

**Interview: Brian Swann | August 16, 2019**

JOAN ILACQUA: So, today is August 16<sup>th</sup>, 2019, and I'm Joan Ilacqua, I'm here with Dr. Brian Swann, we're conducting an oral history for the Center for the History of Medicine. Dr. Swann, do we have your permission to record?

DR. BRIAN SWANN: Yes, you do.

JI: Excellent. So, for today's interview, the first question should be easy, it's just background. If you could just tell me about yourself, where did you grow up?

BS: Well I was born in a place called Alcoa, Tennessee. Blunt County, to be exact. And we lived there until I was about seven, and because Alcoa is a city that was created because of the Alcoa aluminum plants, that was the job to have. My father couldn't find work there, and so he found work with Delta Airlines, which he also had some cousins in California, he decided that he wanted to move us to California. So myself, and my two younger brothers, and my very young parents, my parents were quite young, I think my mother was 23 at the time, with three boys, we migrated to northern California, a little town called San Mateo, and made that our second home. Tennessee was always first home, so we'd go back during the summers, and I really loved it, because it was a segregated town in those days,

you're talking about now in the '50s, things in the South were segregated. But it also meant that you knew everybody in town. So it was a small town of 6,000 people, and I had a set of great-grandparents, two sets of grandparents, uncle and aunt, and many cousins. So, and we all lived no more than two streets over from each other. So, there was a lot of camaraderie, there was a lot of motivation, there was a great deal of security. And everybody's door was open, so you could spend the night, and eat dinner, and lunch at any one of their homes. And so I really enjoyed that. It was a semirural environment, so we got a chance to play outdoors all the time. And we would make bows and arrows, shoot BB guns, catch animals, play all kinds of sports. Socialize, and also do chores. That was required. And then, once I, you know, went through high school in San Mateo, California, graduated, and then went to Pacific University, which is in Forest Grove, Oregon, it's a very old college there, and part of those groups of colleges like Lewis and Clark, and Reed, are all in that group. And then, I went to dental school back in northern California, at the University of California San Francisco, and spent four years there, and graduated in 1975. Before you were born. And then, I practiced and did a lot of things after that, before coming to Harvard in 2006. So I've been out

of school quite a while. And to become the oldest of Joan Reede's minority health policy fellows.

J1: So, jumping back, before Harvard, before -- maybe even before college, why did you go into dentistry? Like was there anything in your earlier life that drove you in that direction? Or was that a decision you made after college?

BS: Yeah. As a young boy, I was attracted to geology, I was interested in the Native American side of our family, and we lived in that part of Tennessee, which is close to Cherokee, North Carolina. And you know, I just, I liked the land, we lived at the base of the Appalachian Mountains, we called the national park, Smoky Mountain National Park. And all those things fascinated me. Coming to California was a different environment. And my mother, not knowing what else to do, did the same thing that her mother did for 35 years. She began cleaning houses for wealthy families. And being a young woman, 23, 24, 25 years old, she realized that those people who had all that monetary wealth were no smarter and no brighter than she was. And she decided she wanted to go to college. And she read about a program in dental assisting. So she enrolled in San Mateo Junior College to become a dental assistant. I was around 11 or 12 years old at the time, and she had problems drawing the teeth for her homework. And so, she

would come to me and I would sketch out the teeth. And then, when she started working for [05:00] a dentist in San Mateo who happened to be black, he worked in an office with both a medical doctor, and a primary care, and a dental person. And when I would come to visit her at work, I was fascinated by the dental chair. I was also fascinated by the fact that he was his own boss. I was fascinated by the fact that he was a doctor who seemed to be an artist as well as a scientist. I was fascinated by the fact that the community had a great deal of respect for him. So that stuck in my claw. And then being in northern California, Silicon Valley was (inaudible) starting to get going, engineering seemed interesting as well. And so that's how I picked between the two. And then, I guess the tip of the iceberg was going to the dentist as a patient for the first time, I had 13 cavities. So, which meant I spent a lot of time at the dental office as a patient. And I realized that engineering might be too much math for me, it wasn't my strong suit. And I was away from the agricultural area of Tennessee, so I ended up deciding that pre-dentistry would be the equivalent to premed, and it gave you a lot of different options, and that's how I made that choice.

JJ: Excellent. So, graduate in 1974.

BS: Seventy-five.

JJ: Seventy-five, oh geez. That's what I get for not writing it down. Tell me about what your career was like in California. Did you specialize? Did you go into private practice? You know.

BS: Well, you know, I was very happy to get into dental school. When I came to, it was the only school I really applied to, was UCSF. And a friend of mine who practices oral surgery and maxillofacial surgery here in the Boston area, we went through high school together, and ran track together, and he told me about getting into that program. And the program was trying to increase the number of underrepresented minority students, in order to go back into those communities. So the, UCSF had a large contingency of black employees, and when they did not see students of African descent in the student body, they went on strike. The strike lasted one day, and three hospitals on that Parnassus Avenue weren't functioning as they should have. And the chancellor decreed that 25% of all entering classes need to be made up of various groups of people, including women, poor white, Native American, South Pacific Islander, black, and Hispanic. And so I sort of came through that wave, at the advice of my fellow high school student. When I got interviewed, the assistant dean, Mary Beth Monte was her name, Italian lady, she said, "Where

else did you apply?" I said, "Nowhere else." She said, "Oh, that's too bad." I said, "Why?" And she says, "Because your faculty doesn't want to teach people like you. And if you have another option, I advise you to take it, because you're going to catch hell here." And I says, "Well if I get in, I'm coming, because I haven't applied anywhere else." So I did get accepted, and sure enough, school was extremely political, and very difficult. Dental school by itself is probably harder than medical school by most standards, because you don't get an elective day. And schools like UCSF regard themselves as being a top research school, but also a school where your hands had to be really on point in terms of the clinical requirements. So, it was tough in that regard. It was the only school in the nation that gave an extra performance test. So no matter what your grades were, no matter what recommendations you had, if you didn't pass that performance test, which was manually sculpturing a first, upper first molar out of clay, and then carving a three dimensional figure in chalk, and a series of other little tests. If you didn't do that, you didn't get in. And so, you know, I did get into that program, but it was difficult. The faculty let us know after the first week that you were not welcome. And so, it was a struggle, first of all, to find the money to go to

dental school, it's expensive. And then it was a struggle dealing with the politics, because the assumption that I made was that coming into a professional school, where you're learning to be a doctor, that it wouldn't be like undergrad, or any of the other places that I had gone, where you were being teased out for being maybe the only black in a college prep class, or what I went through in high school, or being accused of cheating in college when it was just another black student who kind of looked like me. These kinds of things I felt would just disappear in a professional [10:00] school, learning to be a doctor. But it was worse. And so, there was just a lot of politics that took up a lot of time, and every month, we would do something thinking that we were going to get kicked out of school, because a group of us, five of us, sort of really banded together and decided that we would meet faculty halfway, but we would call them out if they were out of line. And we just didn't know if we were going to finish dental school. We didn't know if we were going to pass California boards, because one of the vice president of the California boards said that, you know, you guys might bully your way through dental school, but you will not pass the California boards. And so, we found out who he was, and we reported it, and he got fired, and I did pass the

California boards. After that, I started, you know, I was selected as a graduate to work in an underserved country, and the country was Malawi, which is in Southeast Africa. And yeah, I was selected to do that, but I was going to work for one year, and as an associate in a couple private practice. One of the practices I [got into?] was the same practice that my mother worked at. So my first year out of dental school, I worked with my mom, and Dr. Ray Rucker, who by far was the best all around dentist I ever seen, he was a graduate of Creighton University in Nebraska. And when I -- we applied for me to get a work permit in Malawi, it was denied. And it was denied because Malawi was a country that was affiliated with the apartheid regime in South Africa. And there were only, for 4 million people at the time, there were less than seven dentists total. And I was going to be number eight. So they asked some of the previous dental students about me, you know, in terms of what my character was like, and so forth. And one of the students who was there the year before me coming said, "I don't know him personally, but I just know that his name was called out a lot on the loudspeaker, the intercom system, and that can't be good." I later found out that my nickname in dental school was the Rebel. I don't know why, but it was the Rebel. And I mean, I could speculate why,



but we won't have to go into that. But you know, it was actually just speaking out, which is something I learned from my mother, she was a very outspoken person, and her motto was one, where there's a will, there's a why. And number two, if you are accused of something you did not do, you should be able to stand for truth as long as it takes. And so, that was, you know, my characteristic as well. And so, what ended up happening is the country of Malawi denied my [working?]. One of the questions that my colleagues asked me, they would give me an orientation about going there, and there was a dental assistant who was a Malawian, African man, and they would not call him by his name, they all called him, "Boy." And I said, "Well why do you guys keep calling him Boy? What's his name?" And they said, "Well Brian, you can't go over there changing things." I said, "Well how old is this guy?" They said, "Well he's 30-plus years old, he's got kids, he's married." And I said, "But you guys still refuse to call him by his name?" They said, "Brian, that's what we're talking about. You can't go over there changing things, because you're going to get in trouble." And I didn't even get a chance to go. So the program was shut down. And they sent me to Jamaica instead. So the next year after graduation, one year associating, second year was spent in Jamaica, training

dental assistants and starting a new dental clinic in a rural area, central part of the country from scratch. And that's what I did. And the clinic got all of its equipment stolen, we [had the building up?], the equipment was stolen, and a lady named Mrs. Jones, Dr. Jones, came to my house one day, which was also on campus, and she was the vice principal of a school that went from preschool to community college, all on one campus. It was great. And she said, "I have a toothache, and you're the only dentist in a 13-mile diameter." And in Jamaica, 13 miles can take you two hours, because it's all very hilly and windy. And she said, I said, "Well come on in." And here's one of those stories. And I said, "You know, I have instruments, I have anesthetic, I see that you have a tooth that needs to come out," I said, "but I don't have sterilization." And my kitchen was still being worked on, but I did have a coffee percolator. So I put the instruments that I needed and boiled them for 30 minutes, and extracted her tooth at the kitchen table. She sat in an upright chair and we were able to get her anesthetized, and took out her tooth. That started a chain reaction, so every day now, I put a sign on the door, I get back to my house at 4:30, there would be a line of 10, 15 people, lined up [15:00] for emergency dental care. And I was sitting them at the same kitchen

table, and it was just havoc on my back, trying to work on an upper tooth. And finally, this area was a rural area, a lot of the people were farmers. These farmers came by one day and said, "Dr. Swann, we have a surprise, a gift for you." And I said, "Well what is it?" I come outside the house, and there's this car seat. And I said, "Well what am I going to do with that?" So one of the farmers in his old muddy boots say in the car seat, and he pulled the lever, and it reclined. And I said, "OK! Great." So we had some stools made that would fit my height and this reclining car seat that came out of a Chevrolet Corvair, and that's how I saw 600 patients in that house before the clinic was ready.

JI: Wow.

BS: Yeah.

JI: So how long were you in Jamaica?

BS: That was about nine months to a year. And then I ran into politics there. Because Jamaica had fairly recently become independent in the 1960s. So the colonial attitude was still there. And there was one director, and I told him, I said, "You know, I didn't come here to work for you, I've come to work with you." And so, he didn't see that. And he didn't appreciate that style. So they sort of like, tool the money out of the program, and I came back to

America, and the next three and a half years, I did community clinic work. The same kind of work that I was doing in Jamaica, and I was a director of a community clinic in East Palo Alto, which is near Stanford, for the next three and a half years. Because I had student loans that had forgiveness clauses, you know, some of those loans were supposed to have been written off. But President Reagan decided to change that policy, and I refused to pay. Because I had done three years of this work in this community clinic, which qualified me to have that, but no. So it went to court, I ended up having to pay anyway. And in order to do that kind of stuff, I decided to go into private practice. Which was in the same community, and there was no other private practice, for the next 25 years, that's what I did was private practice. And I set up a second clinic in San Jose, California, and I had that, I still owned that when I came to Harvard. And that was a total of 30 years being out of school, and going back to school, which was certainly a serious learning curve.

JJ: Yeah, so you said, so it's 2008, you become one of Joan Reede's fellows. Can you tell me what that was like?

BS: Scary. First of all, I still owned a business, 2006, I graduated in 2008.

JJ: OK.

BS: And I came here on an interview, I was just happy to come to Boston, see the snow, and Fenway Park, and to see this well, I don't know if it's a well-kept secret, it was for me, all the colleges and universities that were here. I knew two people, that was it, and they showed me around, went to Harvard, you know, to Harvard Yard. And I was fascinated. For me, that was enough. Whether I got in the program really didn't matter. But I came here, and I was interviewed by Chester Douglas, and I'm trying to think of the other people that interviewed me. Yes, it'll come to me. But the last interview was with Dr. Reede, and all the people told me that I was interviewed with, Myron [Alukian?], that's another one, they said, "Well our interviews, we like you, we think that you're good material, but you've got to get past Dr. Reede." And boy, I tell you, that day she had several things going on, she reminded me of a drummer. I used to play drums, where you got both hands, your head's bopping, and you've got both feet going on. She was doing all of that, and I said, "This woman is not hearing me. She's asking me questions, she doesn't hear my answers." But she did. And she asked me some questions that I really didn't feel that I did a good job answering, and I felt totally awkward by the time I finished that interview, I said, I'm not getting in this

program. But lo and behold, I did get accepted by the fellowship. But I did not get accepted initially by the School of Public Health. Because my math scores from undergrad and high school were on the average to low side. And you know, consequently, I wasn't going to be an engineer, right? So, they told me that we will let you into this program, but you need to take a couple of math courses, and you need to get a B-plus. And I said, "Well," I thought about it, I said, "man, you know, I'm working a full-time job running a business or two, when am I going to take these classes?" So I tried to take a morning class before I go to work. So it's like 7:30 in the morning. I ended up dropping out of it, it just wasn't working for me. And it was in statistics. So I found a Saturday class, and I took statistics, and my grade was a C-plus. So Harvard School of Public Health says, "No, we want a B-plus. [20:00] Did you hear us the first time?" And I said, "No, I know." And they said, "We want you to take another class, this class would be a precalculus class, and we need a B-plus." Around that same time, a patient come to me, to my office, and she had a disclaimer, she said, "You know, I'm extremely afraid of the dentist." And I said, "Well, what do you do for a living?" She says, "I'm a math teacher." And I said, "Really?" I said, "Well I'll make a

proposition to you, I don't hurt you, you coach me and be my tutor." She said, "OK, you have a deal." So Harvard then said, "Well, send her credentials to us." Her credentials were impeccable, and they said, "We'll set it up for her to just teach you and be your teacher one on one, and when you test well enough, then we'll accept you into our program." So every Thursday night, we would meet after work at Stanford University's co-op, and she would teach me, straightforward, but she taught in a way, a one on one, that I could understand it and appreciate it even more. She tested me, you know, privately, so I had to sit by myself, take the test, and I ended up getting a B from her. Not a B-plus. And Harvard said, "We will accept you, but when you take biostatistics in the School of Public Health, we expect to see that B-plus." I said, "What is it with this plus and minuses?" Because I come from a world where that didn't really matter. You got a B, you got a C, plus or minus didn't mean anything to us. And I was just like, wow, this is where I'm coming? This is going to be interesting. And lo and behold, biostatistics killed me that first year. And I ended up taking it twice, and I came out with a good GPA, but I never got that B-plus, and they said, your other grades are so well that we're just going to let you go. But it was a very hard thing to do

after being out of school 30 years, to come to a place like Harvard, where all of these people that you're in class with were still in school. You know, they're medical doctors primarily, there were other disciplines in healthcare. I found it to be fascinating, but it was really hard. I had to get two tutors, I got, I went over to mental health, not mental health, but student health, and I asked them to evaluate me to find out if I had any learning disabilities. I was looking for all the help I could find. And they sent me around the corner to Beth Israel, to meet with a psychiatrist who tested me one on one for five hours, in everything. Memorization, math, verbal skills, spatial relations, everything, one on one. And I asked her, I said, "Have you ever taken this test?" She says, "I will not take this test, I would be too embarrassed to have one of my colleagues testing me if I didn't do well." So I came back a week or two later, and they said, "You have no learning disabilities, you scored high enough on the bell shaped curve, you need to be here." I said, "Oh, snap, I thought I was going to find some extra help, right?" So then I'm back in there struggling, doing the best I can, I did not have the computer skills, and so, I would write all of my papers out by hand, and fax them to one of my daughters. I have six daughters. And she could



read my writing, she would type it up and send it back to me, and I could open an attachment, but I didn't know how to send an attachment. I would make the corrections on it, and fax it back to her. She would then send the final copy, I would proof it, and if there was a typo, I would use, with my best dexterity, an ink pen and make the correction, and turn in my papers that way, throughout the whole year in the School of Public Health. Now before I came here, I was so nervous about coming that I couldn't sleep. And I called Dr. Reede and I said, "Look, if I can take a hiatus." She said, "You're welcome to do that for a year, come the next year." I said, "That's what I want to do, because I want to take a computer class, I want to take a speed reading class, I want to be prepared for this. I need to figure out what to do about my business that I'm still owning here in the Bay Area, and so it's just so much. I just can't do it." And so, then after that, I slept beautifully for the next week, until this guy called me named Chester Douglas. And Dr. Douglas, professor emeritus, Harvard School of Dentistry, who works with Dr. Reede, and who's chair of the department, oral health policy and epidemiology. He called me up, and he says, "Brian, I see that you want to hold off for a year." He says, "That's fine. But let me tell you what's behind door

number two. Door number two, for the first time, we have money [25:00] for a two-year program. You can do the MPH program, and then you can stay another year if you like, and work in my department, and I can make you a dean." I says, "A dean? You make deans?" He says, "Yes, I've made several of them." I said, "I don't want to be a dean, but it does sound intriguing." I said, "But I -- it's," it was March or something like that. I said, "I can't be there in June. There's just no way." He said, "We will table that, you start the beginning of September. The group will be at CDC in Atlanta, you fly there and meet them there, and you start from there. You won't have the summer program, so all the courses that they've completed, you'll have to take, on top of everything else." I said, "Wow. You know, I know this is crazy," I said, "but OK. Let's do it." And I just started selling stuff, I came out of my townhouse, giving stuff away, putting stuff in storage that has been there now untouched for 12 years. (laughter) And I came, afraid, after being out of school for 30 years. Yeah. That was tough. But it was a chance to reinvent myself, and that's exactly what happened. And Dr. Douglas, the job that I have now, he turned me onto that job. I had no idea what it was all about, but he was a good reference, and he

was true to his word. And so he became one of my mentors, to this day.

JJ: Excellent. So tell me a little more about that, what are you -- I mean, it's hard to concise, or to concisely summarize 12 years of being here. But what are you doing now? How did you get from graduated from the program, and then now you're assistant professor of oral health policy and epidemiology?

BS: Yeah. I did, that was not on my radar, it wasn't, you know, when my businesses were really struggling in California, lots of pressure, I ended up going through a divorce, I ran into issues with the IRS, it was just a lot, a lot, a lot going on. And to get all that behind me, and get through that, you know, and then get through this program, I felt that I had taken off that ball and chain of liability and debt, and I was free. And so that was just remarkable for me to be, I started this program at Harvard at 58. And I graduated, I was 60 years old. And I asked Dr. Douglas, "Why would you have someone as old as me coming into this program?" And he said, "Because of your global oral health experience." So prior to coming here, for seven or eight years, I was organizing tours to the Caribbean, and to east and southern Africa, to attend oral health meetings, to do presentations, and to treat patients

in mission projects. And I would do that through the National Dental Association. And then, I met members of the American Dental Association, and I took the ADA and the NDA to Africa twice. I took them to Kenya and to Zanzibar on one trip, and we also got together and I took them to Ethiopia for the first international dental conference in that country, of 76 million people that only had 48 dentists. And then we also did a sidebar on that trip to Egypt. So I started working with African Wildlife Foundation, and going to schools in Tanzania, and bringing dental supplies, bringing dentists. We would do clinics, we'd bring school supplies, as well as dental supplies. So I started getting some notoriety behind doing that kind of stuff, and so, you know, stuff was out on Google, I guess, and they saw that. And it was done around the same time that Harvard was starting to lean in that direction, wanted to become more global, in terms of their programs for the School of Dentistry. And the School of Dentistry wasn't really on the map in terms of the other Harvard Colleges, in terms of their global perspective. When Dean Faust came onboard, President Faust, she decreed that, and then it was an opportunity for us to really move it forward, and so Harvard Dental School now does a lot of global oral health projects, which I'm happy to say that I was part of the

team that initiated that. While in the School of Public Health, I heard about the Albert Schweitzer Award. And the Albert Schweitzer Award [30:00] is given to a student who while in the School of Public Health, has done global outreach programs. And what I was able to do while in the School of Public Health was to get 1,000 children books to Central Jamaica that were donated from people who were on a Caribbean cruise, and I was able to have Dean Alfano, Michael Alfano, who was at NYU, which is the largest dental school in the public, give me 96 dental chairs, and through contacts, my brother and family members, we found a railway company, a transport company, named TSX, who at that time wanted to sponsor a global project. So one year they sent 48 dental chairs that went to Ethiopia to go into Ethiopia's very first dental school. And they have two now. And then, the next year, he gave me another 40-plus dental chairs, and those dental chairs were shipped door to door to [Kent?] University dental schools that were in Kenya, (inaudible) Nairobi, to the dental school that's in Tanzania, which is called Muhimbili. And the dental school that is in Uganda, which is called Makerere. And so, when I graduated from the program in 2008, there was still a little bit of money left on my fellowship, and I used that money to go and visit those four countries, and see how

those chairs were being utilized, if at all. And really started having a good relationship with the deans of most of the east African dental schools. And then, I started working with the Cambridge Health Alliance, and you know, it took me eight interviews, they hired me part-time, temporary, that chief position grew to full-time, and so I started doing that work, and I found out why Dr. Douglas wanted me to do that work, because the Cambridge Health Alliance is a nationally renowned primary healthcare organization. And it was to try to do more towards integrating oral health and primary care, that work started with Don Giddon, who's also a professor emeritus, School of Dentistry. And I had gone to a meeting, during the Obama administration, where people were talking about Obamacare, and people in D.C. were all jockeying for position, and I had gone to a meeting with the doctors who developed social determinants of health, and some of the renowned doctors here at School of Public Health here at Harvard. And I was there, and I introduced myself as a dentist at Harvard, and I wanted to know, if you guys are the social determinant health people, and the medical doctors are meeting also across town today, why aren't you collaborating to be able to solve problems that we have around healthcare prevention? And there was this silence that seemed forever

when I asked this question at the Library of Congress, of all places. And then finally, David Williams, who teaches here at the Harvard School of Public Health, said, "We know that teeth are important." And I said, "Well that wasn't my question." It took me three months to get a meeting with him. And in that meeting, you know, I sort of rephrased what happened, and I said, you know, when I said the word dentist, it seemed like everything just went towards teeth, and I have a problem with that, because we are doing more than just teeth." And he said, "Yeah," and said, "You know, as a result of that, I have decided to initiate a symposium through the Reede Scholars, that we bring up topics that are hot topics, and bring panels together to discuss those topics, so that we can start understanding how important it is for the different healthcare disciplines to coexist, and come out of their silos." Which is one of the most important things I learned in the School of Public Health, to get out of the silos, second semester, you're putting teams of people together, students, who work on solving problems, and it was fascinating to see what other people knew, and also to see what I knew relative to oral health. So the symposium has grown, they gave me an award for doing that the year before last, for initiating that concept, which is still

alive today. And so we started doing that, and then I met Don Giddon, who talked about the oral physician. I said, "What is that?" He says, "It's what you are." He says, "But I want you to come and meet me at the statehouse, and I want you to go to the committee meeting with me, where we're going to try to defend the fact that legally, dentists in the state of Massachusetts can call themselves oral physicians, as opposed to dentists. You know, you have a choice." [35:00] So we went, and we did that, we got shot down by the lawyer that represented the Massachusetts Dental Society, because he said it would confuse the patients. Now, my theory is, I want the patients to be confused, to a point, in order to ask the question, what is an oral physician? And so I started using that, and Don Giddon suggested, he says, "Well since you have a general practice residency program through the Harvard and Cambridge Health Alliance affiliation, why don't you begin studying that concept there?" So that's what we did. We started looking at the oral physician, what does it mean? How can we frame it? You know, how do we bring residents in here who we actually broaden their scope around dentistry, to know that it's more than just teeth and gums? And that you need to be concerned about the whole body, and the oral system connection, how



important that is. And then, periodically, what Don Giddon was doing was going to Dean Donoff, and the dean of the dental school, and saying this is the way we need to be teaching. If this is a Harvard Dental School of Medicine, it needs to be more than just having a, our students sit next to medical students for two years in the School of Medicine. Because they're not really sharing the information. We're getting a lot of medicine, but the Harvard Medical students aren't getting any oral health. He says, you know, we need to change the concept. So Dean Donoff, you know, in my opinion, he kind of put Don Giddon off a little bit, and he was like, you know, you're almost annoying me with this thing, you know? Why do we have to keep looking at it that way? But I think it finally caught on. And Dean Donoff now has embraced it totally. But it took time. It took time at the Cambridge Health Alliance to season the executive staff about why oral health needs to fit in, not just behavioral health, but we need to bring oral health into the family as well. Especially if you're going to be an accountable care organization. And then it took doing things in the School of Medicine, working with one of my residents who said I'm totally confused about going two years in the School of Medicine, and now two years in the School of Dentistry, they didn't say anything

in those two years about how oral health and medicine are interrelated. I said, "Well let's do something about that." So, when she became my resident, we put together a presentation, we put together a committee, we found a champion, Dr. Saldanya, in the School of Medicine, who's a cardiologist, he got it, that you don't do, you know, heart surgery if a person's have infection in their oral cavity, you don't want infection anywhere. And we put that lecture together, and it was well received in the evaluations, and through him we were able to create Oral Health Day, which is what they give to the first-year medical students now in the School of Medicine, with first year dental students, to talk about the oral systemic connection, how to do an oral exam, and then those students go into workshops, they're split up into workshops, and for the first time, medicine and dental students are doing their very first oral exams. That also came out of this, what I consider very common sense approach to what they should have been doing 150 years ago. Maybe they were, I don't know. But not in modern times. So any Harvard doctor in modern times graduating from the medical school doesn't know anything about oral health, though they sat next to a dental student for two years, and they were all considered medical students at the time. So these are some of the things that

we've been working on. And I still do a lot of global and international work. And the first official global oral health program, when the dean made the decree that officially, we're going global, was a program that I brought to him, working with the Wampanoag tribe in Martha's Vineyard. I had gone to a powwow on the Cape, and learned that the Wampanoag were the indigenous people of this area, and they were part of the very first students at Harvard, in 1641. And that John Harvard had said, if I'm going to finance this first college in America, it should be to train the Europeans that are coming, but also the indigenous who are already here. That didn't last, you know, it lasted less than a decade before the King of England changed that policy. But, I thought well we need to revisit that, because they're suffering in terms of healthcare. And there's only 2 or 3,000 of them remaining. And so, that's what we did. We started the program in a collaboration with Martha's Vineyard Hospital, the Wampanoag tribe, and Harvard School of Dental Medicine. Actually, we signed an MOU together, probably one of the first treaties, if you will, going back, you know, that far, and we still treat those patients. And now, we're trying to elevate that program to actually, instead of doing it solely at Martha's Vineyard [40:00] Hospital, to

actually bring it onto the tribal land. Because they have sovereign land, and students can actually work on patients where they're not allowed to do that at the hospital. So we're still moving with that. We have a committee of students that work on that.

JJ: That's excellent, that was my -- excuse me, that was going to be my next question. So we're a couple minutes past 2:00.

BS: That's all right.

JJ: So I'm going to really ask one last question.

BS: Sure.

JJ: And that's just, you know, in your time here, and sort of looking forward, you know, how do you think you've seen things change in regards to diversity and inclusion at the dental school? And what do you hope for the future?

BS: Yeah. Well it's interesting, and it's a loaded question in a way, you know, when we just had an unveiling of a painting of Robert T. Freeman, the first African American trained in a dental school in America. But also, one of the, I don't know if it was two or three, African Americans to actually graduate from Harvard University. And looking at that class, you had had a picture in your lobby of that class not too many months ago. And there were eight men in those classes. And in the second year of that program, two

of them were black. And that was 25% of the class. And we've never had that kind of a percentage since that time. The number of African Americans to come through Harvard Dental School has been very, very dismal, and small. Right now, it's probably somewhere between 1.5 and 2% of the student body. You know, there are a lot of students there, there are Asian students, there are Hispanic students, there are students from different backgrounds. Middle Eastern students as well. But when we look at demographics of this country, and we know that at one point, the population was either Native American, white, or black. And there's a lot of history there, when you think about history, and building this country, to the point that it is, slavery was the biggest commodity in America. You know, it was labor that helped build this country. So, when you start thinking about healthcare, and the issues with poor people, people who were once enslaved, people who have grown to do great things, and become great athletes, and great doctors, and great mentors, and educators. You know, Harvard has played a role in a lot of that. W.E.B. Dubois was a Harvard person at one point. People who come from this immediate area. I think that when I look at the city of Boston being sort of a mecca for education in America, that we're not doing as good a job as we can,

especially when you look at, when I had dental students over at BU last year, and there were 100 of them from all three colleges, dental schools in the city, not one of them was from Boston. Not one was from Boston. And I thought how ironic, is that this is a school that, I mean a city, and a state, that has universal healthcare, that has you know, 60 colleges and universities, and not one of those students in dental schools at BU, Tufts, or Harvard, was from this area. And so there's work to be done. And I think that in the areas of diversity at Harvard Dental School, Dean Donoff has been open, I don't think it's his area of expertise, but in conversations with him, which we've had several, you know, he was open to creating a part-time position for a diversity director in the School of Dentistry. And Peggy Timothy was that first person who was a full-time faculty there. When Peggy Timothy left Harvard to go to Baylor, I became the only black full-time faculty at the Harvard School of Dentistry, and I'm not on campus full-time. But my affiliation, they gave me that title, but that's not a good statistic. So now, the position for diversity director is open. And one of my past residents, who is a graduate of University of Alabama, who applied and was accepted to Harvard Dental School, but went to Howard University, or went to Alabama because she

got more funding, decided to apply for that job. And others have applied for that job. So that's an opportunity to get some people in there who really are passionate about making a difference. I think that the other opportunity that we have is getting another dean in the Harvard School of Dental Medicine. I think that Dean Donoff realizes that, you know, at 28 years as a dean, he's done [45:00] what he can do, but he's staying on as faculty because going back to that oral physician piece, he wants to push that forward and actually create a dual degree program, so that those people would actually come back and teach both Harvard Medical and Dental students about the synergy between medicine and oral health. And the reason we started the oral physician program basically was to say that dentists being trained partly in the schools of medicine can be on the front line in helping to fill in the gap in the shortage of primary care. That we should be the ones doing early detection, and taking vital signs, within our scope of practice. And we're not doing that across the board. But we should be. So Harvard now has taken one of the leads in beginning to train its students like that, and the students are beginning to understand now why I have all this medicine in my first year, because they take those students in a new curriculum that's only three or four

years old now, and they team them up with a fourth year student, and on the floor is a primary care physician, a nurse practitioner, dentist, and now we're going to bring a pharmacist. So they can now get the whole picture, and we're integrating with the Schools of Medicine, and more so School of Nursing, School of Pharmacy. But there needs to be more of that done. That type of integration, along with creating more diversity, will then really produce the type of academic setting that is truly global. Because we are now in a global environment. Everything that we do is going to impact someone somewhere else. And what's happening somewhere else is going to eventually impact us. Healthwise, economically speaking, socially, culturally, you name it. So to be on the cutting edge, if Harvard continues to want to be that university, then it has to invest in the direction that things are going. It makes no sense to go backwards. We need to go forward, and this is the way to do that. And it changes the way we think, rather than having a homogenized society, we bring in diversity so that people can think out of the box, and become more innovative, and let racism take its proper place, which means that it should not really be in the picture. You know, color is not a way to define people. We define people by their character, by their spirit, by



their education. And so I think that we have to start getting ahead of the game, because what we're seeing right now in the products that are being produced is that we are losing ground. And we are not solving the world's healthcare problems. And the only way to do that goes right back to my original thing, it's to build capacity via interprofessional training, interdisciplinary training, whatever word you want to give to it. We have set up a new dental school in the country of Rwanda, being a part of that as well is a great thing. And I did go back to Malawi and visit that country a couple times, even though they wouldn't let me in, in those days. And that was a country, Malawi, I mean Rwanda, we started this program, had 25 dentists for 11 million people. Now they have 40 dentists that we've graduated the first class of 10, for 12 million people. Population is growing, and Rwanda had universal healthcare. But we have to change the perception of dentistry. It can't just be that you take that 1% of their universal healthcare situation that's private and leave 99% of those populations out. So the problems that I work on, which I'm happy to be a part of here at Harvard, is working on building capacity, so that we're not leaving so many people out. Which includes American populations where there's approximately 100-plus million Americans, adults,

who have no dental benefits. And if you have dental benefits, you still may not have access to care. These are huge problems, and my sermon to the students is that you need to be a part of the solution. If you only come here to learn how to fix teeth, then you need to go somewhere else. Because Harvard prides itself on training leaders, and so that's why you should be here, and incorporate a ways in which to become, and use your innovation to solve some of the world's healthcare issues. So that's my spiel. And I appreciate the fact that I got a chance, as an older man, to come back to school, to reinvent myself, and to be at one of the leading institutions in the world, who's been very supportive of my rebellious attitude towards healthcare and changing the status quo.

JI: Excellent, thank you so much Dr. Swann, for talking with me today.

BS: I appreciate it, thank you.

END OF AUDIO FILE