a historian, doing research. But there are so many things that just kind of -- and then they happen, and then that's what you do when you find yourself there. It's easy to become introspective and say, but did you know you wanted to be a Dean? And that's not always --

ORIOLE: Oh, actually I knew I didn't. (laughs) In fact, a friend of mine had become Dean of Students at Tufts and I -- years before this -- and I'd come to kind of wonder why? Again, because you don't know what something is until you're a bit closer, and by the time I got close enough to this I realized, oh, this is -- I like this.

ILACQUA: Great. So, I think... I have a few more questions.

ORIOLO: OK.

ILACQUA: And they're -- they're pretty broad. But, I'm curious about sort of overarching changes. Do you think that -- or I should preface this with, you're a member of Faculty Diversity Committees at Harvard Medical School and over at Beth Israel, which is now Beth Israel Deaconess, but -- were there certain changes in the faculty that you observed over time? Have they made strides in faculty diversity at either institution?

ORIOLO: So, that's an interesting question. So at the Beth Israel when I started, Mitch Rabkin, Bill Silen, that's why they had a mission for diversity and they did a lot of things, they (clears throat) worked very hard and did all kinds of -- had -- they understood the problem and went out of their way to try to solve it. Meanwhile, over here there were a lot of committees and a lot of meetings, and I can't even remember the names of all the committees, but since there are so few faculty -- minority faculty, every time they had one they would ask me to be on it. Or I shouldn't say -- I didn't know that it was all of them, but it certainly felt like it. So it seemed like I was in endless committees talking about the problem, and studying the problem, and counting the problem, and measuring the problem, and doing nothing about the problem. And I can't

quite -- so when Joe Martin came here he was very interested in opening the school to the community. So I thought that was a beautiful thing, that he actually cared, he was the one who opened the doors to the community, supported all the community service stuff that was going on, and there was a moment where this was becoming much more community focused in a very nice way. And -- but at the same time there was yet -- yet another committee. So I started, actually, sending him little -- little letters expressing my thoughts. And I actually was entitling them -- or emails -- to myself 'Rosa Parks 1' and 'Rosa Parks 2', because every time I'd send it I would feel it was so incendiary that I was probably about to lose my job. And I'm sure it's because I was modeling Dan Goodenough. Such as suggesting that -- it was clear to me that many decisions were being made by committees that were all white men. And there was no way that was going to change. So I can't remember what got me to do this, but at some point I looked at the -- I graphed out how many women medical students there had been over the years, and then how many women senior pro-- senior faculty [00:45:00] there were. And there were two lines that were a parallel. So there were way more students, but -- then faculty, but both were increasing at the same rate. And then I graphed out how

many minority senior faculty were and how many minority students. Well the number of minority students was also a line that was increasing but the number of minority senior faculty was decreasing. And so if you have -- if you look at women and you say, more women students, more women faculty. That makes sense. More minority students, less minority faculty. So I actually graphed it out, sent it to Joe Martin and said, "This looks like active transport to me. We're doing something fundamentally wrong. And if we keep having committees to talk about and this is the best we get, then we got a real problem. Because we don't know why we are undermining ourselves so horribly". And that's when I start-- and I was just furious. And so I used to, so like -- I'm not going to sit on another committee! You kidding? Why? You guys are doing everything you can to get rid of us? Why bother? And so, they were -- I kept coming up with interesting ideas about -- so one idea was that every committee should be required to have a minority on it, and if it just so happened that there were no minorities of that type -- like, if it's a committee of professors and there are no minority professors than they had to go down market until they found one. And so it was their responsibility, no matter how far down they had to go, they had to go down the academic ladder until there was

-- now, I don't know that he ever -- I -- I don't know what he did with that, OK? He didn't fire me. But that was a suggestion. The second suggestion was that... at that time I was doing the Family Van, and I'd go out to meetings all over the city, and whenever I got there I was the only person from Harvard. And so I became the voice of Harvard, which I thought was totally wrong. So I suggested that we should have a -- you know, your man in Havana -- somebody who lives here but who is a Harvard person, but who was meant to the Tenant Union meetings, and meant to be the spokesperson. But out on the street. And that was sort of about the time that Bill Si-- they were having the office of Diversity, and so Bill Silen was the Dean of Diversity and Joan Reede had worked for him, and it was about that time that -- so I was pushing that we have this office, which is kind of like external affairs, and they were saying, "Well, we have external affairs". I said, "No, we need somebody who is the voice of diversity, that is Harvard, that can -- is respected in the community". And at the time there were three people who fit the bill, and Joan Reede was one. Deborah Stith was the other, and Judy Bigby was the other. Because they were known in the community, so in fact that was part -- I even did a presentation to the -- to his cabinet to sort of say, there



should be this office. And, again, around that time is when Bill Silen retires, and then Joan -- and so then Joan -- the name -- the office itself has expanded and he did include that concept in his -- like it's more than just -- so originally the office was just faculty diversity. And this was to be, you know, it's more community partnerships also.

ILACQUA: And now it's the, I think the current title is Diversity, Inclusion, and Community Partnerships.

ORIOLO: Something like that. Yeah, right. So, you know, that was again -- it's like, if we don't do it right, if we don't get out of ourselves it's just not going to work. So, and I can't remember what -- because there were three Rosa Parks' and there -- (laughter)

ILACQUA: So my next question, which I imagine is going to be my second to last, but -- when did cultural competency come onto the radar at Harvard? Well, at Harvard and at Beth Israel Deaconess, or wherever else?

ORIOLO: So once I moved over here I wasn't as -- as much -- I wasn't on the other committees, OK? So I -- at the Beth Israel. I was much more here. So cultural com -- but, again, Gus White has been speaking that for a long time. he was at the Beth Israel, OK? About -- at some point between when we started talking he had become the -- he had

become the Master of the Holmes Society, so he was now over here, too. So he brought that conversation with him. Dan Goodenough -- there had been a conversation about cultural competency started here before I got here. So when I got here Judy Bigby was the Associate Master of the Holmes Society, Dan Goodenough was the Master, they were running this cultural competency committee, trying to figure out what we were going to do and they had created a course, and they'd done all kinds of stuff, but it was mostly what are going to do about it? Because by then society had figured out one of the many problems with diversity is that [00:50:00] organizations are culturally incompetent and they need help being better. And so it became an educational moment. And so it had sort of gone from affirmative action to let people in the front door at all, to caring about disparities and health outcome, like we ought to do something in the sense of social justice, do the right thing -- to the sense of, well we ought to do the right thing and do it well, until cultural competence. And that was sort of -- Gus White was the champion of that. So -- and Dan Goodenough was the amazing champion. So Dan Goodenough used to go -- every time he was in a committee meeting, if he saw that he -- you know, at some point he would stand up in the committee and say, "I just want

everyone to notice that I -- that there are no black people in the room". So he would point out endlessly to all of the Harvard -- because he was a professor, so, like, just so you know, look at who's here. So that was Dan Goodenough's method. Gus White, who by then was a professor and here, his method was he started building this cultural competence -- wrote articles, and if you said hello and how's the weather within five minutes it would be -- OK, what are you doing about cultural com-- so he just never let it go. And everything that anyone did he brought it up and said, OK, what are we going to do about it? So the two of them, their absolute insistence on thinking about the topic -- it kept it -- it kept the conversation very much alive. You know, meanwhile society and all of us, everybody was sort of moving in that direction and so it became more in the conversation. The original mission statement didn't have diversity in it and the end one did. And between Joan Reede and Gus White that's what -- how that happened. So, yes the conversation was ongoing. However, the student body is great. We have great diversity in the student body. The faculty, not so much at all, and still not so much. The hospital's definitely getting better. And, for all kinds of reasons. I don't know if I did that graph of number of faculty how that

would -- what it would look like right now. If we did it in terms of number of faculty that the students actually see during the first two years of medical school it would be really pathetic. So we haven't solved the problem.

ILACQUA: And actually picking up on a -- the term you used, it's an ongoing conversation, an ongoing and constantly evolving problem. And that's -- it's an ongoing conversation about diversity, medicine, and all these other things that come into this. In that vein of -- of conversations that are still ongoing, you mentioned that you were involved with White Coats for Black Lives, most recently, and I was wondering if you could talk about that.

ORIOLE: So, it was interesting. You know, the school year began and every -- we had this amazing class, they were all working hard, and just focusing on their work. And Ferguson happened, and one after the other and it just -- you know, the students just said sort of enough. And the -- and everyone started saying enough. This certainly was a grassroots, sort of the Black Lives Matter. Yes, people say, well doesn't everybody's life matter? Well, yes it does, but it would surely be nice for the world to act like black lives matter, you know. And then the White Coats for Black Lives was started someplace in California, I think. But, again, the social network allows things to get to

bubble up from many places, so exactly where stuff happened, I don't know. I mean, a bunch of students that are wonderful said, this is what we're doing. It really was a grassroots movement. I don't know who as the student who said first to another student, let's do such and such. We have many students who were basically part of this, let's do something. And the first thing I heard about it was a couple students happened to tell me that -- that other s-- that there was going to be a protest and students were going to wear black the next day as a sign of solidarity for the whole issue of Black Lives Matter. And I said, oh that's great, and they'd send it to me through the middle of the night and -- which is when they usually email me -- and so, then the next day I showed up in my black outfit, and just -- and I didn't see anybody dressed -- [00:55:00] I didn't see anything, so I said, OK that's cool. What they had done is they had actually all gone together, put their black hoodies on and were in the main auditorium taking a picture of themselves. And that's -- which they then posted, which I didn't know any of this was happening. They did it, they posted it and then the next thing -- a couple days later somebody said, oh did you see this? And it's like, oh well that's what was going on. So it bubbled up from the surface. I (inaudible) the kids, I

mean I sense -- I tend to know who -- know all the students and so they tell me what's happening. And they know that I care about this, too, so they would ask me -- and, (1) I'm the Dean of Students, so they often would say, "Am I going to get in trouble if I do this?", but then also since you agree with us on all of this do you want to join us, too. So that's how I ended up in all of this. So when it came to the die-in they were sort of -- they were somewhat asking permission, but not exactly. This was like -- and in fact the very first thing was the photo shoot on the Gordon Hall, so the students dreamt up this idea, let's have a photo shoot on Gordon Hall, we'll show up in our black hoodies and just say -- and they told me about it, and they told me about it with enough warning so I could tell a few other people about it, so about five faculty showed up and we did a photo op. And then the next thing I heard was the national White Coats for Black Lives. And it was like, OK they're going to do that, and I don't even know who said it first, but the idea was whether they asked people to make comments or -- or Jeff and Ed said they were -- it really was a coming together. Ed was out of town and Jeff was actually -- had a meeting that he had to cancel but decided it was important. So Jeff came, and spoke and then Al Poussaint was there and he of course was lying on

the floor with the students and I just laid down beside him. So it just -- it just happened. (laughs) And another -- other aspects of -- it -- I would say it's best, it became a conversation, as you say. So I'm going -- so one of the things that came out of it was I had seen this TED -- the TED Talk that I sent you. Another of the women who did a TED Talk was Verna Myers and I saw her TED Talk and it was -- I don't quite remember the name of it -- but essentially it was almost like an instruction manual on how to help make this better. And it was so good that I sent it out to the entire student body. And just yesterday, one of the students said that he was so sort of impressed by the power of her video that he did a video and his video was entitled 'A World Without Black People', and it's med-- it's him interviewing people and -- it's fantastic. So I'm about ready to have -- when I sent out the first video I called it 'Trying to Make the World a Better Place', because I wanted to explain to the students why I'm sending them an 18 minute video, OK. Because their time is precious, and really that's a lot of time. But I really felt it was important to try to make the world a better place. Well this student's response is so powerful. They're about to get -- 'Trying to Make the World a Better Place Part 2'. (laughs)

ILACQUA: So. We've reached the end of my list of questions, but this is an opportunity for you to think about if there are any other stories, or thoughts, or opinions that we haven't talked about today that you would want to go on the recording.

ORIOLO: So, I guess only one. And -- in that -- in giving the history, sort of I'm doing it from my perspective of the things I've done. Each one of these things really was like a group of people and it's hard to capture how critical that is. So if dreaming up the Family Van, Mitch Rabkin hadn't said, that's great, if Ed Lowenstein hadn't let me hire Cheryl Dorsey, if my chief hadn't said, that's great. If Joe Martin had sort of responded somewhat negatively to all my Rosa Parks emails. All of those things would have been different, I mean all of the outcomes of each one of those. So it just -- it's important to know that this is just really the very top layer.

ILACQUA: Well it's the story of an enormous [01:00:00] community here --

ORIOLO: Yeah, exactly.

ILACQUA: -- at Harvard, and Longwood, and Boston, and as you go out from there. But thank you for making that note, because I think it's an important one to think about. And so I also want to say thank you for taking the time to



speak with me today.

ORIOLO:    My pleasure.  Thank you for asking.  Thank you for  
          doing this.  I mean, I can't wait until you do Dr. Kravitz  
          tomorrow.  (laughter) I've been wanting -- (laughter)

ILACQUA:  Well, the whole thing is my pleasure as well.  I'm  
          going to hit 'End'.

ORIOLO:    OK.

                          END OF AUDIO FILE