

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

**Interview with Sierra Washington | March 28, 2018**

JOAN ILAQUA: Great. So today is March 28th, 2018. I'm Joan Ilaqua and we're here in the Center for the History of Medicine. We're conducting an oral history today with Dr. Sierra Washington. Dr. Washington, do I have your permission to record?

SIERRA WASHINGTON: Yes.

JI: Excellent. So my first question is hopefully easy. Could you tell me a bit about yourself, about where you grew up?

SW: Sure, yeah. I grew up in Canada, and to two American expatriates who left the United States seeking a place to raise their interracial children with less kind of race pressure. So, my parents immigrated to Canada before I was born, in the early '70s, and that's where I was born and raised.

JI: What did your parents do?

SW: So, my mother was an environmental activist, and she worked for many years for the Nature Conservancy, and my father was a documentary film creator, and they met in California, and when they met, interracial marriage was still illegal;

it was only legalized in the mid-'60s. So when they met, they met in Palo Alto. My dad was getting his master's in communications at Stanford and my mom was a local Palo Alto girl, and they met and my father was doing his thesis work on the Grateful Dead, and his kind of thesis documentary was about the Grateful Dead movement, and my mom was like a Deadhead groupie. And, so they met, and they lived in the San Francisco Bay Area for many years. And then they started a community in Marin County called Slide Ranch, which is like a -- it's an area that they were trying to preserve naturally that they turned into an outdoor education center for inner-city black kids from Oakland and San Francisco. So they would host black kids from Oakland and San Francisco, come up for a day and see what dirt is like, and what farming is like, milk a cow, just to kind of be connected to the planet. And I think at that time in the Bay Area, there was a lot of racial tension. It was, you know, the Black Panthers were on the rise, and my dad caught a lot of heat for having a white wife and a mixed kid, and they just decided that they didn't want to have their kids growing up with that kind of racial tension and racial pressure. So I actually grew up kind of blissfully ignorant of my skin tone. Nobody pointed it out to me, and it's just kind of like, not -- you know, Canada, I think

has a different race history than the US. We don't have a history of 200 years of slavery, and it's a much newer nation, so there is a sense of like, everybody's kind of an immigrant. So people are less forthright with their racism, and it's much more targeted towards First Nations in Canada. So I don't think that I really kind of ever self-identified as black until I was 16, and traveled to Oakland to visit my grandmother. Before then, I just sort of thought of myself like every other kid. And I remember having this defining moment where I was in Oakland and I was suddenly seen by all these other black people, and particularly black cute men, and that's sort of when I feel like I first kind of self-identified as being African American. And yeah, so I only moved to the United States for university. And I was telling Dr. Poussaint yesterday that it was difficult for me; I had a lot of difficulty assimilating into the United States, mostly because the way that people conceive and conceptualize race really informs all of society, and I just wasn't really ready for that. So I had a pretty tough time in university understanding how race just could permeate everything, everything that you do, and I felt a lot of pressure on campus to conform. I went to undergraduate at Stanford, and there were a lot of kids -- there were a lot of black kids of relative

privilege, that I think, looking back, they probably used their opportunity at Stanford to become particularly militant black people, and particularly [00:05:00] passionate about their blackness, and it became quite rigid of like, you have to kind of dress a certain way, and listen to a certain music, and have certain opinions in order to really be black. And you know, I grew up in rural Canada, so I had a whole different style and way and interest, and you know, here I was interested in hiking, and raving. (laughs) And not necessarily the right thing, so I felt a little socially ostracized by the black community at Stanford, and had planned to leave Stanford. And my mother rightly reminded me that the reason that I went there was because I had a great study abroad program. So I convinced me student advisory to let me go study in Paris for a year early. So my second year at Stanford, I spend the year in Paris, and I was a fine arts major. So it was amazing, because I could spend my days studying the artists in the Louvre and d'Orsay, and it was a great period of time to be young and in Paris. And I also met some very like-minded people. We were a small class of 20 that went to Paris, and there were about five of us that were black or brown, and quite worldly, I would say. And so, I kind of created a small community that then when I

got back to Stanford, it helped see me through the rest of the time. And so, you know, how did I end up here at Harvard? Basically, it was an accident. (laughs) I wanted to go back to Canada for medical school, and I applied all over. You know, in fact, I remember distinctly in a conversation with my advisor, you know, asking where I should apply, and she was -- I told her I wanted to go back to Canada, so she was like, well you should apply to all 12 schools that there are in Canada. And then, you know, maybe have like, a safety school in the U.S. And then, you know, you could probably apply to Harvard. And I was like, really? And she was like, yeah, go for it. So I applied all over Canada, and I applied to UCSF, Emory, and Harvard. And believe it or not, I didn't get accepted to a single school in Canada, even though I wanted to go home. I didn't get accepted into UCSF. And so, I got my acceptance letter to Harvard, and I was super excited. But then I was like, I can't afford that. (laughs) And then I got my letter from Emory, and they were like, we'll give you a full ride. So, you know, I remember being really enamored after the interviews, and really wanting it. And then, feeling trepidation that I couldn't afford it. So I was very excited when I heard about the need-based scholarship programs that they had here. So yeah, I always feel like I

ended up here kind of by accident; it was not my intention; it was sort of like, the only choice I had. I had, go to Atlanta in the South, and I felt scared about moving to the South, just because of my background of not really feeling comfortable as a black person in this country. And so, to me I felt like, well, I guess I'm going to Harvard.

(laughter)

JJ: So, I have a couple of questions, before you get to Harvard, but, so you were a fine arts major. What drew you to medicine? Did you do both? Did you --

SW: Yeah, I think I knew from very early on that I was going to go into medicine. My mom says I knew from when I was seven, but I don't remember that part. But when I was about 13, my mother had then risen to be kind of a national expert on environmental conservation and sustainable development in Canada. And she'd written some legislation in Canada called The Clean Air Strategy. And it really kind of reformed sort of Canada's approach to carbon emissions. So, she was invited by the Thai government to help them write their clean air strategy. And at that time, in the '80s, Thailand was not a middle-income country; it was a still a developing country, and the air quality was abysmal. So she took us out of school, in Canada, and took us to Thailand for a month, while she had

to do this consultancy. And, we traveled all over Thailand, and I was quite young; I think I was 12 or 13. I was very impressionable, and you know, I distinctly remember, Michael Jackson *Bad* had just come out. And I was plugged into my Walkman almost the whole trip, [00:10:00] and we took a trip up into the hill tribes of Thailand, and we stayed overnight in a village, and the girls had to stay in one hut, and the boys had to stay in another hut. And I had the opportunity to kind of, you know, communicate haphazardly with a girl of my age. And I remember handing her my earbuds and her being shocked at like, what I was listening to. And I remember being equally shocked that, you know, here I was in a village without running water, you know, kids running around. Now I can look back and know they were like, clearly malnourished, flies swarming around their eyes, and this girl that was my age that was already a mother, and already, you know, taking care of her own baby. And it just really stuck with me, the poverty that I experienced; I had never experienced that before. And after my trip to Thailand, it felt like, you know, I just, I know I want to do something in the world to alleviate poverty and suffering. I don't know what it is, but I definitely want to do international work. So, fast-forward a few years. A friend of my mothers was like,

well, what about doing like international health, you know? And so, the idea was born that I would do international health, as we called it then. (laughs) And so I actually decided to go into medicine when I was a teenager, and always had planned to have a career in global health; that was the reason to go into medicine. And so I guess kind of knowing that, I had initially planned to major in biology, and when I got to Stanford, my advisor said -- you know, I said, do I have to major in biology, because I'm really enjoying this art class that I'm taking, and -- she said, no, no, you can major in whatever you want, as long as you take, you know, your premed courses, and you take your MCATs, you can major in whatever it is that you want. And I, my parents being somewhat of a hippie variety, I'd grown up without a TV, and we'd -- I'd grown up like always doing creative projects, so painting, drawing, weaving, you know, what have you, and I'd taken a lot of art camps growing up. And, but I'd never had an opportunity to formally study art. So, I thought, well this is a great opportunity; it's a great department, and so I just decided at the end of my freshman year to major in art and do all of my premed requirements alongside. So I did do all my -- you know, I kind of knew at the end that I would end up going to medical school, but I just felt like it was a chance to

really explore other areas of myself, which is I think what the point of undergrad is. And, most of my art was actually about my lived experience of racism in the United States, and kind of understanding how 19th century advertising imaging, around -- that is quite racist, how those same themes kind of resurface in modern America. And, this concept of "modern minstrelsy" was really what kind of informed my artwork at the time. And so yeah, I ended up studying art, and then decided in my time in Paris that I wanted to take some time before going to medical school and actually try and see if I could live with an artist. So I actually took, after undergraduate, I took some time practicing art, living and just creating art, gallery shows, et cetera, before deciding to go to medical school.

JJ: So I'm curious too. So you have a degree in public health as well. Is that -- and now, this is showing that I don't have my research memorized, but was that concurrently with doing your MD, or was that before?

SW: It was with my MD. So, you know, one of the things about my class, anyway; I don't know about subsequent classes, but I was very impressed and overwhelmed with how my classmates were all -- were very diverse, not only in race, but in interest, and in previous career. Like, I remember

I had a classmate that had had a whole career on Wall Street before coming here. I had another classmate who had been a death row lawyer. I had another classmate who was like, oh yeah, I used to play in the Philharmonic.

[00:15:00] You know, like everybody kind of brought a previous skill or life with them that wasn't just like, I'm coming to medical school. I mean, I'm sure there were kids that were that way as well, but I just, I remember ending up feeling like these people are really remarkable. And so I think, because everybody kind of had this other very accomplished interest, very few students kind of took the straight and narrow path through medical school of like four years and then you do residency; a lot of people did extra things, and I knew that I wanted to do international health. So, I decided to take a year off between third and fourth year, and do my master's degree in public health. I applied all over. Johns Hopkins, here, and the London School primarily were my top three choices. And, the reason I ended up choosing going to the London School of Hygiene and Tropical Medicine is because I knew I wanted to work in Africa, and I knew I wanted to do work on HIV. And the London School -- basically, the student body is really from all over the world, and, you know, being the former British empire, they had far reach. And here, the student

body at Harvard, though international, was more like flipped; maybe two-thirds American and one-third international students, and in London, it was the opposite. So I decided to do my master's of science in Public Health at the London School after my third year of medical school, and then I did my research in Zambia for my master's degree, and I was looking at the social and structural barriers that women were experiencing and accessing, prevention of mother-to-child transmission of HIV. And I just, I loved my time in Zambia. That was my second time there; I'd gone as a first-year medical student, and I felt like I really wanted to try to use my skills that I've learned as a public health practitioner, because if I don't use them, I'm going to completely lose them. So I decided to stay another year in Zambia, and that happened to be 2004. And that was the first year of George Bush's Presidential Emergency Plan for AIDS Relief, and that year, he donated \$15 billion to the 15 worst affected countries that were plagued by HIV. And, so it was sort of like, I was in the right place at the right time, because I had been hired to run an HIV clinic. And then suddenly, we had like, \$13 million to scale up that HIV clinic to 10 HIV clinics. And so, I was involved in a very rapid scale-up of HIV treatment in Africa, which was like, a breath of

fresh air, because in the decade preceding, it was sort of like the global opinion that Africans didn't deserve to be treated. And, there was a huge shift that happened, kind of in 2002 at the Global AIDS Conference. And so, yeah, it was a very exciting time to be in the field. And so I stayed for a year on to help scale up HIV treatment in the capital city of Zambia. And I wrote that as my student thesis here at the School of Medicine. And so I ended up graduating after six years, instead of four. (laughs) Make a short story long -- (laughs)

JJ: So, I'm curious, so I know that now you specialize in OB/GYN. And you're talking about HIV. Did you come in -- and you had an idea about -- I mean, a plan to do international medicine, because I think, our department is global health and social medicine, [we're calling it?] here now.

SW: Yes.

JJ: What -- did something here help to lead you to OB/GYN and HIV? Were you thinking about virology? Like, I'm wondering -- (laughs)

SW: Absolutely. Yeah. My experience here changed me for sure. I mean, I probably like you, grew up in the generation that was like, HIV was just, the plague of our generation. I remember, like every single sex ed, as I was growing up,

was about how not to get HIV, and you know, this really was a death sentence, and when I was in university and undergraduate, the International AIDS Conference was in Vancouver, close to my hometown in Canada, and I followed it like to a T. And I remember at that time, one of the main issues was that fluconazole, a key life-saving drug for fungal infections was out of reach, [00:20:00] because it was so expensive, and there were protests about the price of fluconazole. And that's when I really started to understand, like this is crazy; like the epidemic is in Africa, and yet we're treating like this thin slice of people in the United States with these life-saving drugs. So when I came to medical school, my plan was, I am going to be an infectious disease specialist. I am going to do internal medicine infectious disease, and I am going to do international health. That was my plan, because I wanted to be an HIV doctor, and that was the model that I knew of, and in first year, I took a social medicine class with Paul Farmer, and you know, of course, that class blew my mind, as it did for so many young, idealistic students, just really bringing in both medical anthropology, social structure, political structure, and how that has impacts on health. And so, you know, I was like, still on the, I'm going to be an infectious disease doc, and all the way,

marching through first year and second year, I had that plan. And then I got to the wards on third year, and I did my clerkship first in, I think I had surgery followed by medicine, or medicine followed by surgery; I can't remember. But what I do remember, is I then had, what I then called a mid-life crisis, and realize now that it's not my mid-life. (laughs) Because, I hated internal medicine; I hated it so much. I felt like, first of all, the nurses were mean and racist at the BI, and treated me horribly. And second of all, I did not like the culture of like, OK, we spend five minutes with the patient, and then we sit in a room, a conference room, and discuss for hours, you know, should we do this, or should we do that? Is it this, or is it that? You know, and talk about esoteric things that it's not, you know, and spend -- the presentation of patients would be like, well I don't think it's this, and I don't think it's that, and I don't think it's that, and I don't think it's that; I think it's this. And it just, I was like, oh my gosh, if this is medicine, like, I want to get out of it. And I almost dropped out of medical school after that. And, Orah Platt, who was at that time, the Master of Castle Society, she said, "Why don't you take some time?" (laughs) And she let me kind of switch up my schedule so I could take my flex time, three

months off, and I did -- I basically took two months of art classes in the Bay Area, and one month of a community medicine, so I kind of flipped what you're supposed to do; you're supposed to do two months of medical electives, and one month off, and I flipped it; I took two months off, and I went to this radical printmaking studio in the Mission District in San Francisco; they did all of the prints for the Black Panthers, and for La Raza, like the Farmworker's Movement, so I was like learning from the great printmakers. And I at the same time took a medical Spanish class in San Francisco, and then I went off to do a community medicine rotation in rural Mexico. Don't, I can't remember the details of how I found this rotation, but I think it was one of the known kind of opportunities for students, and I got reconnected with why I went into medicine. You know, I was in a very small rural clinic where it's everything from the broken arm to the labor and delivery, and we would take donkeys out into the hills, and do mobile contraception clinics, mobile immunization clinics for very far-to-reach communities in Mexico, and I spent one week at the referral hospital at the social security referral hospital, and (laughs) it was total chaos. The place was run by like interns and residents, and doing way too much. You know, I remember, we were

stabilizing a hip fracture, or you know, participating in a C-section. And, I just remember being like, this is amazing that it's like so hands-on, but also so wrong that like, we're the ones taking care of these people instead of the fully-fledged doctors. So, I came back from Mexico like really reinvigorated about going -- continuing my medical [00:25:00] studies, and then I did my medicine and my pediatrics rotation. And I liked them both. I started with pediatrics when I was at Cambridge Hospital, and it was a community hospital rotation, and I liked pediatrics. And then I did my OB rotation, and honestly, like from the moment that I participated in my first birth, like, I just knew that that was the field for me, because there's just no other thing in medicine that's quite as miraculous. You know, being part of a woman's birth is the most important day of her life, and you know, you're part of it. You get to catch this new person. You're the first person to touch this new being, you know, and you know, now, I've come to love it because you can also save lives, really, like quite easily. (laughs) And I liked how the culture of OB/GYN was very direct communicators, like you have to make a split-second decision; you can't doubt yourself. It wasn't all of this, like, machinations about if, when -- it was just like, this is what you do, and it was very, you know,

simplified, and very hands-on. So then I had my second medical school crisis of like, how do I integrate global health, and OB/GYN, and my love for HIV, and social medicine. And so then, one of my advisors was like, well about, you know, working at the intersection between pregnancy and HIV, and hooked me up with this project that worked on prevention of mother-to-child transmission of HIV, and I went to Cameroon at the end of my third year. And I was helping to set up, there was a prevention of mother-to-child HIV program in Cameroon, and I was helping to set up like a TB screening program nested within that program. And in my -- I don't know, I think I spent eight weeks in Cameroon, maybe 12 weeks, and in that short period of time, I saw every single complications of obstetrics that you only ever read about in the textbooks. Every rare thing that really, you know, happens, once -- I think in that 12 weeks, I delivered one set of triplets, and maybe three or four sets of twins, you know, under supervision of a midwife, but I was the one that got to do the deliveries, and then like, cord prolapse, or many, many seizing eclamptics. We did C-sections under local anesthesia, I mean, things that you really just only read about nowadays. And, I remember writing home and saying, like, this is 2000, and women are still dying in childbirth for no

reason, you know, other than like, there's just not enough resources being put to it. Like, we know how to fix these things; we know that it's blood and antibiotics, and safe surgery, and I remember feeling like appalled that like, this ancient surgery called the Caesarean section was not accessible to like, many villagers. So I ended up feeling like, OK, this is the intersection; this is what I'll end up doing; I'll end up working on PMTCT, and that will put me, boots-on-the-ground in Africa, and also be able to deal with infections and pregnant women.

JJ: So, I have a couple of questions about your campus life, about being here in Boston, and being at Harvard Medical School. And so, this is the Fabric question. But the other thing I want to know about, is you had mentioned Orah Platt, and in the back of my mind, I'm thinking Nancy Oriol. Are there other people who were mentors to you who helped you through figuring this out, or who you recall interacting with here?

SW: I mean, I think I had some really good friends. I had very tight friendships with three women -- four women, actually. Two Latina women, one Ethiopian, and one Asian woman, and they were my classmates, and they were my family. So I think they really helped me through a lot. They're all doing amazing and fabulous things now. And, to some

extent, [00:30:00] Dean Oriol was always sort of the "mama bear," the shepherd of students. But I really feel like, you know, that two people stand out for me. Paul Farmer. I remember when I was about to drop out of medical school, I met him for a Jack Daniels in like some bar by the Brigham, and you know, he's like, it's going to be okay. (laughs) You'll figure out how to make it work. So yeah, I feel like, Paul Farmer was like, very formative and a mentor to me to help me figure out, you know, how to do me in medicine. And I really feel like Orah is the one that prevented me from dropping out. And, kind of nurtured what I had to give. And then, you know, I think just in general, I think that one of the special things about Harvard was that, I feel like they listened to the students, like if we wanted to do something, or we felt like some curriculum change needed to happen, that they just listened. So yeah, I feel like those are the main two mentors, probably Paul Farmer and Orah Platt.

JJ: So, Girl Power and Fabric. Could you tell me about -- I mean, could you tell me about both of them? I don't know about either of them.

SW: Yeah, sure. So, you know, I think in my first year of medical school, we had a lot of flextime. I think we had class from like, nine to noon. We had a lot of flextime

for self-study, and I think the curriculum has probably changed since then. But, so a lot of people got involved in a lot of extracurricular stuff. I remember, I took dance class all through medical school, and had plenty of time to paint. But, one of the things that I got involved with was an afterschool program, because I lived in Roxbury, and every day, I would walk past this school to take the T to come here. And I was living like sandwiched between the projects and this school. And I just remember feeling like, you know, this is like a very impoverished side just on the backside of the hill, and you know, we're right next to these ivory towers; it's kind of crazy. One day I stopped into this school, and there was this guy who was like, yeah, I'd love for there to be an afterschool science program for young girls. So I worked with him to create an afterschool program called Girl Power that was really like a science curriculum for girls, I want to say nine through fourteen. We would do really fun projects. I mean, I've probably expired the statute of limitations, but I do have to admit, I took some liberties with the Harvard equipment, and like snuck a microscope out there, and like, we would look at -- we pricked ourselves and would look at our blood cells. I hijacked a few human brains from the human anatomy lab and took them out there, and we did this

experiment of like, could we tell which race the brain was, and nobody could tell, and so, yeah. So we had this whole curriculum. We had -- there was a plant biology section. There was build a cell using Play-Doh. So we did a bunch of different, you know, fun, kind of early science activities to get people excited about science. And, so that was really fun, and then I did that first and second year, and then I went off to the wards. So, we kind of tried to create a pipeline of people that would continue the work. And so, I know that for a few years after, I think maybe five or six years after, people continued the program. I know that Oni Blackstock and then her twin sister Uche, they both did Girl Power. And then a few years after that. So I felt really, like at least 10 years after I'd graduated, it was still going on, so I felt really proud about that, that that little kind of mini science and technology program was going on. But, one of the things as a student, when we were undergoing our preclinical curriculum, was we didn't feel like there was enough emphasis on, specifically calling out diseases that affect poor or minorities. Like, we're learning physiology on the one hand, but I was taking my social medicine class, and I felt like none of the physiology class or patho phys [00:35:00] class really called out specifically diseases,

how they interfaced with poor populations, or how they struck more black people, or just like the epi of it. You know, I now understand that that's like more public health kind of to think about that stuff, but I think that all doctors need to know that stuff. And so, the Black Health Organization at school, and a group of us kind of set out to try to add to the curriculum, kind of sprinkle in a little racial consciousness. So like, when you're talking about sickle cell, maybe you should talk about the fact, like who does it affect; how does it affect, or when you're talking about tuberculosis. And so, we kind of started this curriculum project, and through that, we had this idea of like, maybe we should fundraise for a specific disease that strikes the black community. And, being an artist, I was like, why don't we do an art show? Why don't we showcase the fabric of the black community here in the Longwood area, because so many people, as I mentioned earlier, came to Harvard with already this incredible talent in something else, and decided to do medicine. And I'm sure that there's like a lot of talented people on campus. And so, what we did is we put together a fine arts show. We had visual art in the whole medical education building in the lobby there, we kind of transformed that into an art gallery, as well as in Building A. We wrapped

all the dead white men statues with headwraps. And then we had an evening of arts. So we had a couple of dance performances, some spoken word, some acapella singing. And it was all to showcase African American artistic contributions of our community. And we brought together students from all four years of class, but we also partnered with some students from Mass Art Institute just down the road, and some folks from the community. We had a poet -- our featured person, featured artist was a poet from the community. And we went to a number of different restaurants and convinced them to donate the food for the evening. So we had great food. We had like Haitian food, and Puerto Rican food. And then we charged admission. And, we ended up raising some money for sickle cell, and donating it. So, you know, I just assumed Fabric was going to be like a one-off thing. I guess it carried on. I went off to the wards. You know, I did the second-year show the following year, and then went off the wards, but I guess it happened again, and then again and again, and it's still happening. (laughs) And I didn't know that. But Dr. Oriol mentioned to me that Fabric still happens every year, and that it's really become sort of the centerpiece of their Revisit Weekend. Like, it used to be a celebration of Black History Month, so it used to be in February. And for

some reason, at some point, it got moved to April, just because they couldn't do it logistically, or whatever. And it happened to coincide with the Third World Caucus Revisit Weekend. And it was a great success, and I guess after that, they decided, we should always have Fabric on the Revisit weekend. And then it became so much fun that I think the white students were feeling left out. So they decided to kind of open it to everyone, and now apparently, there's no second-year show. And instead, there's Fabric, and it includes all of the first-year class, and it's kind of the centerpiece of Revisit Weekend. And I was talking to Dr. Poussaint who said to me that he thinks that a lot of people choose Harvard because when they come -- a lot the minorities choose Harvard, because when they come back, and they see Fabric, it kind of like blows up in their face that like, the kind of stodgy, conservative vision that they have of what Harvard's going to be, and it hopefully recruits some more interesting folks to come through. So that's kind of cool. I only learned, like a year ago, that it was still going on. And, it's very heartwarming to know that this, you know, legacy of [00:40:00] just celebrating creativity in medicine is still happening.

JJ: So, I have sort of a question about the stodgy Harvard image, because think that's something that they are still -

- that I mean, admissions, but people here are still working against, is both the image and the reality of what's up on the walls, and what people are seeing when they come into the school, and you know, who medical students or patients or whoever, and the hospitals as well, who are you seeing reflected back at you, and what does that say? When you came here, you mentioned that you were interacting with people who had other lives before coming here to become doctors, who had had other careers, and other interests, and that sort of thing. Did you come up against that stodgy part of Harvard? Did you find things that didn't shift, or that you were surprised were still going on here when you were here? That's a vague question, but I think --

SW: I think for me, more what I came across was Boston.

(laughs) I mean, you can't take Harvard out of Boston.

JI: Nope. (laughs)

SW: And, the geography of Boston is set up to be segregated.

And again, kind of harkening back to the fact that I'm not really from the U.S., and you know, have at least two decades less experience understanding race than anyone else my age. (laughs) And, so I was very jarred by Boston's racism and segregation. And the kind of spoke-and-wheel transit system that they have here really works to

reinforce segregation. And, so I think that for me, what the stodginess that I came up against was not so much "Hahvahd" as it was Boston. Because, it permeated in my experience of Harvard. You know, you have Brookline, very well-to-do area directly abutting the medical school, and then Roxbury, I don't know how it is now, but then a very economically-impoverished, predominantly black and Puerto Rican, right next to, but like, seemingly this border. So to me, I experienced that as the stodginess of Harvard, of like why -- how is this possible, you know, this dichotomy of Brookline and Roxbury? How does that exist in 2000? Like, this is like, you know, this is pre-civil rights style segregation. And then that was borne out in the hospitals. Like, everybody black and brown were orderlies. Like all the janitors and the cleaners are Haitian, or Caribbean, or West African. And at that time, like most of the doctors and nurses were white. Probably now still.

(laughs) And so, I was often, far, far too often confused as janitor or orderly, and you know, kind of treat-- spoken to as janitor or orderly. And, it's not a fond memory.

(laughs) And so, to me, like, how I experienced the stodginess of Harvard was more just the racism of Boston. And I swore up-and-down, like I will never move back to Boston for that reason. And I don't really remember in any

of my rotations having a black physician to look up to. You know, like -- in a single rotation, the only black physician I remember in my training was Ken Fox, who was at that time, he was in the social medicine department, and he was working in Roxbury. But I mean, I really don't remember having any African American, anyone, in a position of power to look up to, so you know, I was not really so into staying her. (laughs)

JJ: And there still -- the number -- I mean, the numbers have gotten better, and there are still very little. And that's part of the reality of HMS, and of people who are promoted at the hospitals, and at HMS, and some changes have occurred. But, it probably isn't experienced now still.

SW: Yeah, I mean I think, the other thing about like, you know you mentioned the stodginess of Harvard, but I think it's probably true of like, [00:45:00] industry in general, the medical profession in general, and America in general is like, what is normative is white, you know, and white communication style is normative, and white conceptualization of everything is what's normative. So, you know, if you're a black person, you're constantly engaged in code-switching of like how do you interact in this space versus that space, and it makes -- it just adds an extra layer of making it hard to succeed of you know,

you really have to be successful at learning the game and learning how to communicate, and you don't ever actually feel like just comfortable in your skin, just comfortable, like totally at ease. Whereas I can imagine, like an older white man probably doesn't have to experience that. You know, they're just kind of comfortable, and I went to a lecture a couple years back, talking about unconscious bias, and there's been some great work done at Harvard about conscious and unconscious bias. But to me, that is where it plays out, is like, if you're like one of these many white men on the walls with a bowtie and you walk onto the ward, your authority as the medical authority is established at hello, you know? Nobody's going to question you. But if you're a young black woman, and you say hello, and you then follow with, we need to do X, Y, Z for this patient, people will test you and test you and test you, for months sometimes until they agree with your authority, you know? And that's, you know, probably unconscious on their behalf, but it's a daily microaggression that's happening. And so I think, you know, Harvard's no different than any other institution in having those things happen, other than it's been around longer and has more entrenched this white privilege.

JJ: So, you said you'd never come back to Boston. Could you tell me about what you did after Harvard Medical School?

SW: Yeah. So I mean, really after Harvard Medical School was my degree in public health and my year in Zambia, because that abutted basically my graduation. So I stayed in Zambia until I interviewed for residency, and then I came back for just a few months to do like neurology, radiology, things I knew I wasn't going to go into. And then I did my residency in San Francisco, and I chose that residency because they had a global health program already, and that was, you know, like over a decade ago, and I could see a path for continuing my work in Africa during residency. So I went to UCSF and you know, I tend to try to bend the rules to fit what I want. And so, I convinced the residency directors to allow me to continue working in Africa as a resident. So I'd spend like 12 weeks a year as a second, third, and fourth year resident in East Africa. I went to Kenya because one of the faculty members at UCSF was working at Kenya. So my work in Kenya, I probably bit off more than I could chew as a resident research project, but I organized a cluster-randomized trial of 12 clinics looking at could we integrate HIV care and prenatal care into one visit? Could the nurses do it all? So we randomized six clinics to the nurses doing both in six

clinics to conventional care, where you know, in Africa, everything's very siloed, so a woman would have to wait in one line for her prenatal care for sometimes hours and hours and hours, get her five-minute visit for prenatal care, and then wait for hours and hours and hours for her HIV care, and then wait for hours and hours for her labs. So like, it's a whole-day experience, versus like one visit. So through that work, I came to know Kenya pretty well, and hooked up with a group that was working in western Kenya called AMPATH, Academic Model for -- at that time it was called Academic Model for Prevention And Treatment of HIV, and it was a very large HIV control project, and it was run by Indiana University. And it was like a breath of fresh air, because their whole model was different. Their model was they had full-time faculty from Indiana University, one person from each department. They had one internal medicine person, full-time faculty, [00:50:00] one pediatrician full-time faculty, one general surgeon full-time faculty. And then they had some researchers that were also there full-time, and they were like this core group of people that helped to shape the HIV prevention and treatment program, but they also had this academic collaboration. They were helping to teach Kenyan medical students and residents, and then they were hosting

Indiana University students and residents to come do external rotations, and by doing that, the students and residents from Indiana weren't doing medical tourism. Like they would come and they'd have their medical faculty hold them accountable. They'd have learning objectives. They'd have projects. They'd have -- you know, and it was like a real rigorous curriculum. Whereas thus far, what I had experienced in all of my abroad rotations was like, you go, you get in to fit in, and you come back, you know? And like no curriculum. So as a resident, I went to the field director, another kind of older white man, and I said to him, Dr. [Manlon?], why isn't there a full-time OB/GYN faculty here? And he was like, well we're just waiting for the right person, just waiting for somebody to want to come. So I went back to my residency, and I was like, I think I want to go do that. And so, it's like the stars aligned. My associated residency director then moved from UCSF to Indiana University to become chairman of the department. So I called him up and said, hey, I want to go do this work Kenya and Indiana University is involved. Could I go be the field director? So we talked, and we created a position that had me faculty at Indiana, but based in Kenya. And I was based in Kenya 10 months a year, and I would rotate back to Indiana two months a year,

strategically timed to avoid winter. (laughs) So, spring and fall, I would go back to Indiana, and in my time back in Indiana, I would work at the county hospital at Planned Parenthood. And then when I was in Kenya, I would work in the wards there and help run the HIV PMTCT program. And I did that for almost three years. And where I was living in western Kenya was a small village which had kind of exploded. It was a glorified truck stop, on the road from the coastal Kenya, Mombasa, where the port is, to Uganda, on the highway there, there is a truck stop that one of the previous presidents of Kenya was from. So he decided, General arap Moi, he decided that once he became president, he was going to remit all this money to this particular area, built a medical school there, built an airport there, so really kind of blew up into a city, but for no good reason. Like, and it didn't have the infrastructure of a city. So, here I was living like, it really had four main streets, and a hospital on every street, and then just villages all around. So here I was at like 37, living on the edge of the world, and working in small villages, and I was like, I think I need to meet somebody and have a family. (laughs) So I did that for three years, and I decided I need to move to the center of the planet, so I moved to New York. And I was practicing in the Bronx, New

York, at Montefiore. And I had brokered a position that allowed me to be six months of the year in Rwanda, and six months of the year in Bronx, New York. And that was a mind-blowing experience, because things like, why was it easier for women to get an IUD in Rwanda than in the Bronx? You know, some of the same barriers that women experience in Bronx, New York, were repeated in Africa. Usually on a much worse scale, but for me, having that experience of going back and forth really helped me to solidify, like women on the margin are just women on the margin, whether you're at the bottom of the barrel in the U.S., or the bottom of the barrel in Africa, like, your relative experience and your relative suffering is still suffering. And so, that's how I started kind of -- I started slowly shifting into this work of family planning in the United States, because when I was in the U.S., in the Bronx, I continued working part-time at Planned Parenthood in New York City, really to make extra money to pay off my student loans. But I just became more and more engaged in the work of contraception and abortion. And when I was in Rwanda, I was helping to write [00:55:00] the med school curriculum on contraception and abortion, and teach and train on contraception and abortion. So it's been kind of a slow progression. Like, I'm not fellowship-trained in family

planning, but I think, as you heard yesterday, I realized through my work in Africa that HIV, you know, it's just, it's gotten so much resource and so much attention, and the programs are there for treatment and prevention, and nutrition, everything if you have HIV. And if you don't have HIV, but you're still a woman living in the same petri dish that causes HIV with gender inequality and poverty and lack of access and no sexual rights, those same exact social pathologies that have created an HIV epidemic on the continent of Africa have created an epidemic of unsafe abortion. Because, you get HIV and pregnancy by the same mechanism, you know? It's the same thing. You have sex, and either you get pregnant, or HIV, or both, and you might not want that pregnancy. And so, one thing we know about women worldwide is they are going to control their fertility, no matter what, whether legal or not, they will take matters into their own hands. And so, just through my time working in Africa and seeing, doing hysterectomies on 19-year-olds to save their lives from unsafe abortion, and seeing septic abortion after septic abortion, I just started to feel like, this is actually more pressing to me, and more compelling, to me than the HIV epidemic at this point, because I feel like we're getting the HIV epidemic under control. I mean, there's going to come a time soon,

inshallah, where we won't have pediatric HIV. I mean, I think in the time that I worked in Kenya, it was already, our transmission rates were down to three percent, you know, and there hasn't been a kid born with HIV in the U.S. for years. So it's going to disappear; it's just rolling out now. And I don't feel that same energy put behind women's reproductive health. So that's how I kind of got into the field of family planning, contraception, and abortion.

JI: And now you are in --

SW: California.

JI: -- California. Well, I was trying to remember which part of California.

SW: (laughs)

JI: Because you've been talking about the Bay Area, and I think you're in San Diego.

SW: Yeah, I'm in San Diego.

JI: And, so, and actually, just for the record, what's your title now?

SW: Yeah, so I'm Associate Professor of Reproductive Medicine at University of California San Diego. And, I'm the immediate past Chief Medical Officer for Planned Parenthood of the Pacific Southwest. And Planned Parenthood of the Pacific Southwest serves three counties in California. So,

if you were to take a map and draw a horizontal line kind of east of L.A., pretty much everything south of that is covered by this affiliate. So, it's quite a large territory, just because California is large. And so it's 17 clinics and four surgical centers. And so, for two years, I served as Chief Medical Officer of Planned Parenthood there, and my responsibility was kind of to ensure the overall quality of care, and run their education and research programs. Planned Parenthood, really nationwide, but California no exception, has been the locus of training for most residents in abortion training, so the Planned Parenthood in San Diego trains the residents at UCSD, hence the appointment at UCSD. And so, Planned Parenthood was involved in training with six different residency programs across family medicine and OB/GYN, so that was managing that, managing the care and managing the research. And then I had a baby, and I was like, this is too much work. (laughs) I want to work less, so I can be with my baby. And so, I stepped down as Chief Medical Officer and stayed on as a provider. So I still provide abortion there and still teach, but I don't have the administrative load.

JJ: So we are close to time. And so, my final question is just, is there anything that I didn't ask you, or that you

didn't talk about that you would like to share? Anything else that comes to mind? [01:00:00]

SW: I guess I would just share that I think that the work of Dr. Poussaint and Dr. Oriol and Joan Reede in terms of diversity and inclusion at this campus, like, I think that it really shaped my experience as a student. I don't have any experience to compare it to, but what I do know is that out of a class of then 125, like 20 of us were black. And, that's us beating the odds. And, I kind of feel -- I feel privileged and honored to have been in a class like that, and been surrounded by such brilliance, and I just think that like, for whatever, all of the peccadillos that Harvard might have, certainly I had an amazing experience here as a student. They nurtured my interests and created opportunities for me that, you know, have just built on themselves. You know, had I not gone to Zambia as a first-year, I probably wouldn't have gone as a third-year. Had I not gone to Cameroon, I probably wouldn't have gotten a job straight out of residency, you know, working full-time in Africa. So I just think that, what Harvard does really well is like nurture students' interests, and then once you have like the Harvard name on your CV, it just opens doors. And so, there's no -- I guess I would just say like, there's no single part of me that regrets coming here.

Like, I do really feel like, it's probably the best medical school on the planet. And even though, it's probably struggling still with how to grapple with race and inclusion, it's probably doing a better job than most other places, of white institutions anyway, so.

JI: Well, thank you so much for taking the time to talk to me today. I'm going to turn off the recorder.

SW: Okay. (laughter)

END OF AUDIO FILE