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I'm a native New Yorker. I was born in Harlem, and my father was a New York City fireman. I guess you'd have to say my mother had a dual career. She was an occupational therapist, but she gave that up shortly after her marriage. While I was growing up, she worked as a physical education teacher. She subsequently went back to occupational therapy after my father passed away. I was the second of two girls. When I was quite young, the family moved from Harlem to Queens, to Springfield Gardens. I guess my parents were in pursuit of the "American dream"—get their kids out of the city, have a better life.

So, mostly I grew up in Queens in a house. I went to a Catholic elementary school. Mine was an inter-religious family. My father was Catholic and my mother was AME Zion; of course, at that time she had to swear to bring the children up Catholic in order to marry my father and have it be a marriage in the eyes of the Catholic Church. And she kept her bargain. I had no idea that she wasn't Catholic until I was twelve or thirteen. She was, in fact, more diligent about raising us Catholic than my father was. She was the one who made sure we did everything we were supposed to. At that time, we had to avoid meat on Fridays and fast before taking Holy Communion. We went to church every Sunday and she was right on it. It was quite a surprise to me when I found out she was not Catholic. She, for the first time, explained to me her religion and how it was different from Catholicism.

It was a pretty uneventful childhood, I think. I lived with this nuclear family. When I was eleven

years old my father died in a car accident, and I guess that was the first major event in my life that I remember. It was difficult, but my mother was a very strong woman and she persevered. She kept the house, she went back to work, and she continued to raise us much as we had been.

About that same time, I guess it was about a year after my father died, my first step onto the educational fast track happened. I took the test to get into Hunter College High School, which was one of the special high schools in New York City. This is a story of serendipity. Certainly no one before then, I don't know if anyone has since, from that particular elementary school, had ever gone to Hunter. For some reason I caught the eye of my sixth grade elementary school teacher, who was a nun in my parochial school, Sister Kevin Dennis. I think initially she was motivated because she



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wanted a winner in the regional spelling bee. I was a straight-A student in elementary school, something of a teacher's pet, although Sister Kevin Dennis didn't have pets. She was quite a forbidding and stern personality, but she wanted a winner in the spelling bee. I didn't understand this at the time, but I subsequently came to understand it. She put me on a program after school of going through this spelling book so that I would excel in the spelling bee. We worked on that for several weeks. Unfortunately, I disappointed her and I did get beat in the spelling bee by an eighth grader. I think she felt good because I was the first runner-up, and only in sixth grade.

Then she seemed to set her sights on another goal for me. From the spelling we then branched out into math, vocabulary, and other things, because she had decided that I should take the test for Hunter. She had spoken to my parents about this and they were a little unconvinced about my going to Hunter, but they were prepared to let me take the test because education was a very important value in our family. She sort of prepped me for this test, which I then took in sixth grade. And I got in. Then actually, I didn't know much of this at the time, but I subsequently learned that there was quite a discussion between my mother and father as to whether or not I would go to Hunter. Remember, now we're living in Queens, in Springfield Gardens. This means that as a seventh grader—so what am I, twelve?—I'm going to be taking the subway into Manhattan every day to go to this school.

That's a big, big move.

My father was not up for this, but my mother convinced him that it would be okay, that I was responsible, and that the educational value was worth the inconvenience and whatever risk was involved. And really it was a different time. I don't know now that I could be convinced to do this with my child in New York City as it exists today.

Is there a big difference now, do you think?

Well, there seems to me to be, although maybe it's just the difference of being a fearless youth or being the parent of children. I think that there is more general danger. I think there are a lot of crazy people everywhere. I don't think this is unique to New York City, by the way. I think this is generally true. We live in a dangerous, complicated world. Even when they're well brought up

and street smart, I think kids are at more of a risk than they were thirty years ago.

Nevertheless, off I went to Hunter, in seventh grade. Then I think got on an educational fast track, which continued with my winding up at MIT. I'm pretty sure no one from my elementary school got admitted to MIT, and I think if I had not gone to Hunter, I would have gone to a local Catholic high school. I don't know that anyone from there ever got into MIT, either. I think that was sort of a key turning point in terms of what opportunities were easily accessible to me. Certainly the odds were in my favor that I was going to go to a very prestigious, educationally prominent college once I was into Hunter.

The nun you spoke of, I see you remember her right off the bat.

Oh yes, I remember her.

She was quite influential.

I didn't like her at all. But I realized again, subsequent to the fact, really what a key role she played. She really initiated my involvement with taking the test for Hunter. This is not something that came out of my family or even the school in general. This was not something that the school generally did or encouraged. And again, I suspect she was motivated, at least initially, more by sort of her vicarious honor of having me perform well initially in the spelling bee and later on in the test. She put a lot of time and effort into this project of getting me ready for this test, which I had very mixed feelings about.

I could imagine so, at that age.

Yes. This wasn't my favorite thing to do, but the work was at least as interesting as what we were doing in the classroom.

What were your highlights as far as going to Hunter?

Well, you know, it's interesting, the timing of this interview, because I actually was invited to speak at Hunter a couple weeks ago. I went back there to talk to an assembly of the science classes. So I actually have been thinking more about Hunter than I would have been had I not done this. The chairman of surgery here, his wife happens to be—or actually used to be, she is retiring now—a librarian at Hunter. When I was interviewing for this position, my CV was reviewed by the chairman of several departments, including surgery. In medicine we have real CV's. These are supposed to be

the story of your life with everything you've done almost since birth. It's not a simple resumé. They go on and they are twenty, thirty, and forty pages long, and they usually start in high school. So the chairman of surgery noted that I had gone to Hunter and asked his wife if she remembered me, which she did. I don't know what to make of that. She subsequently was in touch with the people from Hunter and told them that I was now at Mount Sinai. Then I got this call, would I come and talk to this science class.

So I had been thinking about Hunter in preparation for that talk, which was kind of fun to do—to go back and see what the school is like now. My earliest memories of Hunter were actually two things. I remember very early on sitting in a science class. It might not have been the first day of school, but it was the first science class. The teacher was asking the children what they had done in science. I would guess more than half the class had gone to private schools; many of them had gone to Hunter Elementary School. They were talking about things that I had never heard of. Science was not the strong suit of Catholic elementary school: I can tell you that Sister Kevin Dennis's tutoring did not include anything in science. I remember sitting there wondering, what was I doing here? How come all these kids seemed to know about all this stuff that I had never heard of? How was I going to do this?

I think perhaps that was the beginning of my interest in science, because it was clear to me that I had some catching up to do. It wasn't a problem, because they actually didn't assume that you knew that much. It sort of started at the beginning, but it was more just hearing the experience of these other children who were in the class that unnerved me a little bit. Of course, in my entire academic experience before that I had been the smartest child in the class everywhere I was. I think this is very similar to what happens to a lot of people when they get to MIT. I think perhaps having the experience when you're twelve and in seventh grade gives you more time to adjust yourself than people who get to be seventeen or eighteen and realize that they're not as smart as they thought they were. This is why I really think of Hunter as the beginning of this educational fast track and why I think that I did not have as difficult a transition from high school into college academically, as many of the other students at MIT did—cer-

tainly less difficult than many of the other minority students at MIT did. I think it obviously depends a lot on how strong your academic background is.

So I remember that. The other thing I remember, which I guess is very apropos to your project, is a certain conversation. This wasn't immediately; maybe I had been at the school for a few months. I hadn't made a lot of friends at the school, I would say, because I was still very plugged into my neighborhood social circle at home. I knew these kids in school. All of my friends at home, of course, were black. There were very few black kids in Hunter. I really didn't connect much with the white students on a sort of socializing-outside-of-school basis. I had people to talk to and eat lunch with, but certainly if you asked me who my five best friends were, none of them would have been anybody at school. They all would have been neighborhood friends.

But I remember a conversation about the fact that there was—and it's a recurring theme—a special summer program for minority students who had been accepted to Hunter. I had not been in the summer program. I really didn't understand that at the time, although now I think I have a pretty good idea of what was going on. Basically, this was a conversation in which a number of white students expressed discontent with the fact that these black students had gotten in and didn't really deserve to be there—this was essentially the gist of it. Of course, Hunter's entrance is based on a test, and I said, "Well no, I don't think that's right. I think everybody took the same test." And they said, "Yeah, but it didn't matter what they got on the test. They decided they were going to take a certain number of black students no matter what they got on the test." And I have to tell you at this point in my life that really upset me because I thought that was very unfair. I thought that there was a test, everybody should take the test, and whoever scored the highest on the test should be admitted. I thought it was very unfair, and it wasn't clear to me if that was my circumstance also or not. But I said, "Well, gee, that doesn't seem right that there are people who scored higher on the test who didn't get in and then some people who scored lower who did get in." And it also left me again uncertain, compounded with my experience in the science class, as to whether or not I deserved to actually be in this school.

But time went on and I did well in the school. I think I got radicalized to some extent. This was the '60s when I was in high school. There were sit-ins and demonstrations on various college campuses around New York City. We caught the fever. As I say, there was a small but militant group of black students at Hunter. We formed a black students' union. We negotiated with the administration around a number of issues and we formed a government committee to review various aspects of the school.

This was a harbinger of things to come, but this was in high school. I actually wound up graduating from Hunter a year early. At that time they had a program called "acceleration," so that you could do the six years from seventh grade to twelfth grade in five years. It wasn't so much that you skipped a grade as that you sort of took a few extra things and graduated a year early.

I graduated from high school when I was sixteen. I was anxious to get out. You can imagine what the process of applying and getting into colleges was like at a place like Hunter, which is very, very competitive. They have very high expectations. You know, they must have had twenty-five students who applied to MIT and Harvard, and sort of the same group. And so this was very much the topic of conversation. I had done very well at Hunter; I was graduating a year early; I had like a 96.5 average and, not very much to my surprise, I had gotten into every college that I had applied to.

What schools did you apply to?

I applied to MIT, Harvard, Columbia. I didn't want to go that far from home, I remember, for college. But maybe somewhere in the not too far South. I can't really remember now. But I only applied to five or six colleges, not to a lot of schools, and MIT was my first choice.

Why?

I'll tell you what happened. I had just spent five years at Hunter. Now at this time the only thing to remember is that this high school was all girls. It's now co-ed, but at that time Hunter was an all-girls school. I had just spent five years at an all-girls, liberal-artsy high school, and my first visit to a college campus was MIT, which was a predominantly male, math and science school. I took one look around and said, "This is for me," because it seemed as different as I could get from the high school that I was in, which I felt that I hated. And

so I was looking for the opposite. This is the way fifteen- or sixteen-year-olds reason, right? So that was all. I looked at the numbers. I heard the reputation, math-science, and I thought, "This is the one." I didn't even want to visit all of the other colleges I was applying to.

And you went down to Harvard, too?

Yes, but Harvard was much more even. I mean, the ratio at MIT—and again, unfortunately, I wasn't really thinking in terms of black students or maybe I would have realized that this really didn't offer me that much in the way of social opportunities—was, what, twenty percent women at the time? Harvard was thirty-five to forty percent. There were more than twice as many women at Harvard. Also, Harvard felt to me a lot like Hunter. It was very liberal-artsy. I mean, the strength seemed to be in the humanities and so on, and MIT really struck me as high-tech and cutting edge in terms of math and science.

I knew at that time I was interested in science. I had had a lot of trouble in high school with the tediousness of the humanities. They would sort of bullshit about what somebody who died fifty years ago had written and what did it mean. It never seemed to me that anybody's opinion was better than anybody else's, and I just didn't like that. Now in science and math there was an answer. You could defend it, you could get to it, you could solve the problems. All this other stuff seemed to me to be very, very nebulous and pointless.

I must admit that my view of the value of humanities has changed with time. I'm now very appreciative of the verbal skills I acquired at Hunter and this very liberal-artsy stuff when we debated endlessly over minutiae in literature. I got a very literate education which I did not value at all, at the time. And it was probably a good counterpoint to MIT because, as you know, if you wanted to—which I did—you could get through MIT with very limited exposure to humanities. That was my plan on arrival. So it's just as well that it was as strong in high school as it was, so that I actually approached being an educated adult by the time I was finished with all this.

Back to my last year of high school, there was all this conversation about where you had gotten into college. And I remember again very vividly a conversation—I don't think it was with the same group of white girls as the conversation when I

had entered, but the theme was the same—and they were asking me, “Well, where did you get in?” And I said I had gotten into all these places and what about you, and so on. One relatively discontented young lady, who had not gotten into her first choice, said, “Well, of course you got in everywhere. You’re black.”

This didn’t upset me anymore. I thought, “When I got here, they told me I had only gotten in because I was black. But five years later I’m graduating early, I have a good average. Now they’re telling me I only got into college because I’m black.” I was starting to realize the underlying theme had nothing to do with me, and a lot to do with them and their perspective. And so at that point I didn’t feel badly or that anything was unfair because I knew that, in fact, I had deserved to get into the colleges that I had gotten into. And so I didn’t answer it at that point, but I just thought, “Well, let’s just wait and see who does what when we get to college.” I wasn’t quite so quick to accept that view of what was fair and not fair.

It is very interesting because, just to jump to the future, when I started medical school, there was a reception for incoming students. And what medical students talked about, especially at the incoming reception, is what medical school did you get into versus where you wound up and had this been your first choice. Again, graduating from MIT, I graduated four years after I got in there. I graduated with two degrees. I had a 4.5 average on a 5.0 scale and I got into every medical school I applied to. So we’re at this reception and everybody is saying they got into here and there, Einstein was their first choice or they hadn’t gone into their first choice, whatever. I was saying nothing. I was sipping my drink wondering if I left now would it forever tag me as being anti-social, because I was totally not into this reception. But I was trying to turn over a new leaf after where I had wound up at MIT. I said, “Give it a chance. Don’t assume this is a racist institution that doesn’t care about you. Give them a chance.” And finally, this group of medical students wouldn’t have it, they wouldn’t leave me out. They said, “Well, where else did you get in?” And I said I got into a few other schools. “But where?” They were absolutely insistent. So I told them—Harvard, Stanford, Hopkins, Cornell. Silence, and I could hear them all thinking. But do you know one of them asked it?

Did they really ask it?

“Say, do you think that the reason you got into all those schools is because you’re a black woman?” Well, I had matured a lot by now. Very calmly, I said no and that my record was so good that I would have gotten into all those schools if I had been a white man. And that was the last social event I attended in my medical school.

So it was an interesting evolution of my attitude toward this assumption that my achievement must be because of a favored position because of race. Nobody seemed willing to consider that I actually deserved those achievements, that I had earned what I got. But it’s more about them than about me. It took me a while to understand that. Regardless of whether it was true or not, there was going to be this assumption of inferiority. It seemed like there wasn’t anything I could do that would change that underlying assumption. People were prepared to dismiss my achievement rather than acknowledge that my performance was superior to theirs.

What so amazes me, though, is that it started from elementary school all the way up. It’s just fascinating how it was a recurring theme throughout your education. Almost like a replay.

Absolutely. That’s why by that day, I knew exactly what was coming at the medical school level.

What was your medical school?

I went to Einstein, right down the road. It was a good school. What happened, actually, was that between the time I applied to medical school and I had to make the decision about what school to attend, my mother became ill. So I made a decision to come to New York. At that point I had only applied to two medical schools in New York, Cornell and Einstein. I thought Einstein was the stronger school. I think that was a good decision, but I think except for that I probably would not have come back to New York. I don’t think, though, that I would have gone to Harvard. They were really upset, you know, because I turned them down twice. The admissions office called. I turned them down as an undergraduate and I turned them down in medical school, too. So I see that as one of my major achievements, to have turned Harvard down twice. But they called me when I had turned down the medical school. I guess this was an unusual occurrence, that people get accepted to Harvard Medical School and don’t go.

Did they ask you why?

Yes, they wanted to know why. Could I reconsider, did I realize how much they wanted me, and so on. I was gracious, I thought, because I simply said that there were family reasons why I wanted to return to New York. But Harvard would not have been my choice, frankly, if I had not had to go back; I didn't see any reason to tell them that. But they were very full of themselves at Harvard. When I went for the interview, I didn't like it. There was a lot of pretentiousness. It's that whole Harvard mentality that I wasn't too impressed by, didn't care too much for.

What about your experience coming to MIT, and highlights while there?

This is probably not what you are hoping for, but as you may have gathered from the basis upon which I made my decision, I can't say I was terribly focused on academics my first year. And, of course, the freshman pass/fail system played right into this. I don't think it's a bad system, frankly, but I have to admit in my case I would have worked harder if I had been seeing a grade—particularly being pre-med, because even at that time I was interested in medical school. So of course you're told very early on that grades are very important. I think that my performance, if it had been graded beyond pass/fail, would not have been acceptable to me as a pre-med student. But I took full advantage of my pass/fail year and I explored all of the social and recreational offerings that MIT had.

I had a really good time, and I don't think it was so much going wild because I was turned loose. I had had a great deal of freedom before, even though I was quite young. I had grown up in New York City. I had been traveling from Queens to Manhattan for five years, which essentially means I had the run of the city. This is very different from someone who goes to the local high school, and whenever you were going to be late there had to be some sort of specific activity. I would call my mother if I wasn't going to turn up for dinner, just so she didn't wait. But I was pretty much used to regulating my own schedule. When I got to MIT, one of the things that struck me was how new this was to most of the freshmen—not just the African-Americans, but all of the freshmen at MIT. Most of them were not used to having no structure, no authority superimposed on them. They went both ways with it. Some of them went wild because they suddenly felt like they had been

let out of prison: they showed no judgment and no restraint. And others were very timid because they were really so afraid of doing anything and everything; they had never really made decisions on their own, and so they seemed to be frightened of everything. I like to think that I sort of had a happy medium because the freedom wasn't new and I didn't get wild with it, but I also wasn't afraid to try new things or go places, as some of the other freshmen were.

But I had a really good time during my freshman year—almost too good a time and again, I guess, a turning point. It's funny how you remember these things years later and how so many of them hint around the theme of your project. They had these self-paced courses at that time. I don't know if they still have them.

They still have them.

Self-paced calculus, self-paced physics. So the way this works is that you are supposed to take, I don't know, eight or twelve exams. You had to do the problem sets and take the exams. You could go through them at whatever pace you saw fit, so that you could finish earlier. I was taking the self-paced physics course and I got a call from the TA—this was maybe three weeks before the end of the semester—who pointed out to me that I had not yet passed any of the exams, not one. I had known in my mind that I had to do this, and I had had fairly strong physics—you know, I had taken AP physics in high school, so I didn't think it was beyond me. I had been neglecting it, I admit. The TA, being very responsible, suggested that I come in to see him.

So I went in to see him. He started asking me what I had done, and it immediately became obvious that I hadn't done anything. It wasn't that I had been doing the reading and the problem sets and was afraid to take the exams. I absolutely had not even started this course. He assumed that it was because I was frightened and overwhelmed. He started to console me and tell me that I really shouldn't feel too badly. It was really very unfair, the way MIT brought these freshmen in and expected them to be able to perform at this level and regulate themselves, and I could still drop the course and I could take next semester physics for music majors—you know, whatever, the least highly-regarded physics course in the place. It really wasn't my fault, and it really made him angry the way he kept seeing these students who really

shouldn't even be in this course. He said "in this course," but it almost felt like he was saying "in this school." He was only a little condescending, he was mostly genuinely upset. But there was a strong streak of paternalism. I couldn't quite make out if it was gender or race. But clearly, it was like, "Oh, you poor thing, why anybody ever expected you to be able to do physics at MIT. It's really not fair. They shouldn't have done this to you."

I have to tell you that there is nothing he could have said to me that would have been more motivational. There's nothing, because it was clear to me that he thought I could not do it. It was not that I had been irresponsible and didn't do it, it was that he thought I was incapable of doing it. I remember at that point thinking about my father who had gone back to college to get a degree while raising two kids, because education was so important. He had been drafted into the Army; he had started college and been drafted into World War II; then he came back and got a job in the fire department, got married, raised kids, and so on, and had never gotten a college degree. My mother had. Actually, my mother had a master's at the time they married. She encouraged him and he was a very bright man. She encouraged him to go back to school. Once he retired from the fire department, when he had put in his twenty years, he got another full-time job and started going to night school at City College of New York. I don't know, after six or seven years he got his degree. I remember going to his graduation.

Again, education—a very high premium in my family. I remember sitting there thinking about my father with a full-time job, getting a degree, and this TA telling me I couldn't pass this physics course. You see, that was just through irresponsibility that I was going to let it be true, because it would seem like he was right if I didn't pass it. I took all eight of the exams and passed the course. I went on a marathon. I took all eight of those quizzes and passed the course. I didn't drop it, I passed it. I said, "Because I can't let this be true for him to say I can't." That's why I say there is nothing else he could have said to me that would have worked as well. He was quite surprised that I could do it. He was very surprised.

It was just not doing the work. Again, it was a lesson that when you don't do it, people think you can't. I would guess that if this had been a male from one of the MIT regular feeder schools, the TA would have given him a lecture about

working hard, paying attention, and not fooling around. He would have assumed that it had been a lack of discipline. But with me, he assumed that I could not do it. Again, it was very helpful, because it really sort of put me on notice that if you slip up, people aren't going to think that you're smart, but lazy. They're going to think you're stupid and can't do it.

Was that your first semester?

That was freshman year. Nevertheless, although I had a good time freshman year, that did sort of keep me in shock. Needless to say, I never took a self-paced course again. I realized that this was not made for me. I did better with a little structure, where there's a midterm, and a final, and I've got to move along at a prescribed pace. No more self-paced courses for me. I had pretty much set for myself a level that I thought was acceptable. It was probably about a C-level of work, frankly, that freshman year. I didn't want to be close to failing, but I didn't see any reason to excel if no one would know if it was an A or a B. Then, pass was pass. Of course, after freshman year when the grades got serious and thinking I was pre-med, then it was really mandatory to get A's if you could and B's if you couldn't. That's actually what I did. I went through MIT getting mostly A's and a few B's.

What was your major?

I double-majored in VII and XV, life sciences and management. I guess about sophomore year I realized that I should do one of two things: either I should graduate early or I should add a second major. I know this sounds kind of strange, but it seemed like there was no need to be there four years and only get one degree and just sort of take a bunch of unrelated electives. I could easily finish the requirements for the VII degree in three years. A lot of pre-meds did that, or they wouldn't even get the degree. They would apply to medical school having finished all of the requirements. I wasn't going for that. I wanted a degree from MIT, I knew that. I decided to stay the four years. First of all, I was quite young, although I'm not sure if that was a real consideration at the time. Also, I was quite involved, as you know, in a number of student activities at MIT.

I thought I could stay the four years. It was then that I decided to pick up a double major. And I thought, and this has proven to be true, that a lot of the problems in medicine over the next ten or

twenty years would not be clinical or scientific problems, they would be organizational problems. So I thought it would be a really useful thing for a doctor to understand something about organizational theory. Of course, Sloan had a good section on health care management. I'm really glad. I have to say that actually the management has helped me in some ways much more than the science, certainly in terms of many of the jobs I've had.

I have to say that it was painful at the time, but educationally MIT really was my best experience, just in terms of the quality of educational services. I appreciated, even when I was there, that it was in many ways superior to high school. You really had a shot at talking to people who understood as much as anyone in the world about what their area was. As I spoke to other people who were in other places, I came to realize that this was not standard, not what people usually got in college. Even if there was a Nobel laureate at their school, they had never seen them. Really, the openness and accessibility of the MIT faculty, which they claim, and UROP—it is all actually true, that you can get as much as you press to get out of the educational experience.

Then, of course, medical school was such an abysmal educational experience after that. Again, it really made me appreciate the quality of what I had at MIT. I mean, medical school is a terrible educational experience. The courses are poorly taught and organized. They are really looking to get you to regurgitate a specific fund of knowledge. It was not taught as a science. That is what I kept feeling as I was sitting in my medical school, that they sort of taught this like they had taught us spelling in elementary school, they didn't teach it the way I had been taught science at MIT. And so again, while I didn't value it at the time, I came to appreciate the quality of the education I had gotten at MIT. In many courses you had open-book tests because they didn't ask you anything in the book, they asked you to apply what was in the book. In medical school they never asked you that. They only asked you what was in the book. Most of the teaching was very bad. The lectures in medical school were given mainly by physicians or professors who, you know, I guess all they know about teaching is what they got when they were in medical school.

In fact, I very much had that feeling in medical school. It was like pledging a fraternity. We do

it this way because this is the way it was done when we were in school; there is no further rationale. There is really no other reason why you have to do these things except that that's what they did before they could become a doctor, so now you have to do it. There is absolutely no other explanation, because it doesn't make sense educationally or clinically or anything.

Is that unique to the school?

No, no, no. In fact, Einstein is probably better than most. I think this is endemic to medical education. One of the reasons why I'm a medical educator is because I think I can do it better.

Back to MIT. I came to appreciate it, subsequently, but I found it quite painful while I was there. And it was not so much the academics, because the academics were good for me. It's probably the place where I was most challenged intellectually. They made me work. All of my prior or subsequent educational experiences were easier than MIT, except for the amount of work it took to do. But there were a lot of social, political, and environmental issues that made MIT a difficult place.

You were very much involved.

Yes, I'm afraid I was—I hope constructively, but it's hard to tell. I don't know what to think sometimes when I talk to students who are there now. There's a fairly active BAMIT chapter here in New York and they get together usually twice a year. Sometimes they have students who are in New York come and talk to us about what's going on. It sounds like twenty years ago. It's the same stuff. Part of me is really sad that we don't seem to have made much progress, we don't really seem to have resolved issues. There seem to be constant efforts to resolve issues, none of which ever really resolves the issues. So that's a little bit depressing when I hear these kids. Really, it could be us talking about what was going on twenty years ago—same stuff.

Have you seen the Intuitively Obvious Series?

I have it. I have not looked at it, but I have a feeling that that's going to be my feeling, right? It's going to be like the same tape we would have made twenty years ago.

Oh, yes.

I don't know what to say. I was even depressed, frankly, by the time I was leaving MIT. It's not that I didn't think that some things had been accom-

plished. We had gone from COME to OME. I thought that was important. I thought that now at least there was a structure within the institution that would actively address the issues with students. I understand now that it was naive to think that in and of itself OME would be enough, although I think a lot of good things have probably come out of the OME.

There's no question.

I think we are probably better off than if there had not been one, but I think perhaps simplistically we had very, very high expectations that if such an office was created, in fact it would be able to implement all the suggestions and plans of the commission in terms of really revolutionizing this school. I think maybe what I didn't understand then, but which I've subsequently come to understand in other institutional settings, is that really it's about changing the entire institution, that you can't sort of create a safe haven.

Well, in a way you can. You can try to create some support for minority students within what is essentially an at least neutral, if not hostile, institution. But ultimately, to make it the way we think it should be, you really have to change the nature of most of the institution. I think that probably is as true at MIT as it was at Hunter, as it was at my medical school, as it is at all the places I've worked since then. I think that we were naive with our expectations, but it was a very interesting process for me. I learned a lot being involved with the negotiation for OME—skills possibly more useful than many I learned in the class, because this is the way the real world actually works. And to have sat with deans and provosts, and being too young and brash to be intimidated, turned out to be a good experience. Then, when you had more at stake, you come to probably respect more the role of the administrators and the faculty, the role they were in with trying to advocate for change. But the students really had very little to lose. As an academically successful student, I had nothing to lose. I had nothing at stake. I could say anything to anybody. And I did.

And you did.

And I did. Of course, this is a position that you are never in again, once you're no longer a student. So I guess I'm glad that I took it then.

You surely did. It's amazing because your group actually put that OME together.

Oh yes. I remember those meetings, absolutely.

People were trying to get you to put it one place and you insisted on where you wanted it. I mean, it was just amazing when you look at it.

It was. And we talked about it a lot. I mean, we had very carefully planned strategies. Phil Hampton and I used to talk about this. Again, sort of complementary approaches and skills. I mean, when he got finished they were happy to talk with me. And initially, some of that was dumb luck. Then when we saw how this was working we said, "Well, we can play this." So I think you're right. I think we got a lot more than anybody ever expected to give us when the process started. And I think we all learned a lot in that process about how institutions work and how decisions get made.

So it was interesting, but it certainly wasn't a lasting solution. Maybe it was a lasting contribution. It's hard to know. It's hard to know how much worse it might have been if we had not gotten the OME.

The last time you saw that particular office or read anything about it, did it appear to be anywhere near what you and your group thought it would be?

I don't know. It's a little hard to follow. I haven't actually gotten it from someone who knows a chronological history of what happened, I sort of get it in snatches when I'm talking to somebody who knows where it is now, especially the students. I guess I don't understand all that's happened to it or how it has evolved. I'm not sure I can comment on that. I guess it's one of the frustrations that I don't even feel like I have enough information to know that. The history seems to have been lost, which is why I think it's valuable for you to do this. I know Phil was trying to put something together for one of the reunions to really try to piece together all of the documents at least and sort out all of the versions and such. I don't know how far he got with that.

We have pretty good records on the origin of OME. The problem, though, is that from my perspective we've had a number of directors who did not spend much time on it, and knowledge was not conveyed for the short periods of time that these directors stayed. Some things, I think, have been lost in terms of the real purpose of the office, as you and others have made a very major effort to try to keep it in a certain direction. There's some semblance of it, but not all. We had Wes Harris as a faculty member, whom you chose.

Again, I think perhaps somewhat naively, because how many Wes HARRises are there? This could be a career-killer, which we didn't really understand at the time.

You talked just a little bit about it, but could you say a little more about how you actually chose your career, and some of your mentors and some of your role models, if you had any of these, as you were coming out of undergraduate school?

Not too many, unfortunately. It's hard to say when I actually made a decision about becoming a doctor. I was one of these kids who were saying that when they were quite young. I don't know where I latched on to it. I remember the very earliest thing I wanted to be was a nun. I went to Catholic school. But I think as soon as I caught on to what was involved, I rejected that. The next thing I ever remember saying I wanted to be was a doctor.

This was really quite young, I was in sixth or seventh grade. I don't really know where it came from. My only exposure to doctors was our family pediatrician. He was a black man who was very much old school. And I remember telling him one time that I wanted to be a doctor and being told, "Don't be silly, you'll get married and have kids." So, that was his take on my aspirations. I never brought it up to him again, but obviously he couldn't have been an inspiration. And in high school I was involved in at least one project. You may be familiar with the Prep Program for minority students who are interested in careers in medicine. That continued to foster interest and gave me a chance to work on projects. Unfortunately, I wound up leaving the Prep Program in something of a disgrace. I was working on a project and there was a final report that I never did. I felt embarrassed about not having done it, so I never went back. I dropped out of it: what are you going to do? There seemed to be a lot more important things to do than to finish this project, back when I was a teenager.

So, I came to MIT still planning to be premed, although I think at MIT I really did give serious consideration to other possibilities, mainly because I saw for the first time, I think, other things in science that you could do. Bench research never interested me very much, but lots of aspects of engineering were quite attractive. I toyed with the idea of psychology for a while, even economics. I actually enjoyed my introduction to

economics through the management stuff, that economics portion. Even math I enjoyed, sort of as a pure discipline, although it seemed like the things you could do as a mathematician were very limited. But I really liked the math. That's why economics was really very attractive, because I got to play with the numbers and the models on real world problems that might make a difference.

But after looking at it and re-looking at it a few times, I decided that what I really wanted to be was a physician. Part of that, I think, was my social conscience. I thought it was a useful thing to be. Although intellectually certain things appealed to me, to go into something that was merely interesting seemed to be an intellectual indulgence—indulgence, you know, without political and social merit wasn't something I could quite bring myself to do or reconcile with what I thought to be political correctness at the time.

I remember a very interesting conversation with Shirley Jackson that I had when I was an undergraduate. She was still there as a graduate student. I couldn't understand how this woman who was obviously so political, who had founded the BSU, could be in theoretical physics. That seemed to me to have nothing to do with black people and making the country change for the better. It was like, what are you doing? So, one day I actually asked her how she wound up in theoretical physics and how she reconciled this with what was her obvious commitment to black folks. And her answer made a lot of sense to me even at the time. She said, "We need good black everything—good black scientists, good black engineers, good black physicists, and we need them to tell the truth." And that really stuck with me. And more and more as I went through life and would find situations where you really were dependent on the specialists, on the technicians, on a very limited group of people who really had the expertise, that would always come back to me, "Gee, I wish I knew someone who I can depend on to tell the truth in this situation."

That settled it for me, and now I'm really glad that we have such a theoretical physicist. It made a lot of sense to me, and I think took some of my censure off those of my colleagues who were choosing to go into disciplines that seemed to not be socially relevant, but that I could now accept. You know, maybe one day we would actually need them to tell us the truth in whatever their area

was. I didn't know any black physicians, I didn't know any woman physicians. I did get assigned a physician as my advisor at MIT. He was a nice fellow. He was in the medical department. He didn't know anything about the academics, the academic program, he actually didn't know anything about anything that was useful to me as a freshman at MIT. This was my freshman advisor. But he was a very nice fellow. He kept up the contact. At least twice a year, he would send me nice notes saying that he hoped I was doing well. But I'm not sure this is what the freshman advisor system was supposed to achieve. I'm sure that they thought, since I identified myself as being pre-med, that it would be good to give me to a doctor in the medical department. But that seemed fairly useless.

So, I don't know that I had any strong role models in medicine. I think I had always been told that I could do anything I wanted to do if I worked hard enough, but that came from my family. I believed it, even though it's not true. I think believing it gets you further than not believing it. There were actually a lot of people who told me that I couldn't be a doctor or discouraged me. There were far many more people who discouraged me than encouraged me. But tell me I can't, and I will.

I remember several things that you've mentioned where people have either said it or have acted a certain way to suggest that you couldn't do it and you have turned around and done the very opposite.

Yes. I find that very motivational, that's right. I guess, if you look at it, it is a pretty functional way to react to that sort of stuff. I mean, we all have our coping mechanisms. My particular one seems to be a lot more effective and productive than some other people's coping mechanisms. I think, frankly, to a large extent that's a difference between the students who succeed at MIT and the students who don't. I think we all face very similar obstacles. You know, you're getting very similar signals all the time—some of them very subtle, but almost continuous—that people think you can't do it. I mean, you're always conspicuous in a certain way. There's always this spotlight effect, so every little misstep gets magnified and remembered—not so much because of anything you do, just because you're different than most of the rest of what's sitting in the class. It does add pressure. It adds, I think, very subtle pressure. These people whose

reaction to the pressure is, "I'm going to show them," excel as a reaction to the pressure. And people who react to the pressure by sort of internalizing the doubts about their capability, fold.

Wouldn't you say, though, that you would have to have a considerable amount of confidence in yourself to be able to deal with that?

Oh, no question. I think the way that you are likely to react when you get there is something that happened when you were five or six or seven years old, and you are already pre-programmed. I think that's very important. That's why I always go back to my family, to my parents. I was given a very strong work ethic, a very strong service ethic. Quite aside from the politics of the '60s, I always got the message that I was supposed to do something useful with my life. I mean, that's what you were supposed to do. And that you could do it. So, I was really given a sense of pride and that was always a source of strength for me, even after both my parents had died. It remains a source of strength.

You know, it's interesting, because I've watched your career about as closely as anybody I've known since I've been at MIT—twenty-three years. You've always worked with the people in your profession. Could you talk a little bit about your career and how you feel about it? You worked at a hospital that a lot of folks would have run away from a thousand times.

It's interesting. I remember when I was in high school and college, a lot of us talked about going to these high-powered educational institutions to get the tools to take them back to the community, and I did that. And I found out that almost nobody else went back there. I don't know that we can interpret this as a failure of affirmative action in sort of opening up mainstream educational institutions; I know a lot of people who are older than I am who didn't have those opportunities, and for whom education really meant going to one of the predominantly black schools. I think that this is part of the disintegration in the black community—that once you gave people other options then they didn't go back. And this is really the effect of desegregation, that it has destroyed the black community. There's something to that, although I think people should have free choice. I made a very conscious decision after medical school to go to Harlem for my training. You know, I always seem to develop a personal relationship

with the deans of these places. The dean was very upset with me. He called me.

This is the dean of—?

This is the dean of my medical school. You submit a list of where you want to go for your training after graduation from medical school, your match list. I had told him I was going to Harlem Hospital for my internship because this was the reason I had become a doctor—to go back to Harlem, to practice medicine, and that's what I was going to do. They were very upset. This was not their plan for me. There's this really interesting sort of syndrome of, you know, I guess it's like the talented black or their black star. I mean, they didn't have a lot of black students at Einstein. Many of the black students they had didn't do well. Many of them dropped out, didn't make it through, took extra years, etc., etc. To be told that the one they thought was going to be a star, and they were planning how they were going to be able to say they had sent this black woman to Mass General, to a prestigious internship, was going to Harlem Hospital—hell, this was heresy. They couldn't believe it. I was throwing away my career, I was ruining my life, I wouldn't get good training, I would be a second-rate physician, how could I do this? It was really unbelievable. It was really unbelievable that they could have known me for four years and think that anything they said was going to change my mind. I mean, why did they bother? But everybody has their own agenda for you and my agenda frequently seemed to be different from what a lot of the common wisdom thought my agenda should be. I was pretty used to it by then.

So I went to Harlem Hospital by choice. I was recruited there by a very charismatic guy, Dr. Gerald Thompson, who was then the chairman of medicine at Harlem. He, I guess, was really my first black mentor in medicine, and this is after graduating from medical school, now. There are no black faculty whom I remember from Einstein. There might have been some on the faculty, but not that I directly interacted with or who made an impression on me. Dr. Thompson really sold this vision of this group of very young, talented, committed black physicians coming back to train and practice in this community. And he recruited to Harlem an extremely strong group of people, much stronger than the hospital merited. I mean, he was really running a first-class program in what, in many

ways, was a second-rate hospital. It was really through the strength of his vision, which he just drew you into.

A lot of us went for this. This is exactly what we had been waiting to hear, that we could come here and do this together. And Harlem was really my first experience with seeing black physicians. It was wonderful. It was an excellent thing for me to do at that point in my training and career, because I had never had that. As with the residents, he had attracted a group of faculty, many of whom had trained at Harlem. They were young and so smart and they cared. I imagine this is what people who went to predominantly black institutions talk about as sort of being the atmosphere at those schools. I had never been in a predominantly black educational institution. After Harlem, I really understand the draw because this was ours. It's ours in a way that mainstream institutions never will be. It was very exciting to see people who I could relate to in many ways, who were so good. That was very important for me. It was a very important thing for me to do.

And then, once I had settled on emergency medicine as a choice of specialty, which I actually had decided in medical school, you had to do a year of something first and then you went into emergency medicine after an internship year. I wanted to go to Harlem to do my internship because I wanted the experience there. I actually wound up staying there two years. Dr. Thompson almost talked me into a third year, but I said, "No, I want to go do emergency medicine. Enough is enough." And they didn't have emergency medicine at Harlem, so then I went back to Einstein to pursue a residency in emergency medicine.

Explain what that is.

What emergency medicine is? Oh my goodness, emergency medicine is actually the twenty-third specialty. It's no longer the newest, but for a long time it was the newest accredited medical specialty. So it was relatively new, which appealed to me. Basically, it developed out of a clinical need to staff emergency departments. Twenty and thirty years ago, emergency departments were essentially staffed with the dregs of medicine, people who could not get other jobs. And it probably didn't matter so much because there wasn't that much that could be done. But as the technology and the science advanced, there was more and more to

offer people who came in with life-threatening emergencies. More and more hospitals realized that there would be an advantage to having a committed group specially trained to do this. So it was only about fifteen, almost twenty years ago, that this was born. It was quite new at the time that I was in medical school. There were only a couple of residencies. There were only two in New York at that time and one was at Einstein, which is why I was exposed to the idea, at least, as a student. It was one of the few places that had a residency. The specialty appealed to me a lot. I liked that I got to see what I thought was the most interesting part of everything, the beginning, and figuring out what was going on. It involves a lot of very time-sensitive decision making, which I also like.

Life and death, right?

Life and death, that's right. The stakes are very high. It's you and what you know, right there, making a decision about a patient. There isn't all of the consulting and ass-covering and all of the rest of the stuff that goes on in much of the rest of medicine. So, I like the immediacy of it. I like making the decision. I like making interventions that can be very dramatic. I know people generally think that medicine deals with life and death, but most doctors really don't save lives routinely in the course of their practice. I do. So it's high pressure and it's a very chaotic environment, because there is a lot going on. You don't control the flow because you never know what's going to roll in the door. You are very connected also, I think, to what happens in the community you are serving. People come to the emergency department for all kinds of help, not just medical. Because of the accessibility, I think there is a patient advocacy built into emergency medicine, which appealed to me a lot.

And I still love it, fifteen years later, now. I still like it clinically. I like what I do. I can't imagine doing anything else in medicine. I sometimes wonder what I would do if I wasn't in medicine. But certainly, given that I am in medicine, I am very content with my choice of emergency medicine. I'm not sure if I had it to do over again that I'd become a doctor, but given that I've gone through it and I'm here, I'm pretty happy with my choice of emergency medicine. For a while, I pursued an administrative track and I became chief of a department and ran the clinical service, which is what I was doing at Harlem.

But to get back to the chronological story. I left for my residency in emergency medicine because Harlem didn't have it. Then I wound up moving to Baltimore, mainly because I got married—right before I started my emergency medicine residency—to one of these talented young black physicians I had met at Harlem. Big mistake, but that's another interview too. We moved to Baltimore because he was doing a fellowship at Hopkins. We had sort of worked out that at first I would go do my residency in emergency medicine, which I wanted to do at Einstein, and then we would go wherever he wanted to go for his fellowship in critical care. He had trained in internal medicine and now he wanted to go into critical care medicine. He wound up at Hopkins.

So we lived in Baltimore for three years, and that was good. I worked at a community hospital in Baltimore. It was really my first experience with private sector medicine, because I had been trained in public hospitals. That was really good for me. It's really good to know how the whole system works. It was a new experience, dealing with private physicians who had ideas about their patients and sending them to the emergency department very inappropriately, and all this stuff. I hadn't learned a lot of the art of dealing collegially with incompetence. In an academic medical center, incompetence is not tolerated. You jump all over it. But in the real world, when you're doing this for money, then it's a whole different set of rules.

It was very good, though, for me to learn those rules because many people who are at places like Harlem all of their professional lives, never learn that. They also never see a hospital that runs well, which I think is then very useful, so at least you understand how it's supposed to be. One of my major frustrations at Harlem would be that people would sort of shrug and say, "Well, what do you expect? It's Harlem." I expect it to run the way other hospitals run, because our patients deserve that, and the staff deserves that, and that's the way we should do it. But if you grow up in that system and never go anywhere else, they don't understand how it's supposed to be. They sort of accept this as the norm, so it's a disadvantage. A lot of people who are at Harlem have spent their entire professional lives at Harlem. In one sense that's great: it provides a stability and they have really invested in it. But it also becomes a limita-

tion. Again, I think this is probably a recurring story in predominantly black institutions, that you get inbred in ways that are a little unhealthy and you don't understand how high up is. That's one thing you learn at MIT, if nothing else.

So anyhow, when we moved back from Baltimore, I went to Harlem and told them I wanted a job there. I didn't want to go anywhere else. That's why I had become a doctor. It seemed so easy.

True to your word.

But there really wasn't anything else I wanted to do as much as I wanted to go there and make it work and then serve what is probably the most medically indigent community in this country. So certainly, nowhere was I more needed. I went from being associate chief to chief and trying to run a credible clinical service with very few resources in a place that had lots of political problems and resource problems and physical plant problems, every kind of problem you could imagine. One thing about being in the emergency department is that you really interact with all of the other departments in the hospital, much more than any other specialty.

So, it was one thing to fix the emergency department. And we did that, we did that pretty well within a couple years. But then you had to try to fix the rest of the hospital, so that once patients left the emergency department, you were sending them into a system that made sense. That proved to be endless. These are problems that never got solved. You would make progress, you would get it fixed, then budget cuts would come around and they would dismantle what had been put in place to fix it, the problem re-emerged, and you started all over again at the beginning. I guess I was on like the third and fourth go-around with almost every problem, feeling, you know, that you have to run fifty miles an hour just to stay in the same place. It's very frustrating. What keeps you there is the thought, "Think how much worse it would be if we weren't here to do this, and who will come do this if I leave?" That kept me there quite a while.

Well, it certainly did. Describe what you do now. You left there and you came here.

Yes. I came here as director of the Emergency Medicine Residency Program, which means the actual training of physicians in the specialty of emergency medicine, after they have finished with

medical school and they choose a specialty. This is really an educational job as opposed to an administrative, clinical job. I get to spend most of my time teaching and writing, instead of doing budgets and memos and going to meetings. This is a lot more fun. I mean, it really is. The program has thirty residents now. You know, I have a chairman, as I said, whom I have known for a long time, since I was a medical student, who wanted a residency director to whom he could give this whole area and have them run with it, which is the way I work best—you know, complete responsibility for something.

So, I get to do it my way. I have two associate residency directors, one at each site. Our residency is split between the Mount Sinai Hospital and Elmhurst Hospital, another public hospital with all of the problems that Harlem has, but in different flavors. It's not an African-American community, but it's an incredibly ethnically diverse community that includes almost everything. It's in western Queens. It's Indian and Chinese and Vietnamese and Hispanic, from all over South America, and it's just an amazing diversity in the patient population. At Elmhurst, I can in one shift see patients where I need translators in six different languages just to talk to them. It is amazing, and it's very interesting medically. Of course, they have all of the same problems that all of the public hospitals have. But I'm in a different position now because I, at least insofar as I can claim it's necessary to the residency, can bring the resources of Sinai to it. It's very different than being on the other side of that.

So, I'm happy. I'm happy with my clinical practice. I'm happy with the education. I think a lot of things, as I mentioned to you, are wrong with medical education. I think we stress the wrong things. I think there are important skills to being a physician that aren't taught in medical school, like communication skills. I think we select for the wrong attributes. I don't think you have to be extraordinarily bright to be a doctor. I mean, you have to be reasonably smart and willing to work hard and be very conscientious, but then there are probably other qualities that are more important than intellectual capability.

Can you say a few of them again?

Again, interpersonal skills. Part of what happens is, I think, that we actually select against interpersonal skills in medical school by putting so much

emphasis on the academic record that people who really have tried to have a fairly balanced life are at a disadvantage. And so what you see coming out at the end are really socially very immature physicians, who then have lots of problems. This translates into the high rates of alcoholism and suicide and all of these things. Especially having a career as demanding as medicine, they're never taught balance. We don't value it. We preach it in terms of rhetoric, but you really don't get any points for that.

So I think there are some self-exploration skills that we need to give to residents, as I say in my speech to candidates. I really want to train physicians who can be doing this and loving it twenty years from now. I don't want them to burn out. It's not enough for them to be technically competent or have a complete fund of knowledge. They have to accept the patient advocacy that comes with this specialty, or they should go do something else where they don't have to talk to people as much. In emergency medicine, we frequently see people at their worst. We have to teach residents to be non-judgmental. There are lots of issues that are never addressed in a medical education that are very important to taking good care of patients. In this residency, we teach them.

Based on your own experience, is there any advice you may offer to black students who will be coming to a place like MIT?

It's really not fair, but the best advice really is to excel. Performing well is the best defense and the best response to the way people are going to see you and treat you. It's not fair, because not everybody can manage that. And I don't think that majority students have to manage that to survive, but black students almost always do and, if they're on the edge, then all of the weight of the prejudice will fall against them. Even with all kinds of demonstrations of competency and even excellence, people still make that assumption. I mean, it never goes away. If you're in a vulnerable position at all, that can kill you. So that's what you have to do, not be in a position to be vulnerable to any kind of criticism or weakness. It's not fair, but that's absolutely the most effective path I've found. If you can pull it off, that's definitely my first choice because it works better than almost anything else.

You need to understand that. I guess this is my quarrel with blacks who have excelled. Sometimes they seem to think that it was a solitary

achievement on their part because they were, in fact, so smart and so talented. I know for myself, I recognize a great deal of luck in my success, starting with parents who gave me enough of a basis that I could face some of these obstacles. There are people, whom I know, who I think are intellectually just as talented as I am, who were on the street, on drugs, in jail, or dead because they weren't lucky in ways that I was lucky about what their parents taught them, where they went to school, breaks they got just being in the wrong place at the wrong time—and then all the work of all of the people who went before me so that I could go to Hunter and MIT and medical school and end up in all of these prestigious white institutions. I owe a lot to a lot of people. Too many of us, I think, when we do succeed forget that and think that it was all one individual's merit and effort, and it never is. It isn't for white folks either, it never is.

So, that's my advice—really to be the best. I have occasionally been in a position to advise black students who are going to MIT, and I always encourage them to go. I think you should go to the best institution that you can. I think you should always go to the best that you can because not everybody will get the opportunity, and if the ones who do have that don't go, then none of us will be there. To choose an easier course—I never encourage students to do that, even understanding how painful it will be and what they will go through. But if they succeed, I think it does leave them with the confidence that will take them through. I was pretty sure I could get through anything once I got through MIT. Medical school really was Mickey Mouse compared to MIT. Educationally and in terms of how hard it was academically, it was nothing after MIT.

Is there any advice you would give to administrators, to the administration at MIT?

I think that my general advice is that to the extent that the institution as a whole, the institutional culture, is difficult for all students to negotiate, then students with special burdens will have that much more trouble. I think one of the very interesting things that has come out of almost every office of minority education-type thing I have ever seen have been programs and innovations which then get generalized to the entire student body just because they make sense. At some point, somebody asked, "Well, how come only the

minority students are getting this? Aren't there other students who would benefit?" Of course, it's always true that, in fact, there are other students with the same needs. It's all really just numbers that there are disproportionately more minority students, because of the extra burdens, who get into trouble. But there's always a range of trouble that students have with an institution, and to the extent that you make it easier and more user-friendly and more supportive, the better it is for everybody—both minority and majority students.

I know that some of this has happened at MIT. I saw it at Einstein, which started a tutorial program for minority students that became a general tutorial. It turned out everybody could use the help. So I think the message is, sometimes this gives you a concentrated look at what is wrong in general with your institution and you learn the lessons not as special help that this special population needs, but how you can actually make the institution more responsive in general, even while working to lessen the extra burdens that these students have. They're kidding themselves if they don't think they are there. They're everywhere.

I guess the only other thing I would say in terms of the students is that certainly what was true for me is that we were in many ways each other's strongest support, and I don't know if that continues to be true. Certainly I think the cohesiveness was important. The cohesiveness that we felt as a group, I think, helped us a lot to get through it. I think having the sense of mission, if you will, in terms of the political agenda to change the institution, to get the Office of Minority Education as part of the structure, had lots of benefits. I know that sometimes some of the faculty and administrators might have felt that it was actually distracting us and we all would have been better off if we had just spent a little bit more time studying and a little bit less time rabble-raising. To the extent that part of what goes on are feelings of helplessness, I think we really empowered ourselves to try to change a situation that we perceived to be very negative. However successful we were or weren't, organizing ourselves for the attempt was a very positive thing for us to do.

I worry a little bit because I have seen in later groups of students a reluctance to that cohesion thing. They don't want to be identified as black; they don't want anything special because they're black. I guess on some level I sort of understand

the reasoning. They are afraid of the very thing that I've been drawn into—that if special consideration is made, then with anything you get, people will think you achieved it because of special consideration. I think they really lack a historical perspective. The assumption of inferiority and incompetence was not created by affirmative action, it preceded affirmative action. It is only because now that there in fact are opportunities to excel, when you do excel, affirmative action now is the excuse. But the assumption of inferiority was always there. When you never made it to the institutions, never made it into these professions, and never got in, they were still drawing the same conclusions.

So, I find it very hard to understand why they can't see this—that it is not affirmative action that has created this assumption of inferiority, that that's really what racism is about. You know, in terms of special programs and stuff, I guess I've become more cynical as I got older. Again as an eleven- or twelve-year-old, I was very upset by the idea of any kind of special consideration—I've since come to understand that the whole world works on special consideration, it's just that it's usually not offered to us. This, in fact, is not a meritocracy: it's always who you know. So, as far as I can see, things happen to you just because you're black, all your life. Most of them are negative. If occasionally something good happens to you just because you're black, I think that's just starting to even out the situation. It really doesn't matter why the doors open. It really doesn't matter why you get the opportunity. Then you go in and prove that you deserved it, or you can go in and blow it, which is just what white folks do. You know, they get the door open because of who they are and who they know. Sometimes they make the grade and sometimes they don't.

So I think we are really doing ourselves a disservice when we resist special consideration. I think we should advocate for opportunities for ourselves. Every other group advocates for opportunities or offers opportunities to whoever it is they think sees the world the way they do. That's exactly the way the world works. It's a planet of tribes, and I think we've got it all wrong. We don't really understand the way this works when people talk about, "It stigmatizes you." Because there was affirmative action, they will think you were promoted because you were a woman and because

you were black, but not because you earned it. If you're not promoted, they'll think it's because you're stupid and incompetent. They think you're inferior now, no matter what level of achievement you reach and whatever the circumstances of the level. Even if affirmative action has nothing to do with it, they will assume that it does.

This, I later found out, was my situation at Hunter. I had not been in the summer program for minority students because I actually had made the cut based on my score on the test. But there had been a special program for people who came in with lower scores than they usually accepted. Again, everybody assumed that all this was just because you're black, and anything you achieve it's only because of special consideration. It's really got nothing to do with me. That's how they rationalize their own achievement, or lack of it, or resentment. So, I would tell students to stick together, take anything that comes up that's a good opportunity, don't worry so much about the details of the program, walk on through that door, and then prove that you deserve it.

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Reflections on the Black Experience at MIT, 1941–1999

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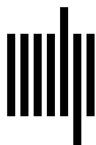
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