

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

Interview with Yvette Roubideaux | October 29, 2018

JOAN ILACQUA: OK. So, we're now recording. So, today is October 29th, 2018. My names Joan Ilacqua and on behalf of Center for the History of Medicine, I'm doing an oral history interview with Dr. Yvette Roubideaux. Dr. Roubideaux, do I have your permission to record us today?

DR. YVETTE ROUBIDEAUX: Yes.

JII: Excellent. So, my first question is probably the most broad. It's a background question. So, if you could please just, you know, tell me about yourself. Where did you grow up?

YR: I grew up in South Dakota. I was born in Pierre, South Dakota. And for the majority of my young life, I actually grew up in Rapid City, South Dakota. I am a member of the Rosebud Sioux Tribe. And also Standing Rock Sioux.

JII: Great. And, you know, did medicine have a role in your early life, or the medical profession?

YR: I first decided to become a doctor when I was thinking about careers in high school. And I recalled the incredible need that there was for doctors in the Indian

Health Service. I had heard a lot of relatives complaining about their care. And I realized at that time, I really had never seen an American Indian or Alaskan Native physician. And I realized, well maybe if we had more American Indian/Alaskan Native physicians, we could help improve the quality of healthcare. So, that's why I decided to be a physician.

J1: Great. So, where'd you go to undergrad?

YR: I went to undergrad at Harvard University. I was fortunate that my mother made the suggestion that I apply to schools on the east coast like Harvard when I was thinking more regionally about where I would go to college. So, I'm grateful to her for putting the idea in my head, and grateful that I was able to attend Harvard.

J1: And so, you went from Harvard College to Harvard Medical School, right?

YR: Yes.

J1: Yeah, so, was there a reason why you decided to go to Harvard Medical School? Were you thinking about going anywhere else?

YR: Well I really enjoyed attending Harvard College. I had great friends, and a great experience. I did well in my classes and had great experiences in extra-curricular activities. So, I really wanted as my first choice, to

stay at Harvard. However, it's very competitive so I did apply to a number of other schools. But I was very grateful to receive the acceptance to Harvard Medical School.

JJ: Great. So, when you came to Harvard Medical School, were you involved with any groups or clubs? Like, what did you find in terms of the student experience when you got here?

YR: I feel like I was really lucky, because back then in the 1980s, they used to host -- I don't know if they do still -- but they hosted what was called the third-world weekend. And it was a weekend in the spring where individuals who had been accepted to Harvard Medical School and who were in under-represented groups or those that were still deciding between Harvard and another school, had the opportunity to come and spend a weekend at Harvard Medical School. And during that weekend, there were several sessions encouraging the applicants or the accepted students, that they had made the right choice or would make the right choice. We got to visit with a number of faculty, including several faculty of color. And probably the best part is, it was the opportunity to meet other students of color and under-represented students that had been admitted. So, in essence, it was a preview of our classmates. And it was a great weekend. It really

solidified my confidence in entering Harvard Medical School. It was a great opportunity to strike up friendships that I've kept [05:00] throughout my career. And it even helped me pick a roommate. But it also was a very encouraging event that said, you know, if you're accepted, you belong here. And you know, you can make it. You don't have to worry that you're not being accepted for a good reason. That you belong and that Harvard wants you, and that you will do well. So, it was very encouraging. I really -- it was a fantastic weekend. I really loved it, and it set me off on the right foot with Harvard Medical School.

JJ: That's excellent. So, you mentioned that you had the opportunity to meet with faculty members. Is there anyone who stands out to you as being a mentor to you while you were here?

YR: Well, of course, Alvin Poussaint was sort of an icon at the time. And it was just reassuring to have him be in his position and to be in a position of authority. And to know that he understood who we were and what we were facing. And he always had a good smile and encouraging words. There were other faculty that were from under-represented groups. I remember Nancy Oriol always struck me as being incredibly strong and ambitious and sensitive to the needs

of students. And I was grateful for her presence as well. I think that seeing those minority faculty were really important to me. Even though there were no Native American faculty, at least I knew that there were faculty from under-represented groups that had had similar backgrounds and similar experience. And they made it through. So, it just made it more likely that I could make it through. And having them encourage us was very encouraging and helped me a lot.

JJ: So, while you were here at Harvard Medical School, you know, when and how did you decide to specialize?

YR: I decided to specialize in internal medicine during my internal medicine rotation Brigham and Women's Hospital. It was just a great experience and I knew I wanted to go into primary care. I had previously thought I wanted to go into pediatrics when I did my pediatric rotation before that. But once I was in the internal medicine rotation, I knew for sure that that was what I wanted to do. It really fit my personality and I enjoyed adult medicine. And really complicated patients was my interest. I also was looking for a specialty that I could use as I planned for my career to work in the Indian Health Service. I have known from the day I decided I wanted to be a doctor that I wanted to go back and practice medicine in the Indian

Health Service. I wasn't sure what kind of doctor I wanted to be, except that the doctors they needed were primary care doctors. And Harvard didn't have a family medicine rotation. So, really the only choices were pediatrics, internal medicine or they had just started the combined internal medicine and pediatric residencies back then. So, I was glad I had, you know, really enjoyed internal medicine because that was a great match for my future career, especially with the high rates of diabetes and heart disease and high blood pressure in American Indians and Alaska Natives. It was really a perfect match for someone planning to work in the Indian Health Service.

JJ: Great. So, are there any moments that stand out to you as, you know, catalysts or turning points in your medical education?

YR: I think that there was a time in my second and third years where faculty were encouraging me to either be a specialist or [10:00] to stay in academics. And I remember at one point, a faculty mentor told me, or said the line, "You know, it's a shame you're wasting your Harvard education if you're only going to go back and work on an Indian Reservation." And that was a comment that was really hurtful to me. And I remembered thinking, "Wow." Yeah, I didn't know what to think about that. It was said right

after saying you're a smart student and you'd be great in a particular specialty or great as faculty at Harvard. And on one hand, it was flattering to be told that, you know, I was considered a bright student and should stay at Harvard. But on the other hand, this faculty mentor had discounted my entire reason for becoming a physician and made the assumption that a Harvard education wasn't worthy of, you know, American Indian/Alaska Native patients were not worthy of a doctor trained at Harvard. So, that hurt a little bit. And I wasn't quite sure what to do about that. And then very soon thereafter, I got the opportunity through my scholarship to go to a meeting of the Association of American Indian Physicians. And the Association of American Indian Physicians is a national organization and that time, probably had about, I would say, maybe 100 members. But it was the first time that I had ever been in a meeting with so many American Indian/Alaska Native physicians doing what I wanted to do, many of them working in the Indian Health Service. And that meeting really helped me see that there were other people who were successfully working in the Indian Health Service who were American Indian physicians, and they had gotten their educations at great schools as well. So, it was really a turning point for me to say, well, you know,

obviously that faculty mentor did not understand the need, and did not understand that American Indian/Alaska Native patients deserve the best trained doctors. And actually, they probably deserved more better trained doctors because of the complexity of their situation and their illnesses and the challenges and the system. And I got to talk with very encouraging physicians who were encouraging me to stay on my path. And so, fortunately my desires to work and be a doctor on an Indian Reservation were not dashed by this faculty member's insensitive comment. Because soon thereafter, I got to meet people doing exactly what I wanted to do. And that helped encourage me.

JJ: That's wonderful. So, I mean, my next question, you kind of answered. And it's sort of geared toward people who have stayed on campus. But as I understand it, you come back and lecture sometimes. You know, what have you seen as the biggest changes in regards to diversity inclusion and equity here at HMS? And I know, big and vague questions. We're talking about, you know, about three decades at this point. But in what ways did HMS do well in supporting you? And what might it have done better?

YR: Well, I think things there are so much better now. Back in the 1980s, there was always the unspoken fear that people thought that we were admitted because of our race and not

necessarily because of our potential or our skills. I knew that potentially should have been admitted regardless of race based on my record and based on what I wanted to do. And I, fortunately, had that confidence in myself that my parents had taught me. But I know a lot of others also, you know, feared those questions and didn't like the presumption that if you were under-represented or a minority, you were there because of affirmative action. I think that the environment now is much different. Diversity is much more accepted [15:00] as the reality of the patients that the alumni of the school serve. And then in -- there's research that shows that, you know, if Harvard, that the best way to get more physicians into the communities that need them most is to admit and train individuals from those communities. And I really see a fantastic set of programs and commitment. The mission statement of the HMS now includes the word diversity as a value. And really, Joan Reede's leadership as the Dean for Diversity and Inclusion is an incredible achievement, and her becoming a full professor. Hearing people value diversity, and programs like I was fortunately to be, fortunately able to be a part of the Commonwealth Fund Harvard University Fellowship in Minority Health Policy when I came back to Harvard. It was a great program among

many that emphasize the importance of making sure the physician workforce is diverse. Because the patients who need physicians are diverse as well. It seems like there's a great improvement in that, and it seems to me that the students that are admitted are admitted for the purpose of, you know, making sure that all communities are served. And those communities need leaders, physician leaders. And you know, attracting the best and brightest to Harvard Medical School, I'm sure that those communities -- all communities -- get those physician leaders. So, for me, it feels like the -- whenever I visit Harvard, it feels like the climate is so much better. There's a lot of work to be done. I know they need more diversity in their faculty, and there definitely needs to be more training that emphasizes skills that every physician needs for diversity. But I really feel like Dr. Joan Reede has been critical in improving the climate and in improving the environment and improving the programs to help support under-represented students from all backgrounds.

JJ: Excellent. So, I have two more questions and then we're (laughs) we're all set. The first is just, could you tell me a bit about your career after Harvard Medical School?

YR: After I left Harvard Medical School, I trained in internal medicine, primary care/internal medicine residency at

Brigham and Women's Hospital in Boston. I really enjoyed that program especially, because it had a physician leadership track in the primary care part of the program. And it was really valuable to me. I was also grateful that Dr. Marshall Wolf, the head of the internal medicine residency program at Brigham and Women's Hospital understood what I was going to face working out in the Indian Health Service. And they allowed for me to do some extra rotations in different areas to broaden my experience. I then worked in the Indian Health Service for four years as a physician, internal medicine, in Arizona on the San Carlos Apache Indian Reservation where I was also the clinical director. And then -- on the Gila River Indian community, which is also known as the -- formerly known as the Pima Indians. I became very interested in, you know, the challenges of diabetes in American Indians. But I also saw the limitations and the frustrations of working in an underfunded system. So, that's when I did the fellowship program with Joan Reede and got my master's in public health. And after that, I realized that in order to get more resources for the Indian Health Service, that I wanted to help get more data. So, I was a researcher and faculty for 11 years at University of Arizona. And then in 2009, I got the call to join the Obama Administration, and

was nominated and Senate confirmed as the Director of the Indian Health Service. I served in that position until 2015. And then after that, I helped start the new medical school in Spokane, as an Associate Dean for Diversity and Inclusion. And then, about [20:00] a year and a half ago, the position I'm currently in opened up, which is sort of a dream job. So, I came to Washington, D.C. to be the Director of the Policy Research Center at the National Congress of American Indians. And we work to get research and data that tribes need to make sure strategic and proactive policy decisions to benefit their communities.

JJ: Excellent. So, my very last question is just, you know, is there anything that I didn't ask you about or any other stories that you'd like to tell me about your time here at Harvard or about your career or anything else?

YR: No, just I'm very grateful to have had my education at Harvard Medical School. It motivated me to want to make a difference and try to help improve Indian healthcare, and to improve the lives of Indian people throughout my career. I have developed a great network of friends that went to HMS. I had incredible training and the education really helped to motivate me to think a lot bigger than I had been thinking about what my role and what my contribution should be. I also have to say that I just feel so grateful to

have had Dr. Joan Reede as a mentor throughout my career. She is an amazing person, has made so, such a great impact at Harvard Medical School with regards to diversity and inclusion. And she has inspired generations of students and physician to try to do better in the world, and to reduce health disparities and promote health equity. I just am very grateful to have met her and to call her a friend and a mentor. And I am -- really believe that there have been so many great improvements in Harvard Medical School and how it addresses diversity and inclusion. And I know that Joan had a big part of that. And as a result, I'm very proud to have attended Harvard Medical School.

JJ: Wonderful. So, I just want to say thank you, Dr. Roubideaux, for taking the time to chat with me today. And I'm going to stop recording.

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