

Interview with Fidencio Saldaña, 22 May 2018,

Equal Access Oral History Project

JOAN ILACQUA: All right. So today is May 22nd, 2018. I am Joan Ilacqua here with Dr. Fidencio Saldaña to do an oral history interview for the equal access oral history project. Dr. Saldaña, do I have your permission to record?

FIDENCIO SALDAÑA: You do!

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

FS: Sure, so I was born and grew up in Los Angeles, California. My parents are originally from Mexico. They immigrated to the United States when they were in their 20s. My dad grew up in a small village in the state of San Luis Potosí. He grew up on a farm, or a farm of sorts, and went until about the third or fourth grade. When he turned 18 he initially came to the US on the guest worker program. And once his term ended he came back and then subsequently crossed the border twice more for farm work. And then was deported both of those times until he, on the fourth try, came over successfully, and continued to do farm work in the western US. And my mom, interestingly grew up maybe 30 minutes down the highway from my dad but they didn't know each

other until they came to the -- until she came to the US, and she grew up in a very traditional Catholic household, she was the only daughter of all the siblings. And the way that she came to the US is that she had fallen in love with a boy that her parents did not approve of and she was sent to live with an aunt and uncle in Los Angeles. And she came over with papers so she was a resident who came over in that way. But she also didn't have a lot of formal education. So my mom really never worked, my dad transitioned from farm work to factory work and a clothing business, so he was a clothing cutter, who would take machines and cut patterns of clothes, things that computers or machines would probably do now, and eventually he started his own business with that. But growing up in LA I was a translator for my parents much of the time, interestingly even though my dad managed to have a small business he didn't speak a heck of a lot of English. My mom did a little bit more, but I would still translate everywhere for them. My job was to be a student. Growing up, they said, "Work hard in school," because my parents didn't have a chance to go to school, so that's something that we really valued growing up, and I think that's probably what led me to pursue a career in medicine.

JJ: So before medical school, were you interested specifically in medicine, or was that something that you developed later as you were going through school?

FS: For better or worse it was something I really always wanted to do. I think the earliest memories I have is really of translating for my parents at doctors' offices. And as I sort of analyze myself in retrospect my mom specifically grew up very religious, and part of that was really kindness and service to others. Both my parents I think were very giving in everything that they could, whether it was helping family or my dad was the oldest so I think a lot of that, I saw him care for a lot of his family financially in different ways as much as he could. And the same with my mom giving up time, so I think I was always around that idea of giving back to others and generosity and caring for one another. And translating for parents, and I tell the story that as a kid you're kind of always at the bottom of the totem pole, of the hierarchy, and having this special talent of speaking English when your parents didn't I think reversed the hierarchy -- not always, but in certain instances. So I think feeling like I had a special talent as a kid, where I could help, and I would help random people too my parents would kind of -- we'd be out and I'd see somebody who had trouble in English who spoke

Spanish and I would translate for random people on the street. And I thought that was something very special I could use to help others, my mom really kind of instilling that idea of helping others and generosity and looking out for one another. And then you know for my dad it was just that idea of working really hard and education. So it was interesting [05:00] I think I went to Catholic school, so it was like the idea of being a doctor or priest which is very interesting. But I think that I had no clue what it was to be a doctor besides the family doctor. But for me that's what always stuck in my head since I was really, really young and I had no clue what you had to do to get there or how hard it was or you know, or you know I probably would have said I'm not going to do it. But I said "Okay, I guess I'll be a doctor. I'll just study and keep studying." And so throughout elementary school, throughout high school, that was always kind of the goal, and even throughout college when things were a little more challenging my mind was still set on that

JJ: Where did you go to college?

FS: I was at Stanford up in Northern California. I had applied to California schools, I applied to Stanford because what was then Pac-10 which was the basketball league out west... For some reason I remember Adam Keefe, who was this red-

headed center who played for Stanford, and I thought he was a good player, so I was like, "Okay, I know of Stanford." I applied to the UC schools, I applied to Creighton University because my best friend was applying there, so I applied there, and I had heard of Harvard so I applied there. So that's how I chose my colleges. I think we had a good guidance system at school, and my parents weren't really involved, so it was just kind of like "Okay, let's kind of like pick and see what happens." And I think I chose to go to Stanford, I had a great time when I went to visit. I played a lot of basketball back then, and the student that I stayed with was the manager of the basketball team and so he opened the gym in the middle of the night for us, like the big university gym and we got to play there on the bouncy floors, and I was sold.

JJ: (laughs) So my next question is really what led you to Harvard Medical School, can you tell me a bit about medicine at Stanford?

FS: Absolutely. So, I had initially struggled a little bit at Stanford. Again, my high school I think prepared me well, but it was just a different level when I got to Stanford. When I met folks that had taken -- our sciences maybe were not as strong as our humanities. Folks that had done a lot of advanced course work or who had gone to boarding schools

or whose parents were physicians, so I think I was surprised by the rigor of the sciences there, and for a little bit I thought that it may not happen. But I met some great mentors, and eventually I found a little niche in that group that was called Chicanos in Health Education. Students that were of very similar background who had the same dream, and really we supported each other, and all of us really were successful in getting into medical school. So I was a little more deliberate in my applications this time, I kind of knew schools a little bit better, so I applied to Penn, and to Harvard, and to the California schools. And it was the Revisit Weekend here at the medical school which back then was called the Third World Caucus Weekend. And it was so striking to me in that I went to the Revisit at Stanford and the Revisit at Harvard, and I was shocked to be around so many students of color like me, many with similar stories of parents who maybe were first generation US, first generation college students. And I had just a wonderful time at both places. And it was great that I came to the Revisit because my interview day, it was cold, January, and it was okay. I did interestingly meet one of my current mentors when I interviewed, Dr. Ernesto Gonzalez was a Puerto Rican dermatologist who made a huge impression on me, and I think

that's one of the reasons that I decided to come, was that I saw somebody who really felt that I belonged. And the surgeon who interviewed me, Susan Briggs also was very welcoming, they were great. But I think what did it was that Revisit weekend where I thought okay, maybe the interview day wasn't great and it's cold out here but I maybe could do okay here. I'll give it a shot and try something different.

JJ: And so you came.

FS: And so I came.

JJ: And so I'm curious, I've heard a bit about the Third World Caucus Weekend, and I've actually spoken with Doctor Gonzalez, you know, were you involved with any groups or clubs on campus? What did you find when you got here?

FS: I eventually was involved in putting on the Third World Caucus Weekend during my first year, so I was very involved back then in what was called the National Chicano Health Organization. And back then there [10:00] were independent identities for different Latino cultures, so although there weren't very many Latino students, there was a Latin American Student Association, there was the National Chicano Health Organization, there was a Boricua Health Organization, so the Puerto Rican, the Mexican, and the all others all had their own organizations. And nationally it

was a little bit similar, where you had the Chicano Medical Student Association in California which was the Mexican Americans, and then there was the Boricua Health Organization on the East Coast because there were more Puerto Ricans on the East Coast. And the SNMA, the Student National Medical Association, although I think most students are African American, there was a Latino component, kind of advertised as an organization for students of color. So over my time here we decided to bring all the groups together, and we formed what is now the Latino Medical Student Association chapter at HMS so it was, we'd call it by a different name back then, it was called Medical Students de las Américas, but I think it was following what was to become the national trend of Latino students coming together to identify a similar heritage, and a similar background, similar values. And it's nice to see that all Latino student organizations now have given up their Chicano and Boricua, and they're all the Latino Medical Student Association. So that was where I think I spent most of my time, we did a lot of things as a group socially, service events. I became an officer in the national organization as well, and that organization was about to change into this unified organization. I continued the translating, so I worked in the Interpreter



Services Department at Brigham as an ambassador, and that's I think where I found my home to be honest. I met Helen Burstin who is now in DC, and she was my mentor, we did a project with the interpreter services together. I met a resident, Esteban Burchard, at Brigham who is the first person I met at Brigham. And I credit him for opening the door for me there, and he introduced me to an incredible number of people that resulted in a residency and a fellowship and future roles there. I remember being involved teaching students at English High School which is now very close to where I live, teaching them sex ed., and again it was a lot of Latino students. I was a mentor for Latino youth at Martha Eliot Health Center, so really trying to stay involved with the community. And then there were the academic pursuits as well, like research and other things.

J1: And so my next question was going to be, did you have any mentors, but you describe --

FS: Yeah --

J1: -- several --

FS: -- no, I'll tell you about them. Again Ernesto Gonzalez who interviewed me, I think from day one. I remember taking the cab over to the physicians' building on Cambridge Street and going up and meeting him in his office

and just having a wonderful interview and just feeling that I didn't have to necessarily impress him, but he was impressed by me and was already mentoring me there. And throughout medical school, through residency, and even now we still keep in touch and he's always been a pretty incredible mentor. He opened doors for me at the Mass General Hospital, and I got to hang out with the CEO Peter Slavin when he was in a different position. So he was great, he took us to the first National [Somatic?] Medical Association conference way back when paying out of his own pocket, so really he was an incredible support. And then Esteban Burchard who was a Latino resident at Brigham, he'd gone to San Francisco State, and was at Stanford Medical School, come here for residency. A random -- not sure what search engine, on Netscape or whatever it was, I found him and I shadowed him and he introduced me to really a great number of folks at Brigham. Primarily Marshall Wolf, who was the program director in internal medicine, and Marshall has been an incredible mentor from that day. I still remember that he said that both his parents were immigrants too, and I think with that I sort of knew that he knew where I was coming from. And Marshall was key in getting me my first research job with Thomas Michel, who I still keep in touch with. He's a cardiologist and helped me with

research and to get into the cardiology program at Brigham. [15:00] And of course Marshall introduced me to my program director Joel Katz. Who again as I was going through the application process it wasn't a feeling that I was trying to impress and say, "Please take me," but they were saying, "Please come, we value who you are and what you want to do." And I probably can continue a list of mentors in those early days, but I think those folks were key in keeping me in Boston and not kind of heading off to somewhere else.

JJ: And so you specialized in cardiology, how did you decide to do that?

FS: Well that's a great question. I think that probably goes back to doctor Poussaint, and Dr. Poussaint was an incredibly formative figure, even back then as students would have entrance interviews with Dr. Poussaint through ORMA, or the Office of Recruitment and Multicultural Affairs, was a place where, that supports underrepresented students. Students of color, and I remember as part of that, I think my idea of a physician, even though I had gone through college, was -- may have been the physicians my parents had seen as a kid. And I sort of understood research a little bit, but I don't think my eyes were open to things that I could do, and this was before I had met

the folks that I mentioned that introduced me to all these opportunities and I remember him saying, "You had the ability to do anything you want, you can be a primary care doctor, you can be a cardiologist, you can be an orthopedic surgeon, and you can really do anything." And I don't know that I ever believed anybody else telling me that. But I think having him telling me that allowed me to take advantage of all those people that I mentioned. So he was incredibly formative and a huge support and really laying that first path open, so I think that allowed me to be open to say okay, let's go explore a lot of these things. And so I loved cardiology, and I think the folks that taught me cardiology -- the thing continues that I still keep in touch with and value as mentors. We read the book by Len Lilly that he wrote in conjunction with students, who's now my supervisor at Faulkner Hospital. And Tom Rocco who was one of the course directors and my tutorial leader. And they were great teachers, and I think that for me, seeing their passion in teaching and of the subject, I just found it really amazing, and I loved the subject matter, and I thought okay, I'm going to be a cardiologist. I also liked sports a lot, so I thought maybe I'd be an orthopedic surgeon. Gus White, who was the first African American chief of orthopedics at BIDMC was another figure early in

orientation who said, "I'm in orthopedics. If you want go into orthopedics come talk to me." So it was interesting because as a student of color, I don't think I felt comfortable gravitating to cardiology even though Len and Tom were white, but they were people that were very nurturing and exciting about (inaudible) and I felt comfortable. Most of the folks except for Esteban that I met at Brigham were white in internal medicine, but they were very approachable. And again, Gus was a figure that was inviting, so I think those probably played a role in being interested in those fields. Unfortunately, the operating room and I did not get along, it was not my favorite thing, so I chose to do internal medicine. I enjoyed my time at Brigham in internal medicine and a lot of the early mentors I had were in internal medicine, so I think, not necessarily by default, but because the people I surrounded myself with that I enjoyed being around were in that field. And I enjoyed my rotation more so than any others, and I think that's why I wound up going into internal medicine and that idea of liking cardiology within internal medicine was something that kind of kept going through my residency. And that's how I decided to apply in cardiology.

JJ: So were there any catalysts or turning points in your medical education here? Was there anything that really stands out to you as a big moment here at HMS while you were a student?

FS: Let's see. Honestly it was probably that medicine rotation at Brigham and Women's Hospital. I think that the first unit I had, I had a resident her name was Heather Gornik who eventually would be my chief resident, she was an incredible resident, incredibly brilliant, approachable, great teacher, and she just managed the team beautifully. And I was just really impressed and had an incredible time. [20:00] And Helen Burstin that I mentioned earlier was my attending for a second month and she just gave me some of the best compliments, that, you know, she'd known me before but she was really impressed by how well I did during the rotation. And I think that coupled with getting to know Marshall Wolf and Joel Katz during that time I think really was a turning point, is kind of where I decided, "I want to do this," you know, "Maybe I will try to stick around here in Boston to do my training." So I think that was a pretty big deal, I think it was when doctor Poussaint opened up my eyes to doing other things, and then my experience at Brigham.

Jl: I'm curious, because you mentioned staying in Boston a couple times, were you seriously considering --

FS: No.

Jl: No?

FS: I was four years and out. And I wound up doing an extra year of research with Thomas Michel, and I kind of made a poor effort to leave at times, but I kept on staying because of the incredible opportunities and support I got both at Brigham and here at HMS.

Jl: I'm curious, so how long have you been here at HMS?

FS: So now, I would have arrived in August of 1996, so it will be 22 years.

Jl: So in your time here, I'm curious what you've seen in terms of changes in regards to diversity and inclusion here.

FS: I've seen ups and downs, to be honest. As a student I felt that it was always valued. And I felt very supported by the Office of Recruitment and Multicultural Affairs. I've seen it go up and down a little bit in our hospitals, as far as where it's prioritized. You know, I've seen offices or staff come and go. I think that it's important to every hospital and every organization. But I think the efforts are set up a little bit differently at different institutions around Harvard and I think sometimes I wish that it would be looking at the best practices of whoever

happens to have them and apply them institution-wide. The same at HMS. When I was in training I was variably involved, I tried to stay in touch with folks here, but I think one strength has been the strength of ORMA over the course of the years that I've been here, that Dr. Poussaint has been here for students for 50 years, I think. And that's one thing that hasn't changed, that has been pretty incredible. Funding for ORMA has gone down, but the effort that they've put has been really the same. And I'm glad to see George Daley put such an effort and commitment to improving diversity and inclusion, to strengthening ORMA, the efforts of our admissions committee that I've been on have also improved, I've been really impressed with the thoughtfulness of folks on the admissions committee with the improvements in numbers of students coming through, so I think Bob Mayer has done a really nice job in again expressing his commitment to diversity in lots of forms, LGBT, ethnic diversity, socioeconomic diversity, so I think this year we've had the, at least of offers, we had one of the highest offers that I can remember in recent history. But I think it's always a challenge that we hit certain ceilings that we haven't been able to go above. And I think that's probably the next step, is how can we make



sure that all of our institutions have best practices, and how can we break some of those ceilings.

J1: So I am curious, so you graduated here in 2000 --

FS: Two thousand one.

J1: -- 2001. Can you tell me a bit about, I mean it's 17 years, can you tell me a little bit about what you've done after Harvard Medical School?

FS: So, I haven't left. So I was supposed to be a cardiovascular epidemiologist working on cohorts of minority patients, [25:00] but after I did my residency at Brigham and Women's hospital in internal medicine and I did a year at the School of Public Health which is getting me on track to be that epidemiologist. I did two years of a cardiology fellowship, and then I came back to do a year as a chief medical resident. Which is like, being someone who helps direct the internal medicine programs. We were charged with building a curriculum, organizing morning reports, doing scheduling, being a mentor and advisor. I really loved medical education, I really had not thought of a career in medical education but that year was pretty formative, and I was pretty stressed and trying to figure out what job I was going to have afterwards, because I had this sudden change, and I didn't assume I'd be a researcher anymore. And my program director Josh Beckman and my chief

[Libby?] and Joel, and folks in internal medicine got together and basically presented me with a plan, and said, "Okay, this is what you're going to do." And that's how I got into medical education. So my first job was seeing the kinds of patients that I've always wanted to see. So I see mainly Spanish speaking patients in community health centers in Southern Jamaica Plain and Brookside. I also see patients at Faulkner. In cardiology I really enjoyed cardiac imaging, so I did stress testing and echoes in the clinical part. And then my first medical education job was to be an assistant program director and help with the clinical skills course at Brigham. And then slowly I started to do more things in medical education. To be honest, I think my dream job was to be Dr. Poussaint at that point, I thought, wouldn't it be great to be in diversity and be able to do what he's done for so many students. So, being in the right place at the right time, in 2010. One year after I finished my fellowship and had a job, the assistant director of ORMA left for Texas, and I applied for the job, and I was in the right place at the right time and was able to get that job which I thought, great, this is the first step on my way to becoming Dr. Poussaint and doing that. And so I continued to teach, and taught in clinical skills, I taught in cardiology, I was

the assistant director of ORMA, I was an assistant program director, so lots of hats. And was seeing patients, and I did that for a while, I got more leadership roles, I would eventually come to direct the overall clinical skills course for the medical school, and then with the new curriculum helped design a new course and run that. I did the program director for a little bit, I started doing admissions and being on the executive admissions committee, so it was really neat, and I felt like I was able to help students from before they got to HMS and do some recruitment, be on the admissions committee recruit people to come, teach them while they were here in the first couple of years, advise them all four years, and then be a part of graduate medical education so it was kind of a neat continuum of medical education. And then my plans to become Dr. Poussaint were ruined so to speak, but not really. When Ed Hunter pulled me into his office one day and said that the current dean for students, who was Nancy Oriol, who was my dean for students when I was here -- Ed Hunter was my dean for students too when I was a first year -- he said, "I've been talking to Nancy and I asked Nancy to think of her succession plan, and I asked her who could potentially take over for her, and she said, well she said you. And I asked her when you would be ready, and she said

you were ready now, and she asked if you want the job.”

And so that was how I became dean for students, which I wasn't expecting, which I think is a great role. Which was kind of interesting because then I was the dean for students and Dr. Poussaint was the associate dean for students, so it was an interesting role reversal. But he was extremely supportive, I remember going to his office because I think we had talked about maybe at one point either having a job like his, or even having a job like his here, and he said, “I think this is a great opportunity for you, and that you should take it.” So I think that it's neat to have the background and the issues that are valued in diversity and helping underrepresented students and kind of bringing that to this new role. And that's where I am today, so now I am dean for students, I am about to give up the role of the clinical skills course the practice of medicine, to bring the new generation of folks to run the course, and I still see my patients [30:00] so I'm kind of consolidating roles a little bit.

JJ: And I think I should mention you have a number of awards for excellence in diversity, and teaching, advising. Usually I will list them here and ask you about them, but there are lots of them, and I think in a way awards can be proof of someone's work and reputation, but it also sounds

like you have entire cohorts of students to prove all of the work that you've done in mentoring, and if you have anything to say about those that'd be great, I don't really have a question. (laughs)

FS: I think that honestly if this was a video I'd probably show you, let's see. (pause) These aren't listed on my CV --

JI: (laughs)

FS: -- but I would call these my favorite awards, and for those of you listening what I'm holding out are just random -- I love, love thank you cards, and I save them. So, "Thank you so much for the opportunity to learn from you at the Brookside and SJP clinics this summer. The experience was such a rewarding integration of clinical, cultural and humanistic aspects of medicine. As we begin second year, reflecting back on my time at the clinics has motivated me and excited me for all that I will learn in the coming months. I feel so grateful to have found such a wonderful teacher so early in medical school and look forward to learning more from you in the future. Thank you again, sincerely, [Colleen?]." I love them. I think this is the best thing anybody can ever do, is to express their thanks in a written form. I keep all of my thank you notes and to me that's the best, better than any award or anything else that you can have. Again, if you were here you could see

all the little things my kids have made me. Like these, the wonderful things that kids make you or write you, and again, the wonderful things that your individual students write you, I think is the best reward anybody could ever have.

JI: That's wonderful. So my very final question is just, is there anything that I didn't ask you about or that you didn't mention that you think should be included as part of this interview?

FS: That's a good question. I think you covered quite a bit. I think that diversity and inclusion is very important. I feel like I'm a little bit of a poster child, having been really nurtured through the system, never expecting to go to institutions like Stanford or Harvard. You know I really thank my parents, I could have easily been doing a factory job somewhere in LA, or incarcerated like many people of my particular demographic. But you can't really do without all the mentors out there so maybe if anybody is listening or reading, just encouraging to reach out to folks, because you will make an incredible difference in someone's life.

JI: Thank you so much.

FS: Of course.

END OF AUDIO FILE