

Oral History Interview with Eve Higginbotham

20 September 2016

Equal Access Oral History Project

JOAN ILACQUA: [00:00] So, we're recording. This is -- I'm Joan Ilacqua. I am with the Center for History in Medicine. Today is September 20<sup>th</sup>, 2016, and I am talking to Dr. Eve Higginbotham, about her experience at Harvard Medical School. So, Dr. Higginbotham, my first question is probably the most broad. If you could please tell me about yourself, where you grew up, and how you decided to have a career in medicine.

EVE HIGGINBOTHAM: Well, that's a long story. I grew up in New Orleans, Louisiana. I was born in the 1950s, so it was before the civil rights movement, and still very much part of the Jim Crow South. My parents were both public-school teachers. My mom was a fifth-grade teacher, and my dad an economic and sociology high school teacher. My dad, in particular, was very -- he was an expert, I would say, in African American history, and taught me a lot about African American history that I wasn't getting in any of my formal courses. And so, I grew up deeply rooted in celebrating African American history, knowing a lot about our

contributions in the Revolutionary War, and World War II. My dad was a Tuskegee Airman. So it's not until this day, do I fully appreciate -- or have I fully appreciated everything that he contributed.

My mom certainly was also a pioneer, in the sense that she had a career as a public-school teacher, and certainly at six weeks -- when I was six weeks old, went back to work. So, I grew up with two great role models, and deeply rooted in how important education is.

And so, I was the youngest of three daughters. My older sister went to Howard University when she was 16. My middle sister was more deeply rooted in Catholic education, so she went to Catholic university. And that was about the time of the Civil Rights Act in the '60s, when she went. When I came along, I ended up going to segregated schools, actually, except for one year in fourth grade, I integrated a catholic elementary school, along with two others. And so, that was a pretty traumatic experience. That was in 1963. And so, before the Civil Rights Act.

But certainly, it was a time in my life that I was deeply imprinted with the importance of social justice, and social movements, and being part of something bigger than I certainly was, at the time. So, I always had this view of the world that was beyond me. And I think that probably is why I'm doing some of the things I'm doing now.

I did, actually, go to an integrated high school, called Ben Franklin. It was a school that actually required that you take a test to get in. It was a migrant school in New Orleans. And we started in 10<sup>th</sup> grade with nine of us, African American, and by the time we finished, there were only two. So I was one of two out of a class of about 100 graduating from Benjamin Franklin.

And so, by this time, in the early '70s, the Civil Rights Act had already started movement; the Vietnam War was certainly cultivating a spirit of protest among my generation. And again, reflecting back on my deep roots, when I was nine years old, integrating that elementary school, and going through those experiences, [05:00] I decided that I wasn't going to a historically black

institution, at that point, as my older sister did. But to a majority institution.

Most of my classmates at the time were going to Rice University, so that was at the top of my list. And it wasn't until a recruiter from MIT came to our high school, and invited two of us to come and talk to him; I hadn't even planned to talk to him. And so certainly, he came, and talked to us about MIT. I was very interested in science. I was always interested in science, ever since President Kennedy said that America had to be the first to get on the Moon. And so, I wanted to be part of that movement, if you will. So, equating MIT with science was certainly something that I had already connected, and this certainly seemed like an opportunity.

So I remember going up to visit Boston in the spring -- I think it was the March of 1971, perhaps. And I remember landing in Boston for the first time, and being greeted by these folks with these air -- these parkas, which I had never seen coats like that before, and it just looked like I was landing in the tundra, because it was all -- there was still snow on the ground. It was also a time of

romance, if you will, because *Love Story* was such the -- was so popular, at the time. And so, it was great that I was going to go visit MIT, but I also wanted to see Harvard Yard, (laughter) while I was there.

But it was a pivotal point for me. I had never been in that kind of climate, if you will, particularly the deep cold of spring in Boston. And needless to say, I didn't realize just how cold Boston could get, since I was comparing it to March. (laughter) I'd not been there in November or December. But nevertheless, I made a decision to go to MIT. It was a big step, leaving New Orleans; leaving the South, and going beyond Washington, DC, where my two sisters had gone to college, and going up to the tundra (laughter) was my thinking. I had no family up there.

But again, I think, reflecting back on when I was nine years old, going to an all-white school, I just felt myself as a pioneer, if you will. So, I went to MIT, fell in love with it. I was instantly connected with other students who were interested in science and engineering. And --

M: (inaudible)

EH: OK. And basically, I had the chance to really delve deeply into a passion that I had always had. And I felt that, at least compared to my experiences in the South, it was very much about what you knew, and how you could problem-solve, versus who you were and what you looked like, which is what I grew up with in the South. So, MIT, I viewed as a meritocracy. And certainly, it was an opportunity to really connect my passion to a future career in science. Do you want me to keep going?

JJ: Oh, yeah! Well, I was going to -- I have a follow-up question. So, you went to MIT, and you had majored in engineering, right?

EH: Yes. Yes, right, chemical engineering.

JJ: Chemical engineering. So, how did you decide to make the leap from chemical engineering to medicine? What -- I was going to say, what brought you from Cambridge over the Longwood?

EH: (pause) So, you know, that's an interesting question, because I always view myself as a pragmatist, as most people at MIT are. [10:00] And at the time, I -- even my decision to go into engineering was a practical decision, because I went to MIT initially thinking that I would major in chemistry, but then realizing that you needed to really

have a PhD to be a professional as a chemist, unless you were going to be a bench chemist. And it just felt that engineering just gave me a quicker path to a professional career. And so, as a pragmatist, I figured, OK, so chemical engineering will be my passion, or will be my way to connect to my passion.

And it was, certainly, a pivotal point, because engineering, as you know, is all about problem-solving, and thinking logically, and that's certainly connected with me. And so, as I was thinking about next steps, I actually interviewed with Proctor and Gamble, and considered a position at Merck as well. I decided at age 20 or so, that I wasn't really ready to do a nine-to-five, and decided to stay in school. Applied to both graduate schools and med schools at the same time, and was accepted to UC Berkeley for chemical engineering graduate school, as well as Harvard Medical School.

So I really had a decision that I had to make. Because these are two very different paths, both great opportunities. Either way, I couldn't have gone wrong. But I decided to go to medical school, because it was a

practical thing to do. (laughter) I could still do science, and I could certainly have the opportunity to do patient care if, for instance, my grants didn't come in, as they should, since even then, I knew that a lot of science was done on soft money.

And so, I decided to stay in Boston and go to Harvard Medical School, really without knowing exactly what I was getting myself into. (laughter) Which I find a lot of folks, who didn't have parents in medicine, sometimes they really don't know all the things that medicine has to offer. But obviously, Harvard Medical School was a great option, but a very different path than what I had experienced at MIT.

JJ: And so, you started at HMS in 1975, right?

EH: Yes.

JJ: And could you tell me a bit about what your classes were like, what your classmates were like? Did you gravitate, at that point, toward ophthalmology? Did you -- what were you experiencing; I think is what I'm trying to ask?

EH: Sure. So, I found medicine very different from engineering, obviously. And actually, going through the transition was a bit difficult, since most of our tests at



MIT were open-book, and it's all about problem-solving. And Medicine was all about rote memory. And so, it wasn't about problem-solving. Of course, nowadays, medical education is quite different, but in those days, it was about rote memory. And so, in some ways, I rebelled a little bit (laughs) against myself, going through this process, but certainly, I knew I had to go through the process.

My classmates, I found very, very interesting, since many came from many different disciplines. And I loved that diversity of students. I instantly recognized that there were pockets of communities of -- there were the older students, who were probably in their late twenties and older. And in that group, I would put Richard Rockefeller [who did?] well. And I'd been with a group of people that seemed to gravitate around him. And then, there were students like myself, who went straight through, without a break. So I was 21. There were, of course, the African American students that connected as well. And [15:00] I was very active in the Student National Medical Association [SNMA]. I had gone to a level of Assistant Director of the region, I believe, along with someone who was a Director

out of Dartmouth. So I had a chance to connect with other students of color at other institutions in the [Northwest?]. That was great.

I always was interested in service, you know, just going back to growing up, I was always a Brownie, a Girl Scout, and at MIT, I was in an Alpha Omega Alpha service fraternity. So we would do service projects. And at Harvard Medical School, I remember as part of the SNMA, we did a project where we would invite high school students to have lunch with us at Vanderbilt Hall, just so they could be exposed to other opportunities beyond what they were experiencing in high school. There was a high school right next door, where the new research building is now. And so, it was very convenient. So that was one specific project, I remember doing.

And of course, I think one of your questions asked about the protest over [Bernie Davis?] *New England Journal of Medicine* editorial in 1976. That was a pivotal moment, for me. That was a moment that occurred obviously at a critical time. This was in the midst of when we were all supposed to be studying for Step 1 of our Boards, and this

editorial emerges. I remember -- I almost remember the day that someone started circulating it in our class, within the student body. And I was just -- it was a mixture of anger, disappointment -- just pure anger that one of my own professors would write something so deplorable, to use a term from Hillary Clinton, I suppose. (laughter)

But it just was -- it was just a horrible editorial. And it instantly kind of put me in this -- the spirit of wanting to fight back, to prove him wrong, to really raise a voice against this statement. I mean, I just remember -- and I was just pulling -- because I've been talking about this to students these days -- one of the quotes I remember from that, "Since the consumer is particularly blind in purchasing medical care, his vital interests are often at stake. Those who are in a position to screen for aptitude and competence in medicine have a grave moral responsibility. And if a board licensing airline pilots allowed extraneous considerations to interfere with objectivity, it would be criminal."

So, those strong words -- words like that just really spoke against what I had experienced at, say, at MIT, where it

was a meritocracy, where it's all about whether or not you could solve the problem, versus this individual with such a standing in medicine, would have this opinion that would be published in such a notable journal. It was just not something that I thought was reflective of the spirit of Harvard Medical School, of the majority of people -- people like David Potter, who certainly was one of the drivers of change at Harvard Medical School. It was a turning point.

And so, yes, I was involved in the protest in the Quad, in 1976. And certainly, I remember that day, today. I thought it was a good indication [20:00] of how students can get derailed by issues that are not in their path for ultimately achieving their professional goals. Because I actually resented the fact that, here, this occurred at a time when I should be devoting my entire intellectual focus on this test. And this was something that could not be ignored. So, yes, that was a pivotal point.

JJ: Prior to that -- so as I understand it, there were some student groups on campus -- the Third World Caucus comes up over and over again. Had you been involved before the Bernie Davis incident? Or were you just really focusing on your studies, and on medicine, before then?

EH: Well, I was -- I guess, I don't recall the Third World Caucus. I was really more involved with the Student National Medical Association, or SNMA. And because I was also an officer -- and we had lots of panel discussions, and presentations. We connected with other students of color, at other schools, such as Tufts, and as I mentioned, Dartmouth previously. So I think my [compass?], at the time, was the SNMA, that I was very active with. And it was certainly my path, for the protest.

I think another instance that could tell you a little bit about the spirit of the class, as well as Harvard Medical School at the time, you have to really recognize that this was around the time -- or following a time when there were lots of campus protests, so over the Vietnam War. I mean, in the previous decade, at least.

And so, vocalization of one's concerns about what went on in classes, etc., was something that was not unusual. So, I recall connecting with women in the class, when a faculty member would display a picture during his presentation -- and oftentimes, a "his" presentation -- that was really not relevant to the topic, and was really not appropriate. And

my thought was, certainly a slap against women, basically. So, I remember occasional hits in class, when that would come up.

And then, there was the time when one of the faculty members -- I believe it was Franny Moore [Dr. Francis Moore?] -- brought in a patient. We used to have these sessions, in the amphitheater, where a patient would be brought in, and this was a patient of color that was brought in by Franny Moore. You may have heard someone else talk about this. And this patient was, I think, on his -- either on his stomach, or -- because he had been injured in the back, or whatever. But Franny Moore was just -- it was the questions he asked him, as well as just the whole presentation of this patient being brought in, in front of us, on this Saturday morning, and one of my classmates of color stood up and said, "This is not appropriate," and proceeded to walk out. And many of us walked out after him.

And so, I remember those moments as times when I was really proud of my class, that there were people in my class that believed in social justice, who believed in something

bigger than [25:00] who we are. I remember, actually, when we were taking Step 1, it was just at the time when *Star Wars* was coming out. And someone put on the board, "The Force be with you." (laughter) I know, it was just -- there was a thread in our class where people felt that they were connected to something bigger than who they were, more than just the individual. It was a force, or something that was really driving us forward as well as together, on this march, if you will.

I think I would say, in general, I had an OK experience at Harvard Medical School. I felt that there were opportunities where we could have had a better experience. I mean, the Bernie Davis episode did not help. [Alvin Poussaint?], who is certainly a magnet for many of us -- we would congregate around his office between classes, and go -- it felt like a safe space, and having him there was certainly a comfort, especially during those times where one felt some hostility. I think having him there was key. You know, but I would say, on balance, it was an experience that I wouldn't trade for any other.

And I guess a highlight for me was being chosen by my classmates to give one of the speeches in class day? And so, that's a moment that I'll never forget, because it was a culmination of a series of experiences that really changed my life.

JJ: Well, that's wonderful. I have sort of two follow-up questions. I'm curious, have you stayed in contact with many of your Medical School fellow classmates?

EH: Well, it's interesting, I mean, there were -- because I'm in ophthalmology, you know, ophthalmology is only three percent of medicine. You know, you don't really have the opportunity to connect with many of our classmates, but now, I feel that I've connected more, particularly since I've been in administrative positions. So, for instance, [Lisa Murray?] is also in Philadelphia, so we've connected again. Deborah [Proctor-Fisk?] and I have connected probably starting back 10 years ago. But a lot of it is because of my work as a Dean, and Senior Vice President, and all those other kinds of positions that I've had, outside of ophthalmology.

And certainly, having been in a leadership position, I was present at the Harvard Medical School Alumni Council in the



early 2000, and to that I have Dan Federman to thank for pulling me back in. I was pulled in by Harvard Medical School, to help fund-raise for the Third-Century Campaign, when I was [Massits?] Professor in Chicago. So I think that was the beginning of my reconnection with Harvard, when, after coming out of surgery one day, I found two people from Harvard Medical School in my office, asking me, or inviting me to be part of the Third-Century Campaign. So, that was certainly a starting point.

JJ: So, before we get to -- I think I have two final-section questions, we'll put it that way.

EH: OK.

JJ: I'd love to hear more about how you became interested in ophthalmology, particularly. And then I'd love to know more about your jump to administration, and how that part of your career has played out. But if we could start with ophthalmology, you said only three percent --

EH: Yes. (laughter)

JJ: -- [30:00] are ophthalmologists. What drew you to the eye?

EH: Yeah, so that's a good question. Because even after I decided on the eye, my mom asked, "Is that all?"

(laughter) But it's certainly a world of opportunities within that specialty. And it's been a good career, and

[I'd had?] lots of discipline. So, I would attribute my interest to ophthalmology to Dr. Matea [Allen-Smith?]. Dr. Matea Allen-Smith was one of the few women faculty at Mass Eye and Ear, who had a -- she had a full-time lab on Staniford Street, and she had a family life, I think, with five kids, and a practice at Beth Israel, and so, I spent time with her, I think it was after my third year, when I was really trying to figure out, what is it that I'm going to choose, as a career path? Because I love surgery, but wasn't enamored with the culture of general surgery. And medicine just seemed too passive for me.

And so, ophthalmology gave me a wonderful intersect of being a surgeon, but also having the chance to have a relationship with patients over a long period of time. And this balance that I experienced with my role model, I felt that, given the fact that I wanted to have a balanced life, and she appeared to have such a balanced life, I just was enamored with ophthalmology, as a career, as well as a culture.

It's probably an interest that I've had, going back to junior high school, because one of my first science

projects was the comparative analysis of ocular anatomy -- comparing a sheep, a goat, and a pig's eye, I think.

(laughter) You know, just dissecting it out, and showing the differences, and this size of the lens, and all that. So I must have had it all along.

But ophthalmology was also great as an engineer, because we were using lasers, and so it brought together a number of intersects, for me, if you will, as related to my passion. As well as research. There were many things that were opportunities for additional investigations that were accessible, I would say, in ophthalmology.

So, it's a role model, it's a particular area that lends itself to being a surgical, it's a specialty that allows you to be balanced in your life. And just about every ophthalmologist I met was extraordinarily enthusiastic about the field.

So, I chose ophthalmology, and was also able to go back home to my hometown of New Orleans, to do my residency, and spent time at Charity Hospital, and really doing a lot of surgery related to ocular trauma. I had a great experience

there, and then decided to come back up to Boston to Mass Eye and Ear, to do glaucoma, since glaucoma is so prevalent in communities of color, as well as there were so many unknowns. And I had a chance to spend two years of my fellowship doing research, as well as becoming a glaucoma specialist.

And so, how did I gravitate towards this world of administration? Well, I think it goes back to my interest as an engineer, and just being enamored with processes, and getting things to work better, and also service, and wanting to help people reach their potential. I started my career at University of Illinois, as an assistant professor when my department chair was recruited away to lead Wilmer Eye Institute, Mort Goldberg, who was one of my mentors and role models, also an HMS alum.

I was recruited to go to the University of Michigan, and by that time, I was an associate professor, had tenure at University of Michigan, as well. And about two years after being there, I was asked if I would be interested in being assistant dean for faculty affairs. This was something that I hadn't really thought about, but it gave me an

opportunity to learn more about academic administration. Also, it gave me the opportunity to learn more about the culture of different departments, recognizing that I started my career with a great chair, and a great culture, at University of Illinois, and I appreciated that opportunity.

Being an assistant dean gave me the chance just to see the full landscape of cultures across departments, and recognized even at that stage, how important culture was, to a faculty member's success. And so, that was my introduction. The other thing about University of Michigan was the chance to learn more about total quality management, and in understanding the importance of quality improvement, and practice design. And so that was something that instantly connected with my passion for engineering.

And so, when I was asked to look at a position of department chair at University of Maryland, I initially was not interested, since I felt I was in this groove at University of Michigan that I was quite satisfied with, but Don Wilson, who was the dean at University of Maryland at

the time, said to me, "Well, here is your opportunity to lead." And I just never really thought of about it, since there had not been any women department chairs of university departments in the country in my field. And I just felt that ophthalmology was -- and I think I actually told him this, that ophthalmology wasn't ready for a woman chair. That was (laughs) my feeling. But I decided to take on the challenge, and became a chair at University of Maryland, and that gave me the opportunity to make a mark in my field, as the first woman to chair a university-based ophthalmology department. And so, that was the beginning of a 12-year academic administrative stint there.

While I was a department chair, I recognized that many of my colleagues knew very little about what we did in ophthalmology, and who we are -- who we were as ophthalmologists, and so, that just fueled my interest to be yet another kind of change agent, and join the house of medicine, and think about being something beyond a department chair, such as a dean.

And so, at the time, being considered as dean, or looking at various dean positions, that was also around the time

that Katrina occurred, and on a personal level, that gave me a chance to give back to my parents. And so they came to live with my husband and myself, in Maryland. It was a great chance to spend that time with my parents.

But at the same time, it was also a very chaotic time for me, professionally, because I was looking at these various other options. I decided to accept an invitation from David [Satcher?], who was then the president of Morehouse School of Medicine, and become dean at Morehouse School of Medicine. Moving my parents with us to Atlanta, that was a major move for all of us. Our home in New Orleans was fine, it's just that New Orleans was and continues to transition following Katrina. And for two 90-plus year olds, it just wasn't the greatest place for healthcare, since that was certainly my focus, and wanted to make sure that my parents had the best healthcare.

So, I was dean at Morehouse School of Medicine, was there for about three and a half years, and was asked to look at a position at Howard University as a senior vice president for Health Sciences, and there again, I thought, here is a great opportunity to really stretch my wings across other

health professional schools. And at the time, inter-professional education was a big discussion point. The Affordable Care Act was being discussed at the time in Washington. I thought this would be a great time to be in Washington, and as well as have a chance to have this experience. And plus, there was a hospital there, within the health sciences domain. And so, this would be a chance for me to really do some hospital administration. And so, I saw that as an opportunity on a number of fronts.

And so, following Howard, I went to the [Double AMC?] for a period of time, to really get a view of what it's like to be on a national level with a different kind of organization. And to follow my other passion of health equity. And then ultimately, that led to my position here at University of Pennsylvania, as the inaugural vice dean for inclusion diversity. So I feel as if I've come full circle, if you will, having a chance to incorporate a lot of my experiences along the way, both personally and professionally, and use them in this position here. I also am on the Board of Ascension, which is one of the largest nonprofit health organizations in the country. It has a health system in 22 states. I'm also [on the Defense?]



Health Board. So that impacts military health, not only domestically, but globally.

And there again, it's because I've had the broad experiences that I've had. And I think that when I do talk to students and others, I always like to remind them that your aspirations have multiple dimensions. And you have a chance to tap into those dimensions at various stages of your career. And ultimately, you have a chance to operate on all of your passions, if you're able to cultivate a skill set in all of your dimensions that you have an interest in.

And so, I feel as if I've been able to do that, because it's not easy being an African American, and a woman, and an ophthalmologist, I would consider as another minority -- to move into these broader spaces. But because I've always had this broader interest, it's allowed me to have this flexibility, and ultimate satisfaction on many fronts, if you will.

JJ: Wonderful! So, we have just a few minutes left. And my last question for you is perhaps the most open-ended. Is there anything that we didn't talk about today that you

think should be on the record about your career, and about all the wonderful things that you've done? Is there anything that we missed, along the way?

EH: (pause) I think -- I'm probably going to think about something later, but I think that (pause) certainly, having a supportive husband has been important to me. My husband [Dr. Frank Williams?] has also -- has his own career trajectory and success. And I think just recognizing that one doesn't travel these paths alone, that we all have friends and family, to the best that I have been able to, I've been -- I've always attempted to keep up with folks along the way. Certainly, I think I could have done a better job, but I think it's the relationships that keep us afloat, particularly during those difficult times.

But Harvard Medical School has been a great launching pad in medicine. And I think, even if my experience wasn't the most ideal, it certainly is irreplaceable as a secure launching pad into a career that I have enjoyed, over these last, almost 40 years, if you will.

JJ: Well, wonderful. Dr. Higginbotham, I just want to thank you so much for taking the time to talk with me today. And

with that, I'm going to hit "stop" on the recorder.

[46:44]

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