

**Center for the History of Medicine Oral History Interview with**  
**Edward Kravitz, 26 February 2015**

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JOAN ILACQUA: Hi, so I'm Joan Ilacqua and I'm here with Dr. Edward Kravitz, on February 26<sup>th</sup>, 2015, in the Minot Room, at the Countway Library, in Boston, Massachusetts. We're recording an oral history interview for the Center for the History of Medicine. Dr. Kravitz, do I have your permission to record our interview today?

EDWARD KRAVITZ: Yes, you.

ILACQUA: Excellent! And so my first question is really if you could just please tell me about yourself, some of your background, and how you came to teach at Harvard Medical School.

KRAVITZ: OK. Well, I suppose I should start with a little bit about my parents. I was born in the northeast Bronx, wh-- in a mostly lower middle-class neighborhood. My parents were -- did not complete... My father didn't complete high school. My mother did complete high school. And neither they nor anyone else in the family went to -- of the immediate family at that time, went to college. So I was... My brother served in the Air Force and then spent a year or two in college. But I was really the first one in

the family to go to college. I was always interested in science and was always collecting things. I think I had a chemistry set in the basement and a -- and a physics set, and mostly made a mess. I didn't really do very much. And I went to neighborhood grade schools and high schools. I didn't know anything about High School of Arts and Sciences, in New York City, or Stuyvesant High School, any of the places where people who were going on to careers in medicine would have gone. But I got through high school. I was a smart kid, in a -- it wasn't -- in an area tha-- where it wasn't particularly appreciated that people were smart. So I developed ways of coping with that. And one was that I was funny. And the other was I played basketball. (laughs) So sports was important for me, as I was growing up. I went into City College of New York, which was free and was the only school that, certainly, my parents could have afforded at the -- at the time. And at that time, there was no tuition at City College. Courses were free. The only thing you had to pay was a \$10 lab fee, if you took laboratories. And you could buy books for a couple of dollars and sell them back at the end of the course for the same couple of dollars. So education truly was free at City College of New York. I didn't particularly do very well at City College. I was one of

these kids who would -- if the course interested me, I would pay attention and do well and, if the course didn't interest me or the instructor was poor, I just ignored the course. So my grade point average was terrible. (laughs) I got two A's at City College of New York. One was in physical chemistry, which was the hardest course at City College and was the only one that challenged me. And the other was in basketball, which I was (laughs) doing, and anyway, in the -- in the city leagues. And I got an A in basketball, as well. My son once saw my college record and said, "Dad, I don't know how you got anyplace (laughs) in life." Anyway, from C-- from City College, I wanted to figure out what to do next in life. I did apply to medical school. But my grades were so terrible that no one took me. So I went to work, luckily, at Sloan Kettering Hospital, in New York. And I worked in a laboratory as a research assistant, in a cancer chemotherapy laboratory. And while there, a young man who was in an adjacent laboratory interested me in playing softball on the softball team. And he was the shortstop. I was the third-baseman on the Sloan Kettering softball team in the city softball league. But I also noted that he had a laboratory and asked him what he was doing. And he said he was doing research. And I said, "What's that?" So he said, "Well --

" and he described his project. So I asked my boss, George Tartovsky, and I asked the head of the unit whether I [05:00] could do a research project, not knowing anything about what it was. And they said I could. And once I started doing my own research project, I was absolutely hooked. It was really what I wanted to do. It was a cancer chemotherapy project, with ascites tumor cells. And I was looking at the metabolism of amino acids in those cells. I took a evening course in biochemistry at City College. And then, after that ev-- I got an A grade in that evening course -- and then appl-- I applied to two graduate programs, one at Rutgers and one at the University of Michigan. I got into both -- but with letters saying that I had to maintain a B average or they would kick me out. Well, from that point on... I ended up at the University of Michigan, in what was a very old-fashioned biochemistry department, where I actually did some of the fundamental experiments that people did in biochemistry, of crystallizing enzymes and experiments of that sort. But once there, I got all A grades. And I started a project that was in -- I was interested in DNA biosynthesis, at the time, and did some interesting experiments on my own, with the approval of a new young faculty person who was my mentor, Armand Guarino. I was already then hooked and

really into research as the thing that I really wanted to do. And I started reading about and getting interested in the nervous system, talking about the nervous system. Could we ever understand how the brain worked? Mostly, that was with philosophy students and led to lots of lively discussions and arguments. I did finally work, for my thesis, on the pathways of carbohydrate metabolism and how they were selected by cells. And that led me to get a PhD. But I hadn't given much thought to what I was going to do afterwards. And then a wonderful biochemist, Earl Stadtman, who has since passed away, came and gave a seminar that I thought was wonderful. And so, at the end of the seminar, not with any other forethought than that, I asked Earl did he take postdocs. And he said he would. And Earl took people who wrote him, when he had space. And he accepted me. And that's how I ended up at the National Institutes of Health, at the National Cancer Institute -- a lot of luck, in this. And throughout my career, luck has played an important role -- luck that I acted on, obviously. But luck has played an important role in that. Well, during the first year of my postdoc there, Earl Stadtman took off on a sabbatical and Roy Vagelos, who has since gone on to his own very distinguished career at Washington University and then as the CEO of Merck who

developed five major drugs for Merck during his tenure and also was the one who gave the drug ivermectin to the continent of Africa free... So Roy was an amazing person and an amazing advisor. So he took over the lab. And Stephen Kuffler, who was my mentor, and his group, who included Furshpan, Potter, Hubel, Wiesel, and an electronics person, Bob Bosler, had just moved from Johns Hopkins University to Harvard Medical School. And Steve was the one who had the im-- the imagination to say that, if you want to study the nervous system, you have to put together biochemistry with physiology with anatomy. And Steve was looking for a biochemist, and checked with Roy Vagelos, whether he wanted to go there. Roy said, "No, I -" didn't -- he didn't want to but there was this guy who always talked about the nervous system in the lab. That was me. And he s-- Roy steered Steve to me. Steve came down, told me about the n-- move to Harvard, told me about his vision of the nervous [10:00] system and how to study it, and then invited me to come up to Harvard, to Boston, which I did. And then there was absolutely no communication between me and Steve Kuffler and the other members of the group. They were all physiologists. They were speaking a different language that I was speaking. But my impression of them was that they were a group who

really knew something about the nervous system. And I recognized that I knew nothing about the nervous system. So, of course, the opportunity to come to Harvard seemed a great one and one that I wanted to grab. It was interesting, because my biochemist colleagues had never heard of Steve and the rest of the group and so they... And at that time, the group was a part of the Pharmacology Department. So the biochemist colleagues said, "Well, you don't want to be in a pharmacology department, because it's the end of the career of a biochemist. So you ha-- you want to be in biochemistry and you want to have so much space and so much money and so much freedom. And you want to teach biochemistry and not pharmaco--" and they gave me a list. And when I met and talked with Steve Kuffler, he showed me that -- I showed him that list and he said, "Enh, you don't want any of that." He said, "What you --" You know, he said, "We have a big grant. You'll share the grant with us. We'll -- you'll work in -- we'll share the spaces. We'll get you whatever you want. And we'll fully support you for five years. And it's a chance for you to see if you're any good." And that struck me as odd, because I wasn't getting any of the things that my biochemical colleagues said I should get. But somehow or other, it seemed to be the right thing. It's a chance to

see if you can -- if you can really do science on your own, in a new area, a new field. So in a... I accepted. And in a rather long way, that's how I ended up -- and via a route where I think there were many elements that were not planned. It was-- it wasn't a direct route that I had charted out. It was the luck of hearing Earl Stadtman and being impressed -- wonderful biochemist. It was the luck of being at the NIH when Steve Kuffler had just moved to Harvard and was looking for a biochemist. It was the luck of Roy Vagelos referring me to the position that ended up at Harvard. Well, it's a -- it's a route that, I'm not sure I can recommend it to people as the direct way to get where you want to go but it certainly worked for me.

ILACQUA: Excellent! And so the department that you ended up in became the first neurobiology department in the country. Correct?

KRAVITZ: Yes. Well, in the world, actually. So s-- It was -- it was called the Lab of Neurophysiology and Neuropharmacology. And it was based in the Department of Pharmacology. In a relatively short number of years... Actually, the 50<sup>th</sup> anniversary of the department will be next years. So 1966, 6... Well, Steve and company got to Harvard at the end of 1959 and I joined them about six months later, at the beginning of 1960. So in a 6-year



period, the lab grew. Everyone was doing world class scientist -- science. Hubel and Wiesel were doing the work that led -- the Nobel Prize -- to the Nobel Prize. Steve was doing just wonderful science. Furshpan and Potter had just invented the first electrical synapses -- had recorded from the first electrical synapses. And I started work on the GABA project, originally with Steve and Dave Potter. And GABA was shown, during the period that we were -- of the 6-year period, to be a neurotransmitter compound. And it was only the third neurotransmitter compound discovered. So because of these fundamental d-- work that was being done and the fundamental discoveries and because pharmacology was kind of on a downhill spiral -- and even physiology, at that time, was on a downhill spiral -- the -- Steve was offered the chairmanship of any department that he wanted (laughs) at Harvard. Because they had turned over, at the time. [15:00] But we opted for a new department. And the new department was called Neurobiology. And it was the first neurobiology department in the world.

ILACQUA: Wonderful. And so you said you came to Harvard Medical School in about 1960. Could you tell me a bit about --

KRAVITZ: (laughs)

ILACQUA: -- what the Harvard Medical School was like during that time, what the faculty looked like, the type of students that you had?

KRAVITZ: So, of course, the name Harvard was just as famous then -- and known all over the world -- as it is now. But the Kuffler group, the -- our laboratory, that became the department, was really the center of my world. I didn't know much about other faculty at Harvard. But it was an exciting time, because a new field was starting. And that's field of neuroscience, neurobiology. At the end of that era, 1967 or 1968, the Society for Neuroscience formed. And it had 800 members. And the Society for Neuroscience now has 35,000 members. So there was enormous growth during that period. And the department was really my sense of life. And we were -- we were young, we were eager, we were arrogant, and we wanted to know everything. So we actually heard about everything that was going on in the field. Because Steve's friends were scientists in the entire field that existed at that time. They all came through the department and they all talked to us. And we questioned them. The student body, the -- very f-- We had -- was a very small graduate program, only one or two students. But the medical school class was about 125 or -- I think, at that time. And they were very smart. And we

didn't notice it when we taught every day but they were a very white group. And they were all male. There was only a very small percentage of women in the class. And there were practically no minority students in the class. There might be one in each of the various years. We didn't particularly pay attention to that, when we lectured to the medical school class every day. My lectures were on chemical transmission. And I started lecturing about nerve gases. Because one of the areas that we were -- that I was -- thought the students should know about is that, acetylcholine, which was a transmitter, there was -- the nerves gases were based on inhibiting an enzyme that destroyed acetylcholine in the nervous system. That's how they functioned. And so some of the science was being made into weapons. So I started talking about that to the medical students. And I thought that was an important thing to do too. So the medical school seemed to be, to me, a very conservative place. But it was peripheral to our attachment to the -- to the department. I should say, Furshpan and Potter dedicated themselves to devising a new way of teaching medical students. And they actually went to Woods Hole to practice their lectures, before the course -- the course -- our section of the medical school teaching began. And they practiced the lectures on each other. And

they were tightly interdigitated, tightly woven together lectures, that presented the nervous system in a way that was easily understood. And that was an exciting way to teach neurobiology. And I joined in with that with my biochemistry lectures, as well. Even more amazing was that Furshpan and Potter would take the photograph of the medical school class down to Woods Hole with them and they would memorize the names of the students from the photograph, and greet the students by name when they came in for the first lectures at the medical school. That was unheard of. No -- there was very little contact between medical faculty and medical classes. The faculty came in, gave their lectures, stood in front of the class, didn't [20:00] particularly know them. This was the first time that professors paid some attention to the students, to -- enough to learn their names for when they would come in the class. Even -- so, both from the teaching -- teaching perspective and the research perspective, it was an exciting environment to be in..

ILACQUA: Wonderful. And so you had mentioned that the classes were predominantly white and predominantly male and that's not something that you had picked up on, necessarily.

KRAVITZ: Well, I didn't particularly notice it. You know, you would -- you would walk into a lecture room and there was

the class. And you knew some of them, because you had -- you had come in contact with them. Our department also started an afternoon tea every day for any students who wanted to come. So you go to know some of the -- some of the students. But you didn't particularly notice the color of their faces or the gender -- sex of the -- of the students. There was a group of students to lecture to. And you -- more worried about your lectures than you were about that. So it, surprisingly, was not something that we noticed.

ILACQUA: Mm. But that eventually came to change.

KRAVITZ: That did come to change. And what changed that was what was happening in the country. Two things happened in the 1960s that dominated the news every night and eventually dominated our lives, even though we were mainly at Harvard, faculty members, to teach and do research. And one was the Vietnam War. And the other was the start of what eventually became the civil rights movement. And slowly and with time, this wore on you. And particularly in the civil rights era, my first student, Zack Hall, was one of the people who sat in at Woolworth's and was arrested for sitting in at Woolworth's, because he wanted to get lunch and Woolworth's would not serve black students. He was sitting with black students. And they

wouldn't serve him. So at that level, it reached us. And then the news every night, when we were told by generals about -- as the war built up, that, "Oh, well. It's going to be over in a few years. And everything's going well and the Americans are going well. And here we're stopping Communism" and were sold a bill of goods... And then the reporters who reported on the war would tell us rather conflicting stories from what we were hearing from the generals. And that bothers you, after a while. The civil rights issues, that were, again, very, very prominent, one was just celebrated, which was the Selma to Montgomery march, of 50 years ago, for voting rights, when the police in Selma, Alabama, blocked protestors from walking across the bridge for the walk to Montgomery and then beat them and turned dogs loose on them and used water hoses on them. And all of this was caught very graphically on television. And you would look at that and you would say, "What's going on in our -- in our country? How can this be happening in America? How can such brutality exist and how can the country tolerate it?" And there was incident after incident. Birmingham, the bombing of a church and killing children who were -- who were at Sunday school in the church. And that then eventually got us to notice that the class didn't have many black or Hispanic or any minority

students as a part of it. And actually, John Beckwith, a colleague from Microbiology, and I started talking about "Well, is there something we can do at Harvard?" Because Harvard Medical School is immediately adjacent to Roxbury, which is -- or close to Roxbury and immediately adjacent to Mission Hill, which was a predominantly black and Hispanic neighborhood. And shouldn't Harvard be doing something to support kids and -- in the neighborhood? So we had really started talking about that. And a new high school had opened [25:00] up. We'd talked about are there ways that we could help with that high school. The thing that tipped the balance was the Martin Luther King assassination. And that just... It was April 1968, April 4<sup>th</sup>, 1968. And that was such a shock. Because Martin Luther King was preaching, as Gandhi, nonviolence. And here, to have him be, 39-year-old man who was preaching nonviolence, to be assassinated in an American city, it just impacted on us in a way that f-- that led John... Well, let me back up. Because the day after the assassination, I was driving to Harvard Medical School on Storrow Drive, along the river. And all along the road, people were standing with signs that they were holding up, that said, "Turn your lights on" -- no message other than that. And that was very, very powerful, and moved us. Two or three days after that, I

got a call from John Beckwith. And he said, "We have to do something about this." Now do you want that story now or do y-- shall we...?

ILACQUA: Oh, yes --

KRAVITZ: Yes.

ILACQUA: -- please, go...

KRAVITZ: OK. All right. So we decided that what we would do about it would be to have a meeting and get a group of people who thought, like we did, that Harvard Medical School had to do something about what was happening in the -- in the country, would get such a group together. So we all -- we each contacted the most liberal people that we knew, who we knew would share this point of view. So John contacted Luigi Gorini in his department. And Gorini was an amazing man. He was a very, very good scientist but he also was a very famous person in Italy and in the state of Israel. Because he was a partisan in World War II. And the partisans had captured a school in the m-- in the mountains in Italy. And he became the director of the school. And thousands of young children, who were smuggled out of Germany and other occupied countries, started coming into the -- went through this school and were sent to Israel and other places. So he was personally responsible for thous-- saving thousands of children's lives -- was



honored in Israel for that. But if you mentioned the word "Fascist" around Gorini, you got a half-hour lecture. And he was -- so he was one of the people that joined this group. Another was -- my colleagues Furshpan and Potter and Torsten Wiesel, who we knew shared these views. Another was Leon Eisenberg, who also was an amazing person -- School of Public Health, is a child psychiatrist, and was a wonderful, golden-voiced orator. When he said things, people listened. And I knew him as an orator of that s-- And he joined us. And two other folks, Warren Gold and Robert Buxbaum, who I didn't particularly know. Probably Leon Eisenberg brought them into the... We met at my house, in Cambridge, I think the fourth day after the assassination. And we drew up a proposal that we would like to see Harvard Medical School be representative of the society at large, meaning 10% of Harvard Medical School would be minorities, and we would like that to be done immediately. So we sat together and we -- wonderful pros put it together. The next morning, we went and knocked on the door of the dean of the medical school, who was Bob Ebert. And he said he would see us. We read our proposal to him. And he immediately said that he would support us in doing this but he could not do it publicly. That surprised us, that the dean of Harvard Medical School could

not take a public stand on something that we thought was so important to Harvard [30:00] Medical School. In any event, Bob Ebert told us how to do that. The faculty meeting was three weeks away. And he said, "At the next faculty meeting, you have to get the support of every clinical and preclinical chairman at Harvard Medical School." Well, I should say, when he said that, our hearts sank a little bit. Because we were young guys, only having been at Harvard six, seven years. And we didn't know the heads of all the clinical and preclinical departments. Still, we went back, together, to the Neurobiology Department or laboratory... And we looked up the names of all the faculty. And we broke up into groups of two to three people and tried to contact and meet with every one of these people -- who, we actually did -- we -- that, we actually did. And also we gathered a lot of facts. Harvard College had already set up a program to support minority students. And they had the names of the colleges and universities all through the country where there were large numbers of minority students. Because we knew a question we could get is are there enough students out there. There was no doubt there were enough students out there. There was no doubt that they were good enough, to us. But they were not in schools that Harvard Medical

School traditionally recruited from. They were at city universities. They were at state universities. And they were not at Harvard and Princeton and Yale. So armed with that information and armed with the proposal that we had put together, we visited, in groups of two or three, all of the heads of clinical and preclinical departments. And we got the support of every one of them. So that was a significant... In a way, we were lucky that there was only three weeks to the faculty meeting. Because there's a thing that, when a strong emotional thing happens in the country, like the assassination of Martin Luther King or of one of the Kennedys, for about two or three weeks' period, people are very excited and want to do something about it. But after that, the enthusiasm and the excitement and the wanting to do something about it disappears. So in a way, a short period of time was good for us. But it meant we had to drop everything else and work on getting the support of the faculty. So we did. There was a student who attached himself to our group. The rest were all faculty. And we told that student to get the support of the medical school class and to put a petition out and to see if the medical students would be willing to sign that petition, as well. That was all in hand when the faculty meeting was called, April 26<sup>th</sup>, three weeks later. We presented the

case to the faculty. I should say there were two items on the agenda. The first item on the agenda was whether there should be a cap on clinical faculty salaries. So, of course, the clinical faculty was out in force. And the clinical faculty, at that time, were a very conservative body of folks. But they were there defend not putting a cap on their salary. And at the beginning of the meeting, certainly, there were all kinds of speeches about infringing on their liberty and freedom and whatever, so the -- by putting -- by not putting a cap on their salaries. We were the second item on the -- on the meeting. And we had put it together by having a very conservative group of faculty present our case -- who supported us. John Beckwith read the document that we had written out and gave a few reasons for why we put down 15 students, as roughly 10% of the class, as a targeted goal, not as a quota. We had help from Derrick Bell, from the law school, who said, "Don't do a quota, because it's going to be declared unconstitutional." But targeted goals, you could have. So 15 was our targeted goal, so that [35:00] it would be representative of what the society at large was at the time. So then -- and then several very conservative faculty members, highly regarded, well respected, presented our case and presented their support for the position. And

things were going swimmingly well, until a minority assistant professor stood up and he made what we called afterwards the we don't need your help, brother, speech. Now, we knew... First of all, we didn't know he existed. So we hadn't contacted him. Obviously, we should have contacted him. But we didn't contact him, because we didn't know he was there. He was at one of the hospitals, where he had an assistant professor appointment. But the other thing is we knew why he made that speech. Because he had struggled to get through college, through -- and to -- into medical school, and to get a medical degree. But he didn't realize the impact that that speech would have on the faculty. And suddenly, chaos broke out. And all of a sudden, people who were sitting on their hands started standing up and saying why we shouldn't do this, because we were going to have unqualified doctors and we couldn't find good enough students to be this. If we would try to stand up during this debate, we were shouted off the floor of the faculty. People yelled at us -- "Shut up! Sit down!" And literally, chaos broke out in the faculty meeting, with people shouting back and forth to each other. Well, the dean saw what was happening. And he took a straw vote. And he was sure we were going to lose by the straw vote. But then he suggested an alternative. He looked at his

watch and he said, "Well, the hour is late. It's clear there's a divided opinion among the faculty. Let's put a committee together to look into this and to bring it in at the -- the recommendations in at the next faculty meeting." We didn't realize this but this was a terribly clever thing to do, because no one could vote against that, that we would -- the wording was changed -- we would substantially change the number of minority students at Harvard Medical School. And for a class that might have one, a substantial change might be two, to some people. So no one could vote against it. If you voted against that, you were racist. And that was carried uniformly. And then the meeting was closed. In the write-up of the meeting -- there's a wonderful blurb at the end, in the minutes of the meeting, that said that was a lively afternoon, with much discussion, where the topics ranged from the profane to the sacred, over the course of an afternoon. And we thought that was exactly the right thing to say about that meeting. In any event, we were standing outside the meeting room and we were furious. Our faces were red. Because we thought we'd lost! And the dean of the medical school, with a big smile -- Bob Ebert, with a big smile, came over to us and said, "What's wrong with you guys?" He said, "Don't you know you've won?" And we said, "What do you mean won? We

lost! We didn't get the vote! We didn't get the number." And he looked at us and said, "Well, I said I'd appoint a committee and you're the committee." So it was a lesson in politics. It was a lesson in how to get something done. And it was really an -- a really important thing to have done at Harvard Medical School.

ILACQUA: Great! So the follow-up to that is what were the effects? What happened in the next year? What did that committee do? What changed?

KRAVITZ: So, of course, at the next faculty meeting, the recommended number was a targeted goal of 15, which is 10% of the -- of the society. And that went right through, without any -- hardly any debate. The consequences of that are that, in the period from nineteen -- let's see -- a 40-year period, from 1926 -- actually -- to --29... Because it wouldn't be in the next class. It would be the one after. [40:00] Nineteen twenty-nine to 1969, 40-year period, there were 30 minority graduates of Harvard Medical School. In the 40 years after that period of time, there have been 1,000 graduates. So we didn't change the country. We didn't change the world. But we did change Harvard Medical School. And by changing Harvard Medical School, we changed American medicine. If there's any lesson in that, it's to -- for young people, who want to

get involved, who want to do things, set targeted goals that you can reach, and then work for them. It's still not easy to get them. But we had a targeted goal, that we could reach. And it succeeded. The other things that happened during the year was the dean set up a commission to look into Harvard Medical School and the minority community. Leon Eisenberg was appointed as the chairman of that. And then there were a series of subcommittees of that. And John Beckwith and I were the subcommittee having to do with summer jobs for kids. And we circulated to the faculty, "Would you like to have a kid from Mission Hill or Roxbury work in your lab this summer?" And many faculty volunteered to have kids. I don't know how many jobs we finally ended up with, 30 or 40. But we managed to get places for kids. We said we didn't want kids just to be in labs as dishwashers and pairs of hands. We wanted them to really work in a project. And people honored that and set that up. One of the recommendations of the black commission was that there be a Dean of Minority Affairs. And someone was hired a year later. I think Mark Goode was his name, from ABCD. But the medical school didn't give him the support that he needed. And he didn't do very well in that job. Right now, Joan Reede is filling the job of the Dean of Diversity. We helped her get off the ground



with that job, as well. And she's doing a magnificent job, at all levels in Harvard Medical School, of seeing to the - - to it that Harvard Medical School's becoming a diverse community. The numbers now are that Harvard Medical School is 25% minority, which is the highest total in the nation of any of the traditional white medical schools. And I guess tha-- those were the main changes that... Oh, and then also, of course, (laughs) there was a -- we needed a dean for the medical students, for minorities -- starting, with minorities. And that led to the hiring of Al Poussaint, who is -- has been an amazing, inspirational leader to medical students, for the past 40 or 50 years.

ILACQUA: I keep saying "wonderful" but... It's all wonderful, all the stories that you keep telling us today. I do have a question about... Later on, in 1976, there's an incident in the *New England Journal of Medicine* where a Harvard professor writes an editorial about affirmative action.

KRAVITZ: Right.

ILACQUA: I was wondering if you could tell me a bit about that today.

KRAVITZ: OK. So that was when Bernie Davis, Bernard Davis, who was the chair of Microbiology at the time, made a terrible mistake. The story behind that was that there was a medical student who had not successfully completed the

medical boards. It was a minority medical student. And the question was, without completing the boards, which allow you to practice medicine, whether you could graduate from Harvard Medical School -- without completing the boards. It was always possible for someone to complete the boards during a residency or during -- in other training or prior to entering a residency. But this student had not completed it. And the awarding of degrees was to be sometime after that. So Bernie Davis was upset about that. And [45:00] Bernie Davis was actually quite a liberal -- outspokenly liberal person at Harvard Medical School. He had hired Harold Amos, a black associate professor at the medical school, before any other department chair had hired any minorities in any of the -- of the departments, and was a well known Boston liberal. So -- but Bernie Davis was so upset about this, that the faculty voted to allow this young man to get the MD degree, that he wrote a letter to the *New England Journal*, saying that he was opposed to the fact that a student would be getting an MD degree without having completed the medical boards. Needless to say... And that was published in the *New England Journal of Medicine*. Needless to say, that created an enormous uproar in Boston. And the next morning, people refused to let black doctors -- doctors of

color, of any sort, see them, because they were worried that black doctors who were unqualified were coming into hospital rooms and see them. The medical students would be refused the -- to see the patients. So it was a terrible mistake on Bernie's part. He should have kept it within the medical faculty. And it caused a tremendous uproar. We had an enormous rally on the medical quad that opposed this letter. And I think Bernie realized, in subsequent years, that he might have made a mistake in sending this letter. It's not that we argued -- the people who opposed him argued with the point he was making. It was that was an arguable issue but it was something that should have been argued in the Harvard faculty and not in the public domain, which the *New England Journal of Medicine* was. Any event, it took some smoothing out and it eventually was smoothed out. So.

ILACQUA: And as you mentioned, on the whole, the affirmative action plan and increased diversity at Harvard Medical School has continued to go on since the '60s and '70s and...

KRAVITZ: Oh, yes. Yes, yes. And better and better. I mean, Joan Reede's office has been very effective. And the... If there are areas... There are areas that still need to be improved. The ranks of professors are slowly filling up

with minorities. And we would like to see that continue until, again, it's at least representative of the society at large. Some clinical departments have done very well with bringing in minority physicians, as adjuncts or as members of the -- of the department. Some have not. So we would like to see that improve. If there's one area where I still think we need considerable improving, it's in graduate training. And although we do take -- we do have reasonable numbers of minority students, it would be nice to see higher numbers of minority students. That may be for several reasons, including one where, until recently, there haven't been heroes, minority doctors who have gone out and had young people look at them and say, "I want to be someone like that." But they're growing. And they're growing, at least in part, from the ranks of Harvard Medical School graduates. And one example of that is someone who had been my student in a -- in a summer, before he went to medical school. And this is the young man Alfredo Quiñones-Hinojosa. He climbed over the fence illegally, got caught, deported, climbed over again, starved as a farm laborer, worked on the railroads, where he almost died when he fell into a tank car, went to junior -- and became a citizen -- his family came over legally -- became a citizen, went to junior college, then to Berkley,

then to Harvard Medical School, where I met him and brought him in my laboratory the summer before. When he finished Harvard Medical School, he was voted the top minority student in the nation. [50:00] He was the person who gave the commencement speech at the medical school. Then went to San Francisco, where he did a residency -- internship and residency, and is now called Dr. Q. and is the head of a neurosurgery unit at Johns Hopkins Hospital. Alfredo is a hero to Hispanic youth. And he goes -- whenever called upon, he goes out to talk to Hispanic youth. And people are saying they want to be like him. So he's one example of one of our own progeny who have gone out and done wonderful things. Raul Ruiz is another example of a young man who's gone on and done wonderful things. So he was a medical student, in the 1980s, here, got several degrees from Harvard. When he was growing up and just thinking about going to college, he we-- He comes from the Coachella Valley, in California. When he was growing up, he went through the... Which is a poor farm community, heavily Mexican American. When he was growing up, he went around the community and said, "If you will help me go to college by making a contribution to me, I promise to come back as a doctor." And he gave people contracts, that he wrote out by hand, for doing this. And they did help him -- support

him to do that. He did go to college, did get medical training, at Harvard, and advanced training at Harvard, went back to the Coachella Valley, as an emergency room doctor, and set up a clinic and was taking Hispanic youths from the area on rounds with him. It was... They shadowed him. So he's an inspiration to them. Well, three years ago, Raul decided to run for Congress. And he won, in a very heavily, formerly Republican district. He ran on the Democratic Party -- and was just reelected to Congress. And Raul is an -- both an inspirational speaker and a role model. As we get more and more role models out there, I think we're going to have young people look to these guys just like they look to some Hispanic and Afro-American athletes, as heroes, and want to be like those heroes. So I think it's a slow process but it's working. We can do better in some areas but we're doing it and we're still progressing.

ILACQUA: Wonderful. And so my really last question today, because we've gone through my list, at this point, is is there anything else that you think that we should talk about, that we should put on the record about this?

KRAVITZ: Well, just that, if there's a message that I want to send to young people by this story, it's get involved. There are many, many important things that can be done, and

that needn't detract you from your career. It's not an either-or situation. You can have a wonderful career. You can become a scientist, a doctor, a lawyer, whatever you want to become. But there are injustices. There are things that we're fighting about now that we thought the fights had been decided 50 years ago. The Selma march was about voting rights. And now there are attacks on voting rights again. So these issues have surfaced again. And the message to young people is get involved, do something about it. Don't let some ultraconservative legislator someplace determine what your life is going to be. And it needn't interfere with your career and your career objections. I think I've had a pretty successful career. And yet, we were able to manage to put in the time to do some of these things, in the past. So get involved. That's the message.

ILACQUA: Excellent! And so with that, I'm going to thank you for speaking with me today and for doing this interview for the Center for the History of Medicine.

KRAVITZ: [55:00] Thank you, very much, for doing it.

ILACQUA: Good! [55:05]

END OF AUDIO FILE