

Interview with Thomas Sequist, 18 May 2018,

Equal Access Oral History Project

Part 1

JOAN ILACQUA: All right, so I'm Joan Ilacqua from the Center for the History of Medicine, here to do an oral history interview with Thomas Sequist. Today is May 18th, 2018. And Dr. Sequist do I have your permission to record?

THOMAS SEQUIST: Yes.

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

TS: Sure. So, I grew up in New York State, in the Hudson Valley a little bit north of New York City. About, I don't know 45 miles north of New York City. I am the fifth child in our family, so the youngest of five, my family is actually -- my mother is from a Reservation, an Indian Reservation in New Mexico, Taos Pueblo. My father is from the East Coast actually, from New England. They met out in the Southwest. So I -- well I grew up in New York and I have a lot of the memories of New York, I actually don't have any family there anymore my family is all in New Mexico. So when I finished high school, my family moved

back to New Mexico, and my memories growing up and trips are all going to New Mexico. So that's me.

JI: Yeah, so did you know from an early age that you wanted to go into medicine, or did you ever -- was there a role of medicine in your early life?

TS: I did not know that I wanted to go into medicine. So my mother is a nurse -- oh well, was -- she's passed away, but she was a nurse. She had, at the time -- you didn't have to have a bachelor's degree to go into nursing. She had finished like a two year program to go into -- like an associate's degree to go into nursing. So that's the exposure that I had growing up but it wasn't really, I wouldn't say that at the time that I went to college even that I wanted to go to medical school. I actually wanted to be an engineer.

JI: And so where did you go to undergrad?

TS: I went to Cornell University in New York.

JI: And so when did you decide that you wanted to switch from engineering to premed?

TS: So I studied chemical engineering and actually had a specific interest around biochemical engineering and sort of its applications to the biologic sciences and sometimes some bit of medicine as well. But I spent a while doing an internship that Cornell offers, where you can basically

take no vacations and work straight through so that you can take a semester or two and work in industry. So I worked for a while at Intel. And at the time Intel, you know the chip maker...

JJ: Mm-hmm.

TS: So at the time, this was in early '90s, they were sort of developing a lot of their microprocessor chips, sort of a new thing. And they had these you know fancy clean room environments where they were fabricating these wafers. They make these chips on these round wafers they look like small records almost, and I went to work there for a while. And thought that technology was really awesome. It was very fun, but it wasn't... I didn't think a long term career for me was a very -- so engineering groups are small, by their nature, and not very outward facing. So I just felt like I was probably looking -- I wanted something in science but probably I wanted something a little bit more people interactive than what I was getting there so -- but there was a little bit of a scramble because I actually did that internship in my junior year. So then sort of realized oh, I don't -- it was the fall of my junior year and sort of realized I don't know that I want to do this I think I might want to go to a medical

school. So then I scrambled for lack of a better word, to try and get ready to go to apply to a medical school.

JI: Hmm and so...

TS: But I would say, just in fairness, I did that with not a lot of insight into what I was doing. So I didn't really actually know that I'd never met a physician other than my own pediatrician growing up. I didn't really know physicians who were doing it as a career, and had talked to them about doing it, I actually didn't know any of that. Like I said, my mom who was a nurse and yeah had brought me to the hospital sometimes when she was -- when I was little and -- but I didn't really actually know what it would be like. So in retrospect, I always describe to people -- it was a little lucky. I feel like I've stumbled around and gotten lucky a bunch of times in terms of what I -- how I progressed in my career. So at the time, I was like, I think medicine only because like there's science involved, and there's people's interactions involved. That seems good, that seems what I'm looking for, but really had no idea.

JI: And so, what led you to Harvard Medical School from there you took the classes and then did you go to immediately into a medical school or did you --

TS: I did. I went directly to medical school so I applied whatever the timing is, during my senior year college of at Cornell, and then came here. [05:00] So I've been in Boston since 1995 which is when I started Harvard, so almost -- well, I don't know how many -- that's over -- well, I was going to say almost 20 years ago, but that's more than 20 years right?

JJ: Yeah I think it's 25.

TS: Almost 25 years. (laughter) I -- so with medical school like with many students, I applied to a lot of schools. And I had a couple of criteria. So where I went to school in Cornell, in upstate New York the weather is pretty brutal. So I knew that I wanted to go somewhere with nicer weather. Believe it or not Boston has nicer weather, than Ithaca. Ithaca is right around the Great Lakes so you get all this lake effect weather, which can be -- it can come on quickly, without a lot of warning, and be really harsh like all of a sudden it could be just a blizzard. And I knew that I just needed to get away from that. So I had actually narrowed it down to Stanford and Harvard, and I'll be honest. So Stanford is obviously weather wise way better than here in Boston. I had -- I ended up coming to Boston because I came here, and I -- you know, you make these lists sometimes when you are applying to medical

school about how many -- how many days per week do I -- am I in classes versus in the hospital and what are the sort of hours and what's the curriculum like, and you end up with this massive amount of information after you've applied to so many schools. I at the end of the day decided, where did I feel like I'd fit in okay. And there were some places that I would go that I just thought, "[Oh no?]. I'm not sure that I really fit here." Just as I was walking around and interacting with people. When I came here to Harvard to -- they actually have this thing called the second-look weekend -- that may not be exactly what they call it. But it's for minority students to come back, who have been accepted and their -- I think it's sort of like a recruitment type effort. And I met a student who was a couple of years ahead of me who was a Native student. He had reached out to me and said, "Hey, I heard you got in, this is great, you can stay with me for the weekend, we can sort of look around." And starting with that interaction with him, but then broadly with all of the other students that I sort of interacted with at that minority recruitment weekend, I thought, "Oh I feel like -- I feel like more, like I fit in here I don't feel so out of place here." Which I'll be totally honest; is not really what I expected in terms of Harvard. So I thought, I don't

think I'm really going to feel right there. But it -- but so it was like a totally judgment call. I mean I my background is -- I said my mom was from a Reservation, we, you know I'm the youngest of five children, none of my brothers and sisters finished college. My parents didn't really finish four-year colleges, there were no sort of -- there were no physicians or other folks in my family. So I had like all along had been just sort of winging it. I think I had very loving and supportive parents. But they didn't really know any of the sort of pathway that I was trying to take so, a lot of this like I said before, I just feel like I -- especially back then was a little bit kind of stumbling around like trying to figure out what I wanted to do. So my -- the short answer of like why did I end up at Harvard, is because it sort of felt right to me.

(laughs) And this is not the most scientific approach to it.

JJ: Well it's everyone's approach is different. Everyone's story of how they get to where they are is totally different. Although I've had a lot of people tell me, you know, the right thing happened at the right time.

TS: Yeah.

JJ: It seems. Like that, yeah it's not a typical story but a story that happens a lot. I'm curious when you came to

Harvard Medical School, you mentioned the second -- the revisit weekend, or part of the revisit weekend. When you got here were there any groups or clubs that you started to get involved with or that you gravitated toward?

TS: When I started?

JI: Yeah.

TS: Yeah. Can I -- can we pause for a second?

JI: Sure.

TS: I just --

END OF AUDIO FILE

Part 2

THOMAS SEQUIST: Do you have to test it --?

JOAN ILACQUA: Oh, it should be fine, [I tested it before?].

THOMAS SEQUIST: Okay.

JI: So you came to Harvard Medical School in 1995, I was wondering if there are any groups or clubs that you became involved with or --

TS: Sure, (inaudible) okay.

JI: Yeah.

TS: So the main student organization I got involved with when I first got here was called the Native American Health



Organization, at Harvard Medical School. And at the time that was sort of housed within the broader office which I think has changed its name, but it used be called the Third World Caucus.

JI: Okay. Yeah.

TS: Have you heard that before?

JI: Yeah.

TS: I think they changed it. They thought it wasn't the best name for the sort of the umbrella of organizations -- diversity programs that were, student diversity programs that were under it. So that was the group that I became involved with. And it was a very small group, there weren't a lot of native students. There still aren't a lot of Native students in medical school across the country or at Harvard Medical School. That group, the main set of activities that we did back then was something called the Four Directions Summer Research Program. So that was the main way that I first became engaged in student activities at Harvard.

JI: Yeah, and so I wonder if you could tell me a bit more about -- actually if you want -- this a sort of jumping in time, but I know you're involved in the Four Directions Summer Research Program now. Could you tell me what it was like back then?

TS: Sure.

JI: Yeah.

TS: So, the first summer that it ran actually was the summer before I got to Harvard in 1994. And it had ran for, more or less it had run as a pilot program, that was the first year, and I forget exactly, but I think it was like four students who came out, maybe five students. It was started actually by the medical student who I'd said his name was Patrick Linson who is the person who had reached out to me, remember when I said I was coming for the revisit weekend?

JI: Yeah.

TS: He and two other medical students, Native students at the time, had this idea to try to create a program that would target American Indian students who were interested in careers in medicine or graduate programs and biomedical sciences. So they had gone to some of the faculty that you mentioned earlier from the neurobiology department, Dr. Furshpan, Dr. Potter, and had just asked, how could we get something like this going? And they actually helped them raise money. Philanthropic money. Not a large amount but enough to have a few students come out here. The students worked in their labs in the biology department and you know, it was really exciting I think to have that kind of a program happening here at Harvard. So I came the next

summer, Summer of 1995 and then I've been leading it since then, so that was quite a long time ago. But at the time like, if your question was sort of how is it different now compared to then. It's much more -- there's a lot of things that are quite different about it. It's bigger. So we've varied over time anywhere between having 8 to 16 students. We try to -- I've actually tried to figure out like what's the right number of students to have in the program? And we have settled on somewhere around eight as being a good number only because when the program gets bigger, it becomes hard for us to maintain the sort of small community family feel of the program. So that's one thing that's a little different, it's a little bit bigger. It's definitely more supported -- and administratively and sort of organizationally. So I always -- when I always tell people one of the ways to tell the difference is, so now we -- when students arrive, land in the airport we have a shuttle van that comes and picks them up, and we sort of deliver them to the dorms, the student dormitories here which is where they stay for the summer. Back then what we would do is, we would -- we had -- one of us had a -- one of our -- in our group had a pickup truck, and we had a mattress in the back. It was a cover -- it had a -- what do you call it -- a cap on the pickup truck and we had a

mattress in the back. And then we would just go pick up all the students and, you know, however much luggage we could fit in the back of the pick-up truck, plus students. And that's how we would get them back. So it was very, very -- it's sort of the kind of thing you would do as a student, right? (laughs) Because it was entirely student-run, basically. So we are organized and resourced a little bit differently. And then one of the big things that has changed is that when we were first running that program way back in the mid-'90s, we were only really a year or two more advanced than the students who were coming here. We had made -- with one big difference is that we had got into medical school, which was really exciting. But we connected with those students and bonded with them, in a way, of -- you know, they were juniors and seniors in college and we were, like, first year medical students.

[00:05:00] So we were very, very close in terms of what we experienced. So I am now -- you know, 25 years later, I am still the primary person that sits down and meets with these students every week, talks to them, but I know that they don't see me as that same person with them. And so I have a little bit of a different connection with the students. I mean, I can offer them a lot more in some ways, but in other ways I've lost the ability to feel like,

"Oh gosh, I remember totally what it's like in my junior year of college." So in that way it's also a little bit different.

JJ: And so could you tell me a bit about -- so I have some questions here about -- you got a degree in Public Health; was that before or after medical school?

TS: I did. So I went to medical school, and then I did a residency in Internal Medicine at the Brigham. And then I did a general medicine research fellowship -- it's called the Harvard General Medicine Research Fellowship -- after residency. That's a two-year fellowship, and in that fellowship you get your Public Health degree at the Harvard School of Public health.

JJ: Excellent. And so I'm curious too -- did you have any mentors on campus and what kind of advice or support system did they provide to you?

TS: Sure.

JJ: People like the student that you mentioned.

TS: Yeah. So I've had a lot of mentors over time who have given me advice in different spheres of my life. So I have research mentors, I have kind of operational administrative management kind of mentors, and then I have mentors who are more in the diversity space. So I have a pretty -- I guess to kind of understand that, I have a pretty varied job

right now. My main -- I guess what people would say is my main job right now is, I'm the Chief Quality and Safety Officer for Partners Healthcare. So that's very much an administrative management job, where we oversee all the quality and safety activities in our health system. And then I have a smaller piece in my life, which is being a researcher -- being a faculty researcher. And so -- and actually, when I first started my faculty career, that was my main job -- was being a researcher. Typical kind of writing grants and teaching. And then the other part of my life is running diversity programs, of which the Four Directions Program is one of them. And my -- I have an Indian Health Service physician volunteer program that's also one of them. So I kind of have mentors in those different spaces. And the diversity space -- I think the folks who come immediately to my mind, who've really helped me over decades now at this point, is -- Joan Reede is one of them, who's taught me a lot and I've learned a lot from, but has also helped me in many, many ways over the years. David Potter is another person who is just a very long-term mentor of mine, helping me think through, What do you want to do? I would sit down with him when I was a medical student and he would talk to me about, What do I want to do? What I really always had wanted to do when I first was

in medical school was, I wanted to become a physician and go back and work in the Indian Health Service on a reservation. And I obviously didn't do that, but I remember very specifically sitting in his office one day and talking about what it is that I want to do, and him telling me and trying to convince me that I should explore other things -- not because I -- and not to feel like I was sort of abandoning this sort of ideal that I held for myself, but more that maybe I could contribute to the Native communities in different ways, and maybe bigger ways -- which led to me doing research and health policy around American Indian healthcare; working with the government in the Indian Health Service in ways that I think were -- I hope were impactful; and then running programs like I do here in Boston, where we actually send care out to these reservation communities to try to help. So David was a very, very important mentor for me in the diversity space. but there have been -- [Dr. Poussaint?] has been someone that I knew from my first day here at Harvard and who's always a very helpful mentor over the years. In the research space, I've had a couple of mentors, mainly a faculty person who is not -- he actually just left here a couple of years ago named John Ayanian, who did a lot and helped me with a lot of health disparities research and

health equity research. I did-- one of the physicians at the Brigham named David Bates has helped me do a lot of my research understanding quality and safety, which sort of led to this role that I have here. So -- and then another physician around here named Tom Lee, who's also -- did a lot of quality and safety mentoring with me.

JJ: And I'm curious, as we're looking back on -- you've been here for almost 30 years; what have been the biggest changes in regards to these diversity programs? Like, you had mentioned that the Four Directions Summer Research Program -- that has become bigger, in a way; [00:10:00] it's become more funded, in a way. Have you seen other changes happening, whether they're positive or negative?

TS: With my programs, or just generally in the diversity space?

JJ: I think generally in the diversity space, yeah.

TS: I think that -- so let me just -- give me a second to think about that.

JJ: Yeah.

TS: Because I'm not sure that I've sort of broadly thought about that recently. I want to say that there's a lot that I think hasn't -- doesn't feel that different to me. But part of that is not just Harvard Medical School, but the city of Boston. I will tell you that the first thing that the first thing that struck me when I came to Boston --



remember I said I grew up outside of New York City, so my vision of a city was always New York. That's where I -- we would go often; if I went -- school field trips were always in the city -- in New York City. When I came to Boston, there were a couple of things that struck me. And you probably read the *Boston Globe* series about Boston and race in Boston from a couple of months ago. So when I came to Boston in 1995, the immediate thing that struck me was a couple of things. One, this place is very small -- compared to New York -- was my reference point. And two, it seemed awfully non-diverse. Like, when I just -- when I walked around. But partly, that was because -- the third thing that I came to realize is that it seemed awfully segregated compared to other cities that I had been around.

And I never really said that a lot or sort of expressed that a lot of to other people. I just sort of thought a lot, and I thought, maybe it's just me -- I don't know if this is a new environment to me. But it was really striking when I first got here. I think that Boston has changed -- I know I'm not answering your Harvard question, but to me, part of this context is the city that we live in -- I think Boston has changed a bunch over the past 25 years that I've been here, but I think it still has a lot of issues to confront. And they were really highlighted in

that newspaper article series from a few months ago. But everything -- when you read about issues like that of race Boston -- and people have lots of intellectual discussions about, Are the data correct? Have we looked at this correctly? Are we interpreting things right? And I would always say, Sure, sure, we should -- and I always do say this -- we should figure out -- we should have our story straight. But at the end of the day, if you ask any person of color in this city, Does this feel like a welcoming environment, I think all too often, unfortunately, you're going to hear, No, it doesn't feel totally welcome. Do I still feel like 25 years later that I feel completely welcome in any environment that I go to across the city? And I think the answer is probably no. I think in many ways, yes. And it has changed a lot, but probably not where we would all want it to be as a city. Because there are so many wonderful things about this city, right? I'm obviously still here. There are great thing about this city. But I remember as a student coming here just being awfully struck by that, right away -- around the diversity and the degree of segregation that I noticed here. As it affects my experience at Harvard, I think a couple of things that I have found to be important changes at Harvard. One is, over time, supporting people who have

interests outside of the basic sciences and labs. Because you are going to -- if you don't support people who are interested in community outreach -- all of the stuff that Joan Reede's office supports -- if you don't support people who are interested in research that's not in a lab but is interested in research like I do -- like health equity, health policy research -- you are really limiting the type of person who might want to come to Harvard and contribute to our community. So I feel like we actually had made progress in that space over time. I wish that we made faster progress, but I definitely do feel like we've made some progress in that. In terms of the overall diversity programs, I don't know that -- I think my -- the programs that I've been involved in have been relatively steady for the most part. There have been some of those changes I was describing to you, but those are more structural changes in the program. I haven't -- I don't think our programs have changed dramatically as an individual diversity program over that period of time. Which is to say that, you know, my focus is -- my heavy focus has always been on American Indian students in medicine, and then I have this broader interest around underrepresented minorities in medicine. But around American Indian students in medicine, we've not been able to increase those numbers at all. I was actually

just at the AAMC, the Association of American Medical Colleges conference a couple of weeks ago, [00:15:00] and looking at the data around American Indian student enrollment in medical school across the country, and it's actually going down. So we've not made progress in that space -- and we being not just Harvard, but the broader medical community.

JJ: So just to be respectful of your time, we have enough time I think for one final question.

TS: Yeah, I think we're -- we can keep going for a while, because I feel like we started a little late. So we can --

JJ: We have a couple of minutes. And really, my last question is always the same -- it's just, is there anything else you'd like to tell me about either your experience as a student and a health professional in Boston or really anything else I didn't ask you about that you think would be important to include as a part of your story?

TS: I think the main thing that I think after 25 years here -- or almost 25 years here -- is that this is an environment with incredible potential; it's an environment that can be incredibly supportive and help people achieve really, truly wonderful things. I do think we've made progress in diversity. I do think we've made progress in thinking about equity and its importance and trying to include it

(sound of message received on phone) -- I apologize for that --

JJ: That's okay.

TS: -- and trying to include it up front. I think that -- and there are really, truly pockets of excellence in those areas throughout our system. I think also, though, that it's important for us to acknowledge the places where we need to get better and can get better, places where we know -- and listening to our students, listening to our faculty -- that we're not always the most welcoming environment, and that it's not always just -- words matter and the things we say matter, but also just the structural environments. When we build buildings, do we have the lens of inclusion -- and not just underrepresented racial minorities, but people of all different kinds of backgrounds, including our patients. And are we creating an environment where our patients -- whether they be international patients or patients from any of the diverse neighborhoods here around Boston -- do they feel welcome when they come into our hospitals? I think there's a lot of work we can do in that space, as well. So it's sort of -- I'm a super-optimistic person, and I do think, from my own perspective, I have loved being here over time. That's not to say that I haven't experienced challenges, that I

haven't experienced feelings of frustration, that our system isn't the better reflection of itself all the time. But overall, I do -- I'm a pretty optimistic person about all of this work.

JI: Great. So, I just want to thank you for taking the time to talk to me today. And I'm going to turn off the recorder.

TS: Okay.

END OF AUDIO FILE