

**The Women in Medicine Legacy Foundation**

**The Renaissance Woman in Medicine  
Oral History Project**

**N. Lynn Eckhert, MD, MPH, DrPH**

# N. Lynn Eckhart, MD, PhD

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## Interview Session One: 12 January, 2019

### *Interview Identifier*

[00:00:00]

*T. A. Rosolowski, PhD:*

My name is Tacey Ann Rosolowski, and I am today, sitting in the Sturbridge, Massachusetts home of Dr. Lynn Eckhert, for our first interview session together. Today is January 12, 2019, the time is about five minutes after three, and I am conducting this interview for the Renaissance Women in Medicine Oral History Project, sponsored by the Women in Medicine Legacy Foundation. I just wanted to say very quickly, that you won the Alma Dea Morani Prize in 2012, is that correct?

[00:00:43]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes.

[00:00:43]

*T. A. Rosolowski, PhD:*

Yes. In 2003, I mean you've had a very—I mean obviously, we're going to cover your very long career and education, and interprofessionalism and global health and those areas which led to your being nominated and receiving the award, but wanted to just say for the record that in 2003, was when you became Director, if that's correct, of Academic Programs, at Partners Harvard Medical International, which was then renamed Partners Healthcare International. Do I have that correct?

[00:01:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No, it was actually 2003, right, that's the year, but it was Harvard Medical International.

[00:01:27]

*T. A. Rosolowski, PhD:*

Okay, Harvard Medical.

[00:01:28]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Then it became Partners Healthcare. Partners Harvard Medical International, then it became Partners Healthcare, yes, Healthcare International, which is what we are now. It was more from being an offshoot, started by Harvard Medical School, to then partnering with Partners, which is the major hospitals of Harvard Medical School, like the Mass General and the Brigham, to then just being with Partners Healthcare International.

[00:02:03]

*T. A. Rosolowski, PhD:*

Okay, okay. Well you know, these name changes are always important to document and they hopefully usually mean something.

[00:02:09]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, yes.

[00:02:11]

*T. A. Rosolowski, PhD:*

Though I've certainly run into situations where it's quite meaningless, but I'm sure we'll cover this. I also just want to say we're going to talk about this, because there's the whole renaissance woman portion of the Alma Dea Morani Award, which I always love, and I was intrigued to see, from your background, that you studied Elizabeth Blackwell, who was the first woman physician in the United States, and then you wrote a one woman play about that, so I'll be interested later on in our time together, asking you about that.

[00:02:43]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Sure, yes, I'd love to talk about that.

## Chapter One

### *A Close Family and an Early Taste for Leadership*

Dr. Eckhert begins this chapter by discussing leadership experiences she had while attending summer camp as a young girl. She then talks about her family and growing up in Buffalo, New York. Dr. Eckhert's father was a surgeon, and she discusses the impact of growing up in a medical family.

[00:02:46]

*T. A. Rosolowski, PhD:*

Cool, cool, all right, and if I, from time to time, don't make eye contact and look at the recorder, it's because I'm watching our sound levels, and I think I'm going to take them down just a teeny bit right now. Okay, so let me start with a traditional question of, please tell me where you were born and when, and tell me a little about your family.

[00:03:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Sure, okay. I was born in Buffalo, New York, and I am the middle of five children, older sister, older brother, younger brother and younger sister. My father was a surgeon.

[00:03:29]

*T. A. Rosolowski, PhD:*

His name?

[00:03:30]

*N. Lynn Eckhert, MD, MPH, DrPH:*

His name was Kenneth Eckhert. I really had a very nice growing up, I'm very family oriented. We spent the summers in Canada and I actually spent many summers—we had a summer cottage in Canada, but I spent many summers up at a girls camp, first as a camper, then as a counselor in training, then as a counselor, and I was head of trips. I would take girls on canoe trips from anywhere from four days to eight days, up in Algonquin Park, at a time when it was pretty amazing compared to now. We would plan our trip, there would be nine of us, there would be three staff, I was always the senior staff and then I had a junior counselor and a counselor in training with me, and six girls somewhere between the ages of 12 and 15. We would plan our trip and go, we would—a truck would come and pick us up, our three canoes, take us to Algonquin Park, which was probably about a 45-minute or an hour drive, drop us off and then come back and pick us up eight days later, six days later, whatever it was. No cell phones, no guide, we had a map and that's what we did. We planned it out ahead of time and when I think of it now, nobody would let a 17 or 18 year-old young lady do that. It taught me, I think a lot about leadership, about responsibility, and being responsible for the welfare of the other—there were always nine of us, so the other eight people besides myself, and I think that was a wonderful lesson that obviously, the camp director thought I was capable of doing, so it was a great experience.

[00:05:58]

*T. A. Rosolowski, PhD:*

I mean that's part of it, you can have the desire but are you showing the people around you who can task you with these things, to move ahead.

[00:06:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That's right.

[00:06:07]

*T. A. Rosolowski, PhD:*

And so you obviously were early, showing abilities in these areas. What was it that made you want to step forward and say yeah, I want to get in line to do some of these trips?

[00:06:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You know, I went on a trip as a camper and I remember really liking it, really enjoying it. It was very goal oriented, [we worked our way through various levels of skill and responsibility in canoeing we first earned an award as a bow, then a stern, a solo and a few of us became Master canoeists. In swimming we were tested by external reviewers to earn Red Cross badges as beginners, intermediates and seniors and later as life guards. Camp Inawendawin was an exciting place], there were very few Americans at the camp, it was almost all Canadian girls and a few Mexican girls who went to boarding school in Canada and were learning English, and they sent them to camp so that they would practice their English and also not be in a school environment but be in a more fun environment. And so we went on these trips and you earned various levels of being a canoeist, and so I moved through those relatively rapidly because I just liked it and I liked swimming, I'm still swimming, a lot now. It just seemed like the next step to do in that canoeing, step-wise fashion.

[00:07:24]

*T. A. Rosolowski, PhD:*

Can I interrupt you just for a moment and let's pause.

[Pause in recording]

[00:07:29]

*T. A. Rosolowski, PhD:*

Okay, we're going again. Now I wanted to ask you, your mom, what did she do?

[00:07:42]

*N. Lynn Eckhert, MD, MPH, DrPH:*

My mother was a French and Latin teacher but not after her children were born, because in those days, after she got married, she could no longer teach.

[00:07:56]

*T. A. Rosolowski, PhD:*  
She could no longer teach.

[00:07:57]  
*N. Lynn Eckhert, MD, MPH, DrPH:*  
She could no longer teach.

[00:07:58]  
*T. A. Rosolowski, PhD:*  
Where was she teaching?

[00:08:02]  
*N. Lynn Eckhert, MD, MPH, DrPH:*  
She was teaching at Amherst High School in a suburb of Buffalo. She was a very smart lady but she didn't work after that, after she got married.

[00:08:24]  
*T. A. Rosolowski, PhD:*  
Wow.

[00:08:25]  
*N. Lynn Eckhert, MD, MPH, DrPH:*  
And then my sister was born and she had five children, so she didn't work.

[00:08:30]  
*T. A. Rosolowski, PhD:*  
Right. Your siblings' names?

[00:08:31]  
*N. Lynn Eckhert, MD, MPH, DrPH:*  
The oldest one is Marjorie Joan, we call her Joan, the next one is Kenneth Jr., we call him Bud, and I'm Nancy Lynn, they call me Lynn. And then I have a younger brother Curtis Dale and a sister Karen Christine.

[00:08:52]  
*T. A. Rosolowski, PhD:*  
Karen Christine?

[00:08:52]  
*N. Lynn Eckhert, MD, MPH, DrPH:*  
Mm-hmm. We call her Karen.

[00:08:58]  
*T. A. Rosolowski, PhD:*  
So you're the middle child.

[00:09:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes.

[00:09:00]

*T. A. Rosolowski, PhD:*

Did that mean something to you when you were growing up, did it have an effect on you?

[00:09:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well there were the big kids and the little kids. I was the oldest of the little kids but the youngest one, Karen, was five years younger than my younger brother—the first four of us are two years apart, so the two big kids did things together, I mean my parents took them to events together, and then the two little kids, and then the little one was far behind. People say they're sort of surprised at what I've done because I'm a middle child. [The first born is often thought to be the child who becomes the leader], but I think that there was a real advantage to not being the first born or the second born, especially because they're different sexes. [However, as I look back on the careers of my siblings four of the five of us who has careers became leaders in our institutions.] So, there were more expectations on the first two than there were on those that followed and to me, it is not shocking that three of them are still in Buffalo, and number three, me, and number four, moved away. I think because we had a greater freedom, we felt that we had a greater freedom, and so we both left, but we're all close, we get together every summer, everybody comes here. I think [being the middle child] was very good—it turned out to be a very good place for me.

[00:10:44]

*T. A. Rosolowski, PhD:*

So tell me about your family. What was it like with father being a surgeon, so you grew up in a medical family in a sense.

[00:10:50]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right. His office was always in our home. We moved when I was, I think I was seven, to a home where it was at the lower level, it was in the basement. He redid the basement of the house and we lived on the floors above, which meant we saw him more than [ ] I think a lot of surgeons' children would have seen their father, because he always was there for dinner, and then he went back downstairs and saw [ ] patients in the [evening]. He did surgery in the morning, he'd see patients in the afternoon, then he'd come up for dinner and then have a short nap on the couch, I remember this, and then he'd go back down for a couple hours, with patients.

[00:11:45]

*T. A. Rosolowski, PhD:*

Did you feel there was any expectation from your dad, that someone in the family follow in his footsteps, I mean so often there are multi-generation doctors in families.

[00:11:57]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
Right.

[00:11:58]

*T. A. Rosolowski, PhD:*  
Doctors run in families, as they say.

[0012:00]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
That's right, my brother is also a surgeon. There are a lot of physicians in my family, my uncle, my nephew, my husband, his father, his grandfather, all of these people, there are lots of physicians. My father did not think I should go into medicine.

[0:12:17]

*T. A. Rosolowski, PhD:*  
Why?

[0012:19]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
I remember very distinctly, in grade seven, in the summer at our cottage, sitting having lunch with my father and a friend of the family's, who was a year older, she was a year older, and we both expressed that we were going to be doctors and he said, "Oh no, girls shouldn't be doctors, they just have such a lonely life, they never get married and have children, and I don't think you should do that." So, both of us are now physicians, both of us went a circuitous route to get there. I went and earned a master's in nursing. First, I got a bachelor's of arts with a biology major and then I went to nursing school and when I was in nursing school, I knew this was not what I should be doing, and so I applied—[in my second year of the] two-year masters program and got into a medical school.

[00:13:20]

*T. A. Rosolowski, PhD:*  
Well let me ask you, what was your reaction when you heard your dad say that?

[00:13:28]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
You know, I don't remember that it affected me so much, because years later, I was interviewed by the school newspaper, my high school newspaper, and I went back and read that interview and it said I wanted to be a doctor in that interview, so I was in high school. Now this, I was only in seventh grade when he said that to me, but I was in high school, but then I didn't follow through.

[00:13:58]

*T. A. Rosolowski, PhD:*  
Right.

[00:14:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I did the route that he had sort of suggested, nursing, but then when I realized this is not for me, he became—once I got into medical school he was a great supporter, a great supporter.

[00:14:11]

*T. A. Rosolowski, PhD:*

Oh, interesting. Now before then, as you're starting your educational track, I mean you talked about this really important early experience with leadership and planning, and being responsible for other people's welfare, you know that key experience. Were there other things that were emerging as you're going through your educational experience, and maybe things that you had contact with via your family, that were starting to kind of show who you were and what your interests and gifts were?

[00:14:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That's an interesting question and I think it's hard to identify those when you're little.

[00:14:48]

*T. A. Rosolowski, PhD:*

Oh of course.

[0:14:49]

*N. Lynn Eckhert, MD, MPH, DrPH:*

[ ] I went to Denison University and I was a class officer of my class, and I also was co-president of my dorm, [ ] I did that with another young woman, and that gave you both responsibilities and certain privileges, those went together. Before that, you know we were active in our church. I'm Protestant and our minister was a very sort of avant-garde person who to me, was much more interested in social justice than what I call the religion stuff, so I admired him. There were certain things that you did through the church, I sang in the choir, even though I'm not of great music ability, but I sang in the choir before I could read.

[00:16:01]

*T. A. Rosolowski, PhD:*

Oh, interesting.

[00:16:03]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So those were things that you just did in my family.

[00:16:07]

*T. A. Rosolowski, PhD:*

What about the social justice piece with this minister, because obviously, that's a huge theme in your life and that's pretty early exposure to it.

## Chapter Two

### *Early Professional Experiences with International Medicine*

Dr. Eckhert explains how her connection with an “avant-garde” minister in Buffalo, New York, provided her with opportunities for international work once she went to medical school. She talks about the impact a trip to Liberia when she was a medical student, explaining the lessons she learned working closely with an inter-professional and intercultural team on community medicine. She also comments on gender and how being a woman helped her have an impact. She then notes that she later returned with her husband, Louis Fazen, MD, to work there for a summer.

[00:16:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well what happened is when I was a first year medical student, I had the summer off and I was a nurse, you know I had a license and everything, and I called him up and I said, "Ralph, I'd like to do something for the summer that's a little more interesting." In his life he always had a parade of people who worked overseas, some in missions, some in medicine, who always were either around the church or around his house. I too used to be around his house because his daughter was my good friend. We knew each other from the age of three until she died a year and a half ago. I always thought those people were very interesting, the people who came from India. They may have been Americans who lived in India and they may have been Indians who lived in Calcutta or somewhere, and I found them quite fascinating. So anyway, I called him and this was in the '60s, and when I called him I said, I'd like to do something. I thought I'd be going to go and work in the civil rights things in the South. That's right, that's what was on my mind. But I never articulated this, however, to him. So he called me back a half hour later and he said, "Lynn, you're all set, you're going to Liberia, West Africa." I was thrilled, that was great. I had to be honest and look up which one of those Western African countries that was for sure. I think my mother in particular thought this was a very unusual thing that I would want to do and in my medical school class of a hundred, there were only two of us that did anything that would be considered global health now. It was called international health then, but there were only two of us, now 30 percent or 35 percent of [medical students have these experiences], particularly in countries that are more developing than developed, but at that time it was really considered very unusual. There was money from HEW at the time, Health, Education and Welfare, and so we got \$600, and that got me over there, and then I lived over there. I was in a hospital that was run by different religious groups; Lutheran, Methodist, Episcopal, just this group, and they ran a hospital in Liberia. It was a 70-bed hospital, the physician was there by himself and when I came, he saw my resume and he said oh, to the nurses, "She can work with you," and they said, "If she wanted to be a nurse, she wouldn't have now gone to medical school, she should work with you." Well it turns out we hit it off beautifully. I worked very well with him, he taught me a lot [and so did the nurses].

[00:19:42]

*T. A. Rosolowski, PhD:*

Do you recall his name?

[00:19:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Franklin Keller. I became very friendly with all the nurses and a lot of them were American nurses and we just became very good friends. I was there for a couple months and it was just an extraordinary learning experience for me and it made me change what I was going to do in medicine.

[00:20:11]

*T. A. Rosolowski, PhD:*

What were the lessons you learned from that, that were so formative?

[00:20:15]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That were a formative experience. This is in the '60s, [ ] it was before HIV, but we had babies dying of tetanus and children dying of measles, and women that were not getting good prenatal care. [These were really fundamental problems in] medicine that needed to be managed through public health and [preventative medicine]. I was asking, why am I treating somebody with tetanus when I could be preventing tetanus? [Neonatal tetanus can be prevented] by giving the mother the vaccine during pregnancy if she hasn't had it before. [The newborn is] exposed at birth and they [become symptomatic] within the first week. [Seeing these preventable diseases] expanded how I was going to think about medicine, very much so.

[00:21:21]

*T. A. Rosolowski, PhD:*

I guess the other thing that impresses me too is that conversation with the nurses; "If she wanted to be a nurse she wouldn't have gone to medical school."

[00:21:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right.

[00:21:33]

*T. A. Rosolowski, PhD:*

Because I noticed your work in interprofessionalism, and of course that's a buzzword now, but you were jumping over those boundaries and creating those links here.

[00:21:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Early on, yes, yes.

[00:21:48]

*T. A. Rosolowski, PhD:*

Yeah. Now what do you think you were drawing on at that time, within yourself, to be able to do that?

[00:22:04]

*N. Lynn Eckhart, MD, MPH, DrPH:*

That's an interesting question. I mean they were [professionals] who had really good skills that I admired and they were all nurses, but I was not in that role any more, and they were much more highly skilled than I was, so I could learn from them. They were interested, I think, because I had trained as—they had trained, but I had then taken this additional route and it just seemed to work together. There was so much work and so much need, that to me you just automatically worked together. You were really in this community that required a tremendous amount of [collaboration], but also [the community was very small and we worked together and socialized together].

[00:23:02]

*T. A. Rosolowski, PhD:*

And it seemed like it suspended kind of the traditional hierarchies that were so prevalent in medicine.

[00:23:08]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Absolutely.

[00:23:10]

*T. A. Rosolowski, PhD:*

Do you think it helped that you were female at that time?

[00:23:13]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Yes.

[00:23:15]

*T. A. Rosolowski, PhD:*

How so? You answered to immediately, there must be— (laughs)

[00:23:17]

*N. Lynn Eckhart, MD, MPH, DrPH:*

No, I think it helped that I was a woman because they had had very little experience with women [physicians], there weren't any other women physicians there. I mean there was only one other physician, but when they had more than one physician they'd never had a woman, so there was that. And then the other thing that I was taken by, which was terribly important, was the culture. I was given—a lot of people spoke English but the majority of our patients spoke a tribal language and most of them spoke Kpelle, which is K-p-e-l-l-e, and they had their beliefs about healthcare and medicine, what they should do and shouldn't do. So they gave me a translator and the translator was 17 years old, a young woman [named Ceci]. Now, I was about 26 maybe, or 25, something like that, and so I would ask questions of the patient, she would translate it, and then we'd have to make a diagnosis. I learned a lot from the physician, about [the diseases in the area]. I studied a lot about what I was seeing, you know I saw a lot of malaria. And then I

would say to her, "This is what I would like to do with this patient," and she'd say, "That's unacceptable to them." I said okay, what I'm trying to accomplish is the following, how do we get there, and this 17 year-old would tell me how you get there in this culture. And so there you were, recognizing that this is not how you would have done it at home, but the important thing was to get the outcome that they needed and how were we going to get there together, and so she told me how to work around diets or activities. Sometimes she'd say to me, "You know they need a law, they want a law, they don't want to go home here without a law, so you have to make up a law." I'd say, "What do you mean?" She said, well tell them they can't eat something for two days or something, she said because that is important to them, for them to do the other things that you want them to do. Sometimes it was related to they should be abstinent for a period of time, but she would guide me in what those things were, and then we'd have a discussion about them.

[00:26:10]

*T. A. Rosolowski, PhD:*

She sounded really smart about culture.

[00:26:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

She was very smart, I mean she was one of [the Kpelle].

[00:26:15]

*T. A. Rosolowski, PhD:*

Yeah, but I mean to be able to take a step back like an anthropologist, and analyze it in that way.

[00:26:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Then I went back to Liberia when I was a resident, I was now married, and the hospital called me and asked me if I could come and work because they needed a physician and I said I can't because I'm going to be a resident. I had done a year of internship and a year of residency, and then my husband had finished in the public health service in lieu of—I mean that was his military requirement.

[00:26:52]

*T. A. Rosolowski, PhD:*

And your husband's name?

[00:26:54]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Louis Fazen, L-o-u, F-a-z-e-n. L-o-u-i-s. So we decided we were going to go to Hopkins and get a master of public health, and so we had that summer between finishing [his public health duty and my residency year] before Hopkins started. So I said, "I can't go and work for you but if it would be helpful to have two doctors for the summer, we are willing to come." So you know, they would pay your way over and then you would just be there, we weren't getting paid or anything, which was fine. So when I went back, one of the first people to see me, now this was five years after I had been there the first to, e, was this young lady who was my old interpreter.

Now she was 22 and she had two children, and she wanted to show me her children, it was quite nice.

[00:27:58]

*T. A. Rosolowski, PhD:*

Do you recall her name?

[00:28:00]

*N. Lynn Eckhart, MD, MPH, DrPH:*

[Ceci]. So then we worked there for that summer.

## Chapter Three

### *College and Reflections on Gender and Feminism*

In this chapter, Dr. Eckert explains why she chose to go to Denison University (Granville, Ohio, BA, Biology and Liberal Arts, 1964). She talks about the educational and social environment, and reflects on her thoughts about feminism and gender at that time and how gender roles were played out in her family. She talks about leadership and experiences with gender at Denison.

[00:28:12]

*T. A. Rosolowski, PhD:*

Let's go back a little bit, because we've skipped ahead in the story. This is all great, but I wanted to make sure we pick up the thread of kind of medical school, and even your selection of going to Denison University. So when you were thinking about that next step, you're in high school and you're thinking, how did you make the decision to go that particular college?

[00:28:34]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, I did well in school, I was National Honors Society as a junior and recognition like that, and I saw my older sister go to Cornell, and I used to go—when she would come home for a vacation, I often would drive down and pick her up, it was three hours from Buffalo. Sometimes I'd take a friend and we'd go down, and we might even spend a little time on the campus, and I noticed she had been a real leader in high school and I noticed that—I thought she was sort of lost, that it was too big, it was just too big, and she didn't have these same leadership opportunities, and I was having leadership opportunities in my class and with the yearbook and sports. I played soccer and field hockey and baseball and swam, and so I did a lot of activities.

[00:29:34]

*T. A. Rosolowski, PhD:*

Can I ask, at the time, were you calling that leadership, did you say to yourself this is leadership and I want more?

[00:29:43]

*N. Lynn Eckhert, MD, MPH, DrPH:*

On the sports part, no.

[00:29:45]

*T. A. Rosolowski, PhD:*

Yeah. Did you in any of your activities, did you call it leadership at that time?

[00:29:49]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I don't think so.

[00:29:50]

*T. A. Rosolowski, PhD:*

What was it that you enjoyed so much about it, if that word wasn't in your head, you know what kept you coming back to those kinds of opportunities?

[00:30:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Probably a couple things. One would be trying to achieve, to improve and achieve something, especially when I look at what I did at camp, all the awards that I worked on, and the other one was the camaraderie with the other women, young women. So I wanted to go to a small school. My brother was at a small school in Ohio, and so I went to the small schools in Ohio and ended up going to Denison, and Denison turned out to be a very good experience for me, I was a class officer when I finished.

[00:30:47]

*T. A. Rosolowski, PhD:*

And just for the record, that's in Granville, Ohio, and you got your BA in 1964.

[00:30:54]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Correct. Yes, yes.

[00:30:56]

*T. A. Rosolowski, PhD:*

Saying for the benefit of the recorder, just so people don't go crazy, well what year was that?

[00:31:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, 1964, and that was a very good learning experience.

[00:31:08]

*T. A. Rosolowski, PhD:*

Why did you choose to be a bio major?

[00:31:11]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I just liked biology, I liked biology, and I wasn't really thinking of going into medicine at that time. Interesting, in high school I was but then in college, I guess my father's influence, and there were also lots of other things that were fun to take. I remember taking Shakespeare and English classes.

[00:31:34]

*T. A. Rosolowski, PhD:*

It was a different era in terms of choosing a major, I mean now people are so stressed. There was so much more, I think people were more relaxed about what am I going to do with the rest of my life. It was the '60s.

[00:31:46]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It was the '60s, yeah, yeah.

[00:31:49]

*T. A. Rosolowski, PhD:*

So what were you enjoying, you said Shakespeare, you were enjoying exploring literature. What else was kind of presented to you.

[00:31:54]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I really liked my friends, you know I told you I was president of my dorm and we just had a good group of men and women who were casual friends and I don't know, we just did fun things together, but simple according to today's society, a movie or a game, a football game or whatever, some arts things, but it was the camaraderie which was so good. It was interesting because I had done so many sports in high school, but when you go to college you don't do them because they didn't have teams for girls in those days, there were no teams.

[00:32:51]

*T. A. Rosolowski, PhD:*

Did you have a feeling, you know what was the whole experience with gender in college and you know, the language of feminism is starting to filter around the country. What was going on with that?

[00:33:07]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think a lot of that actually was after college, but if you want to go back and think about feminism from as a child, I remember working with my mother in the summertime and I can still remember exactly, this happening. We were upstairs and we were supposed to be changing the beds, and I'm supposed to be changing my brothers' beds with my mother and I said, "Why am I doing this, they can change their own beds. I'll change my bed and my sister's bed but I'm not changing those, why do I have to change those?" I did it because she asked me to but I remember thinking that that's totally ridiculous, and I was pretty young then, I was probably 12 or something like that, but you always wanted to be treated sort of similarly, and they let us do a lot of similar things.

[00:34:00]

*T. A. Rosolowski, PhD:*

Your mom and dad, meaning?

[00:34:02]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, I mean although not completely, because I learned—I'm between the two boys, so you learn how to swim with them, you learned how to waterski with them, you know all the summer sports that we did and all that stuff, we all did it, sort of did it together, but they had some privileges we didn't as we got older. So when the boys, both the boys went to college, they had cars, the girls didn't, except for the youngest one, she did because she was [so much younger]. And I remember saying I don't have a car, you know, dad didn't think we should have a car, but talking to my brothers later, they told me he was much more restrictive on them in terms of some of the expectations he had, like around spending money and things like that. I didn't have to work during college, I worked in the summers, but he had different expectations of girls versus the boys.

[00:35:19]

*T. A. Rosolowski, PhD:*

Your brothers had to work during college, during the academic year?

[00:35:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No.

[00:35:23]

*T. A. Rosolowski, PhD:*

Okay. I was just making sure.

[00:35:25]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No, nobody had to. They may have done something, we may have—you know, I probably babysat or something sometimes in college, but I was not responsible for paying for my tuition or my room and board. If I wanted extra money I could do that but not very much. But I think they were, from talking to them later, they have told me that he expected them to be more responsible than he expected his daughters, I guess. Maybe we were expected to, like most young women at that time, you know go to college and then get married.

[00:36:09]

*T. A. Rosolowski, PhD:*

Right, the M-R-S degree as they would call it.

[00:36:11]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That's right, the M-R-S degree, right, that's where I was headed. I got one.

[00:36:21]

*T. A. Rosolowski, PhD:*

Interesting. Now did you get those messages from your mom, I mean did your mom ever pipe up with kind of thoughts about lack of equity between men and women, boys and girls?

[00:36:34]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No. Well, she always told her story about having to quit her job [when she got married], but she was very—well, my father was responsible economically, for the household, that was his role, and she didn't push it. I used to say to her, because my mother was very smart, "I don't know why you don't go back and get a masters," because she loved—she taught Latin but she loved Greek and Latin. I'd say, "Why don't you go back," and she'd say well I can't because you know, I don't want to do that because then if your father wants to go to a meeting in New York or something, I can't go because I'm taking a course. I said *oh mom*, but she, she didn't want to—that wasn't her interest. She was much more social than I was and that's how I rebelled, by not always wanting to do the social kind of things I guess.

[00:37:35]

*T. A. Rosolowski, PhD:*

Interesting, yeah. What about in high school, were you aware of lack of equity in high school or maybe boys being treated differently, or girls being treated differently?

[00:37:52]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You know, no, not really. It's interesting, I just finished Ruth Bader Ginsburg's book, the one that she wrote herself, *In My Own Words*, I just finished it, a wonderful, wonderful book, and I'm reading this saying where was my—what was I thinking when some of this was going on, it was so obvious. When you get to medical school is where you see it.

[00:38:22]

*T. A. Rosolowski, PhD:*

Yeah, interesting.

[00:38:24]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Just getting into medical school and then once you're there.

[00:38:29]

*T. A. Rosolowski, PhD:*

It sounds like your activist sense was focused sort of slightly differently during those earlier years and then, I mean even in college it sounds like you were really enjoying this mixed group of friends and the gender issues didn't seem to present themselves to you in a way that made you react.

[00:38:52]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No because I was class officer, and so there were—I don't know if the president was always a male but he probably was, and so some of the officers, there were a male and a female that were co-social chairmen of the class, which was elected, and that's what I was. We lived in separate dorms, on different sides of the campus, and so when you were in that milieu, you were really, if you were head of your dorm, you were the leader in your dorm, and so I had the senior dorm, a major senior dorm, so I didn't feel [concerned about] whatever they were doing on the other side.

[We had curfews, but the men did not. But back then, we didn't mind them.] Now clearly, in retrospect there was a difference, because there were fraternities and sororities. The fraternities, the men lived in their houses, the women did not. I joined because at Denison, you rush during your first two weeks at school and if you didn't get in you were pretty much a goner. [A thoughtless, insensitive system, I hope they do not do that anymore.]

[00:40:11]

*T. A. Rosolowski, PhD:*

What was the sorority you joined?

[00:40:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Tri-Delt, and I deactivated because it was definitely not for me, and my friends, who were my friends from my freshman year, a lot of them, you know you made friends along the way but most of us, a lot of people keep up with who they were with their freshman year. They were in all different sororities and so I paid almost no attention to mine, because it didn't feel right. But, I saw people whose whole freshman year was just sad because they didn't get in, so you just sort of—it was like a rite of passage, you were supposed to do this so you did it and then after you did it you said well this means so little to me, why am I doing this, I'm not going to do it any more, and so I deactivated.

## Chapter Four

### *Nursing School and a Decision to Go to Medical School*

In this chapter, Dr. Eckhert explains her decision to go to Nursing School [1966, New York Medical College, Graduate School of Nursing) and her decision at the end of her first year to apply to medical school (1970, MD SUNY at Buffalo, School of Medicine, Pediatrics). She talks about the lessons she learned in nursing school, among them the impact of a course in “Listening to Patients” and the experience of working on teams. She gives examples of how her team experience gave her confidence that her voice was heard. She also explains that her father modeled how important it was to speak up. She gives examples of acting on this when she was a girl.

[00:41:05]

*T. A. Rosolowski, PhD:*

So as college evolves and you started thinking about what next, how did you think about that question?

[00:41:15]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well obviously, because I was in biology and I liked the medical field and I had worked in the summer, in a hospital, so nursing seemed, a masters in nursing seemed like a reasonable thing to do, a good thing to do, not just reasonable, a good thing to do. It was one of those post-bac programs where you get a masters even though you didn't major in nursing. That was at New York Medical College and they put us in some classes with the medical students and I thought this is ridiculous, I'm on the wrong side of this equation.

[00:41:57]

*T. A. Rosolowski, PhD:*

What was it that you were seeing that made you think that?

[00:42:01]

*N. Lynn Eckhert, MD, MPH, DrPH:*

There were some women in medical school class, [ ] but there were mostly men, and you just realized you were as bright as they were, you could do this work, and so go for it. So I applied, I was in a two-year program and I applied and by December of my second year I was in.

[00:42:24]

*T. A. Rosolowski, PhD:*

So that's December of '66, you were in?

[00:42:27]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No, it would have been December of '65, because I graduated in '66.

[00:42:33]

*T. A. Rosolowski, PhD:*

Okay, yeah, wow.

[00:42:38]

*N. Lynn Eckhart, MD, MPH, DrPH:*

So I was in the middle of nursing school, I had finished one year and I knew I would apply to medical school. In fact that summer I took organic chemistry because I hadn't taken organic, and so then I knew that I was headed for medicine if I could get in.

[00:42:52]

*T. A. Rosolowski, PhD:*

So tell me about medical school, or maybe tell me about nursing school because you know, what did you learn, kind of the lessons that lasted from nursing school.

[00:43:04]

*N. Lynn Eckhart, MD, MPH, DrPH:*

The biggest lesson that lasted, from nursing school, there are several. One, we took a course called Listening to Patients, and it was—the woman who taught it, her name was Dr. Margaret Kaekosh, and she was just a stickler for listen, listen to what [the patient] is saying, don't interpret it the way you think [it should mean]. Ask, because they may tell you, [as an example], I have diarrhea. Well that means something to you and it may mean something different to me but [she is] the patient so I want to know what it means to [her] and I want the particulars, the specifics. Very helpful when you're in medical school, learning how to take a history and physical, but listening to the patient for what they want, not for just what's wrong with them, so what is it that [the patient wants] from you. Now that's of course where so much of the communication skills in medical school [are missing], and so I always tell everybody I took a course in nursing school called Listening to Patients, I took a course in medical school called Talking to Patients, there's a big difference. So that was one thing I learned.

The second thing, you learn about how you work more on a team. I also felt that my voice had to be heard if I saw something that was important. I had a couple instances, one in nursing school and one when I was a [very recent nursing] grad, that really have stuck with me. I was in the operating room as a nursing student. Now, I had been in the operating room before because my dad was a surgeon and he used to take us sometimes, if we were interested and we were always interested. So I looked over and I'm standing on a stool and my nursing instructor is there and I leaned over and said, "That surgeon has a hole in his glove," and she said, "Are you sure?" I said, "Yes, take a look at his index finger." So she said well tell him, I guess, and so I said, "You have a hole in your glove," and he looked and said, "You're right." So if you see something wrong, especially because you know he doesn't want to have a hole in his glove, but you don't sit there and say I can't say anything because I'm just a nursing student. That was the first one and the second one was I graduated and I worked at Cornell Hospital in New York, and I was on the—it's amazing what they do: they put the new grads on at night, you know, and you're running a ward at night and you've just been out of nursing school perhaps a week, a

month or something, you [have so little experience]. So some interns come to that ward, and these patients were very sick and they'd had surgery and stuff, and so he tells me to give a dose of a medication, and I thought it was too high. So I called the nursing supervisor and she said, "No, give it," and I said, "This is not right, it's too high." So I gave half of it, and it was a blood pressure medicine, and his blood pressure just—we were trying to get it up and it went way up, and so I reported this to my supervisor and so then on rounds the next day, I reported it to the—I tried to tell the intern that this is too much and he said no, no, just don't give it. I mean I suppose this would be considered a terrible thing now, but it was a medical error, and so I told the physician, I said I was ordered to give this but I gave half of it first to see what would happen, and when his blood pressure went up to more than we wanted it to go, I said I figured that was enough, and then I reported that I had done that, but I don't think, you know [the intern] was a new, freshly minted grad, [and so was I]. You have to use common sense, so I guess in nursing school I learned a lot about common sense. I also learned a lot about common sense at home. Both my parents were very practical, a lot of common sense was how you solved things.

[00:48:16]

*T. A. Rosolowski, PhD:*

You know and again, I'm struck with not feeling hemmed in by the traditional hierarchy, I mean the traditional power system, because yeah, you've got to speak truth up the ladder, that information has to go up that direction.

[00:48:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think that's probably true --because if you feel part of the hierarchy, I guess maybe, I don't know how this is going to sound, but because I saw my father in that role, he was chief of surgery at his hospital, and he was teaching us if you see a wrong, right it, that that was more of your responsibility than to follow the hierarchy, you were doing the right thing.

[00:49:04]

*T. A. Rosolowski, PhD:*

So that was a message from home. What was the name of the hospital in Buffalo at the time, where your dad practiced?

[00:49:10]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Deaconess.

[00:49:13]

*T. A. Rosolowski, PhD:*

Deaconess. So you know, I didn't ask you what kinds of lessons about medicine you learned from your dad, but it sounds like that was one that came through.

[00:49:23]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well another one was when I was old enough to drive, and I was home with my brother and younger sister, so my two older siblings would have been away at college, one night my father called and he said, "I want you to take your brother," he said, I want you to drive over to the

drugstore and pick up a medicine and take it over to [my patient] several blocks away, take it to her because she can't go get it. Isn't that a lesson, you're seeing that it's that doctor/patient relationship that's so important and what the patient needs, you figure out how to get it done, and so he couldn't do that himself, he was out, but [he thought,] my daughter is home, she's got access to the car, she can do it. Her brother can go pick it up and she can drive and he can run in. Those kind of things are good lessons to learn.

[00:50:33]

*T. A. Rosolowski, PhD:*

Doing a practical thing, and he trusted you.

[00:50:36]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, yes.

[00:50:37]

*T. A. Rosolowski, PhD:*

You know, I mean wow, for a father—to know your father trusted you to help him out with something important like that, that's cool. That stuff does take root. Yeah, so that makes some sense now, where you've early, kind of had those lessons and found a reason to be courageous, to say hey you've got a hole in your glove.

[00:51:02]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yeah, yeah. And I never really thought of it as something courageous, but the instructor was so surprised, I think, that I saw it, I could tell.

[00:51:12]

*T. A. Rosolowski, PhD:*

Well, I think part of it, and I don't know if this is something you've observed, but I think a person can communicate differently. If a person has grown up in a hierarchy and you should stay in your place and careful when you point out mistakes that have been made above you, the way they communicate an observation has a different resonance than a person who has been raised to think you know, we're all in this together, we all want to do the right thing, something is going wrong and I'm going to bring it to people's attention because the person doesn't know. What do you have inside you, that there may be a confidence that comes out and a lack of well, this is no big deal, you know I'm just pointing this out, even though I'm talking up in the hierarchy, whereas a person is like ooh, it's a big deal I'm pointing this out. There could be something in the communication style that makes it—it's a subtle thing of communication. I don't know if my point is clear.

[00:52:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

But when I was at camp as a camper we had what was called a tuck shop, it's a British term, but (inaudible) and it was next door to the dining hall, and so sometimes just before the dining hall, you'd go up to the tuck shop, because you could look in there and once a week or something, you

were allowed to buy a candy bar. So I was at that window, I noticed that there was a fire, so I ran over and told the head counselor, "The tuck shop is on fire." And so then they evacuated all the kids down to the waterfront and then they had a bucket brigade. We had two fires when I was at camp as a camper. I was much younger for that one but the second one, I was probably about [fifteen]—it was my last year as a camper and they had the senior campers, out on the dock, this is in the evening this happened, the cabin burned down, the counselors' cabin burned down, and we took all the little kids out on the dock, and so that's probably when they realized that was a leadership thing, that's probably when they realized I was capable of doing something.

[00:53:49]

*T. A. Rosolowski, PhD:*

Right, and good in emergencies too, yeah, a cool head. Interesting, yeah. So, good lessons from nursing school, now you're in medical school.

## Chapter Five

### *Medical School, the Environment for Women, and Finding a Life Partner*

Dr. Eckhert begins this chapter by describing the atmosphere for women during her medical school program at the SUNY-Buffalo School of Medicine (MD 1970). She explains that negative atmospheres endure because men saying nothing when other men behave inappropriately. She then talks about how much she enjoyed her clinical years and gives examples of how she would interact with pediatric patients, drawing on lessons from nursing school. She also links these lessons to her leadership style. Dr. Eckhert then talks about her early interest in surgery and her eventual decision to specialize in pediatrics. She tells the story of meeting her husband, explains how they established their two-career marriage and partnership.

[00:54:01]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Now I'm in medical school.

[00:54:01]

*T. A. Rosolowski, PhD:*

Culture change and all sorts of changes, tell me about that.

[00:54:04]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, there are a hundred students there, you know nine women, and one woman dropped out in November, it was a terrible thing, because you know that's sort of, "I told you so," kind of thing, you're taking the place of someone, and we were—you felt like a real minority, you really did.

[00:54:43]

*T. A. Rosolowski, PhD:*

Can you remember some things that really gave you that sense? I mean some of it's atmospheric, some of it's—you know, what was making you feel—?

[00:54:54]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, you sign up at seminars, you're the only woman in your seminar because there wasn't very many. We went to school six days a week, we went to school Saturday morning. Saturday mornings were famous because there were anatomy quiz sections, and the head of Anatomy, his name was O. P. Jones, he was an MD, PhD, and you knew—so you were in these, there were three seminars, three groups, and you knew when you had him, that you were going to be called on if you were a woman, you know it, and you also knew it was going to be the most embarrassing thing he could think of to ask you, and he would but he wouldn't be particularly nasty to you if you didn't know it, but you were always put in a position where you had to talk about the male anatomy or something, you just knew that was going to happen, I mean

everybody just knew that. So when you walked in, you never knew who your seminar leader was going to be that Saturday and if you walked in and had him, you were like okay, because he would call on you and you would just have to give this, whatever you memorized. So there was that.

[00:56:30]

Another one I remember, I was with a psychiatrist and I was with a group, and since I had been to nursing school, I really had a lot more knowledge about some of these things, particularly child development and some things that you just learned in nursing school. So I remember, we were talking about something and I brought up a point, and I was the only woman in the room and they ignored it. So I brought it up again and they ignored it, and I tried a third time and they totally ignored it. You know, you reword it, you make it a little different, and finally at the end of this, when we were leaving my professor said, "Well why didn't you persist, you knew you were right,." I said look it, after a while, you give it—I gave it three tries, if they're not interested they're not interested, I'm not, I won't do it. I could have said—I didn't say this to him, but I mean he could have said [to my classmates], you know she's right, and what do we think about that, but he never did, he never supported me.

[00:57:50]

*T. A. Rosolowski, PhD:*

And that's the problem when men in authority don't help shape a culture that is accepting of women, you know it's that women are always supposed to do it on their own.

[00:58:03]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Well, you know in the Kavanaugh hearings, that was to me, so upsetting, to see those male senators sit there and let him ask the woman senator about her drinking, when it had nothing [to do with the hearings]—why didn't they say this is not about her, you have no right, just answer her question. Why didn't they do that? I just found that very upsetting but anyway, that's a little off the track.

[00:58:37]

*T. A. Rosolowski, PhD:*

No, no, not at all. I think there are a lot of women of our generations who were very upset by that, it brought back a lot of bad memories.

[00:58:52]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Yeah, and in med school, when I was on surgery, and I like surgery, a plastic surgeon had a breast augmentation he was going to do, and so he looked around and he said—he had to choose a student and so he said, "You come with me." Well I wasn't any more interested than the men, and maybe I was even less interested, but I didn't want to go in and do that. From the plastic surgery viewpoint, I thought the reconstructive things, you know for somebody who is in an accident or a congenital anomaly, that made sense. I was not interested in cosmetic surgery at all, zero, but because I was a woman, I was supposed to go in there and I was supposed to just think this was grand and no, I don't think this is great, that kind of thing. When I was a third year

medical student, I started out on a medicine rotation which is 12 weeks, and the fellow who was in charge said to our little group, like maybe we had four of us, you know welcome to service, blah-blah, and then he turns and he says, "And I hate women in medicine." I thought oh, I've got 12 weeks with this man, this is going to be great. Many years later, many, 35, 30, I was interviewing at that school for a number two position at the school, he was on the elevator and if I weren't there with other people that were taking me around as this interviewing candidate, I wanted to say to him I still remember you because that's what you said to me. He was the [senior resident] on that service. The next one down, I guess it was the intern, we had a vacation at Eastertime, and so he came up to me and he said, "Well you have a vacation coming up," so he said, "I've decided that my wife and I would like to go to the Caribbean, so you can take care of our three children." I said, "Well, it's not going to happen, I'm not going to do that." I can't imagine. This wasn't happening to my classmates, you know it was crazy, crazy stuff. And then there were other things. I was on surgery once where a resident said to me—I was writing the notes, we would go on rounds and I was writing the notes and he said, "Write down chest is clear," and I said, "I can't write down the chest is clear because I didn't listen to it." He said, "Write it down," I said, "Well you didn't listen to it either, I'm not writing that down." You have to stand up for yourself. That to me wasn't necessarily a male/female thing.

[01:02:20]

*T. A. Rosolowski, PhD:*  
Medical ethics.

[01:02:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Ethics, yeah, right there, ethics. So you had to pay attention and you can't just go along to get along, you cannot do that.

[01:02:34]

*T. A. Rosolowski, PhD:*

So, amid all of this, you know obviously you are where you need to be educationally, and how did you find yourself growing in the medical school program, knowing that you were going to come out the other end as a clinician with an MD?

[01:02:55]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, once you get into your clinical years, it is just so exciting, it's just exhilarating, I thought, I just, I loved it. I loved pediatrics, I liked surgery, I liked OB, the OB person wanted me to graduate and go into OB residency and work with him and you know, you just had wonderful opportunities. I loved being with the patients, you learned so much from your patients, so much. There was a little boy who had irritable bowel syndrome, which is a terrible thing for a little 12 year-old boy to have. He's think and he's not developing like his classmates because he's malnourished all the time, and so he was an irritable kid, and the residents, interns and [students], we'd go on round and everybody tried to avoid this little boy. So they said to me, honest to goodness, I must have been a third year student, said you know, Peter needs blood. You don't hang a [whole] unit on a kid but he needs blood and so you have to give him blood tonight, and he won't like it. Nobody wanted to deal with it so you're going to do it, so I said okay. So I went

in and I said to him, "Okay, now you have to have blood today, when would you want it? I know you like to watch something on television, so do you want your blood to be finished before you watch it or do you want to start it after, which would you like?" You know, this kid just brightens up and he chooses his time and he's like so happy, and you know we did it and then we're on rounds the next day and they said oh God, you know that seemed to work out, he wasn't crying, he wasn't complaining. I said, "All I did was ask him when he wanted it." You have to have it but you get the choice, I mean that's just like, isn't that common sense?

[01:05:08]

*T. A. Rosolowski, PhD:*

Yeah, yeah.

[01:05:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So those things. I'm sure I learned that at nursing school much more than I did in medicine.

[01:05:19]

*T. A. Rosolowski, PhD:*

Or listening to the patient or giving the patient the opportunity to be listened to.

[01:05:23]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, yes, and that's a lesson I really learned. I know what my bottom line is, how I get there can be different, depending on what are the obstacles are in the way or how people react. I've certainly used those techniques when I was a leader of the department.

[01:05:47]

*T. A. Rosolowski, PhD:*

I bet.

[01:05:49]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I've used them a lot, you know figure out what your bottom line is and then where you're willing to compromise to get there, which I wish we would do that in our government.

[01:06:05]

*T. A. Rosolowski, PhD:*

I had an interview subject who grew up on a farm tell me she learned a lot about leadership from working with large animals.

[01:06:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Probably right.

[01:06:14]

*T. A. Rosolowski, PhD:*

I know, I kind of liked that.

[01:06:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yeah, that is good, that is good.

[01:06:20]

*T. A. Rosolowski, PhD:*

So, choice of specialty.

[01:06:24]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I thought of surgery. My brother was a surgery resident, he was two years ahead of me, and I remember him saying to me, something like you know, if a male cleaning staff came in here, versus you, the parents would probably want, or the patient would want that man to do the surgery, not knowing which one of you [was the surgeon]—

[01:06:56]

*T. A. Rosolowski, PhD:*

Right.

[01:06:57]

*N. Lynn Eckhert, MD, MPH, DrPH:*

He said it's going to be hard, and so I thought about it a lot because I liked it, but I also liked peds a lot, so what I did was I did a year of medicine before peds, because I felt strongly that pediatrics is a continuum, and so people that have chronic diseases, et cetera, or congenital anomalies and things, they're going to grow up with those same things. Wouldn't you like to see what it's like when they're in their adulthood, and so I did a year of medicine at the Cleveland Clinic, which was very unusual.

[01:07:37]

*T. A. Rosolowski, PhD:*

Getting that developmental arc, that's interesting.

[01:07:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That was important to me.

[01:07:43]

*T. A. Rosolowski, PhD:*

Let me just ask you a quick question about the surgery. When your brother pointed that out, about the janitor, was that really a reason that you accepted, you didn't want to fight those battles, or were there other things going on with that decision?

[01:07:59]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think there were other—I mean, pediatrics at that time was really terribly exciting. It was a very different field than it is now, I mean we had the combination of well children and sick kids, and a lot of them were [very sick]—the sick kids that we see now are a different kind, I mean we had meningitis all the time and you don't have meningitis any more. Well you have some but not very much because of the vaccines. So you had a lot of more common illnesses which were very treatable but then later became preventable, and I liked that, I liked treating those children, I really liked working with children more than adults. So surgery was just probably something that was always in my life and that I knew about and I enjoyed, but if I was going to go into surgery it would have been pediatric surgery, and then once I got into PEDs then I found other avenues that I liked better.

[01:09:19]

*T. A. Rosolowski, PhD:*

Now let me ask you, did you meet your husband at this time?

[01:09:24]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I met my husband when I was a fourth year medical student, and the reason I met him is I came back—I had done a rotation, as I've told you, in Liberia, and I did another one in India when I was a med student, my fourth year of my medical school, in October—October, November and December. I came back and I started a rotation in pediatrics at the Children's Hospital, and I was walking over to the hospital and I didn't know where I was—which room I was supposed to—I had a number but I didn't know where it was and so I asked this person, who was obviously an intern because he was dressed in white, the room, and it turns out he became my husband and it turned out our first child was born five years to the day from that day.

[01:10:22]

*T. A. Rosolowski, PhD:*

Oh that's so cool.

[01:10:25]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So I met him, he was an intern and I was a med student. And then he went off because it was during Vietnam, and he would have been drafted, and he joined the Public Health Service instead because that was one of the options, and then I went off to the Cleveland Clinic. I had done a rotation at the Cleveland Clinic and had really liked it, and so I did a year of medicine there. Then we got married when I was an intern, and so I finished the year and then he was stationed in Oklahoma and there was no residency at that time in Tulsa. He was near Tulsa, he wasn't in Tulsa but he was near Tulsa, there was no residency in Tulsa, in anything.

[01:011:15]

*T. A. Rosolowski, PhD:*

That's amazing.

[01:11:15]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yeah, and that would have been in '71. So I went and applied to the University of Oklahoma, in pediatrics, and got in, and he moved from one place to another in Oklahoma and we lived in Mid-West City and I did one year there. I have a very unusual residency; I did a year at the Cleveland Clinic and then I did a year in Oklahoma. This is all due to Vietnam.

[01:11:50]

*T. A. Rosolowski, PhD:*

Yeah, okay, interesting.

[01:11:52]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Then, my chief in pediatrics asked me if my husband was going to come [back to the Children's Hospital at the University]. He had spent two months with them because he was in the Indian Health Service and they needed somebody to have more experience in newborns, so he went and did two months with them in newborns, before I ever started there, and then I was there and then the chief said to me, "So, is your husband going to come here next year, and then you can come back too," and I thought that's not how this works, so I said, "No, neither of us are going to be here." I didn't want to stay. I found it a fascinating medical experience, there was just so much interesting pathology and so busy, and I really liked that very much. I found that what I really wanted to do was get a masters in public health, and so we went [to Johns Hopkins School of Hygiene and Public Health].

[01:13:05]

*T. A. Rosolowski, PhD:*

Right, okay, interesting. The question I wanted to ask kind of at the beginning, you know when you meet your husband, you're getting involved. Did you ever consider what it meant for a woman medical student to be married, was it ever a question that that might have been a problem career wise?

[01:13:28]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No, not to me, no. I guess there were other role models that I saw, not a lot but there were some residents I particularly liked that were married to other residents, but I can tell you not very many, but people that I admired, and so I knew it was definitely feasible.

[01:13:53]

*T. A. Rosolowski, PhD:*

Did you have a good idea of what—I mean sitting here now in 2019, what would you now tell yourself, what message would you give yourself, you know back in the '70s, when that young woman is contemplating marriage and medical school and career?

[01:14:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Most important, do what you want to do. When he left for the Indian Health Service and then I went to the Cleveland Clinic, he would have been happy to get married before that and I said, "No, I have to go and be an intern on my own," I remember saying that, because that's important

to me, that part of my career is important because you're no longer completely under the supervision of a medical school, you have to make these decisions and do things on your own and that's important. You had that opportunity and so I need that, I want that opportunity.

[01:15:01]

*T. A. Rosolowski, PhD:*

So did you feel that the fact of being married would kind of change how you were making decisions and you needed to preserve that autonomy? I'm trying to get a handle on what you mean.

[01:15:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You know I just—

[01:15:15]

*T. A. Rosolowski, PhD:*

It was symbolically important to you?

[01:15:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. It was really testing my capabilities, that's what internship does, and I think that's important. If you're choosing such a demanding and responsible profession, you want to make sure that you can do this, and I needed to know I could do it on my own, more than what the marriage part would do. It was more, I wanted to prove my capability and I wanted to prove I can do this on my own.

## Chapter Six

### *A Degree in Public Health to Have a Greater Impact*

Dr. Eckhert begins this chapter by explaining that she and her husband decided to go to Johns Hopkins School of Hygiene and Public Health (1973 MPH) in order to have an impact on health beyond individual patients. She tells a story about the unequal financial offers they received and how she resolved the situation. Dr. Eckhert explains the impact of having a supportive husband in a field related to her own.

[01:15:58]

*T. A. Rosolowski, PhD:*

Interesting, yeah. Now, the choice of public health, you know going to do the public health degree at Johns Hopkins, tell me about making that decision.

[01:16:11]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, we both decided, because he'd been in the Indian Health Service and he had also been in Pakistan, so he had seen the same kinds of things that maybe if we knew more about public health, which is not at all emphasized in medical school, maybe we could have a bigger impact than on a single patient. It's exciting to take care of individual patients but you know, where do you really want to make your impact? So we sat down and made a list of places we were going to look at and we were looking at Harvard and North Carolina, and I think Tulane, and Hopkins. So we split up and then he ended up going to, I think he went to Harvard and North Carolina, and I went to Hopkins, and both of us were pretty interested in Hopkins. I think I must have had less time off, so I could only go one place, and so I went to Hopkins. I went to Hopkins and interviewed and the chairman of the Department of Maternal and Child Health, Dr. Don Cornely, who eventually became my advisor, I interviewed with him and then I went up to what was called the International Health Department, where [my husband] was going to be if we were accepted, and I was told by Dr. Cornely that the chances of you getting money are much higher than he getting money, because there's more money in [the MCH] department. Fine. So we left, we talked about it and decided that Hopkins did much more international things than anyplace else at the time so that was where we wanted to go. So we both got accepted and then he got a fellowship and I didn't, so I called Dr. Cornely and said, "Dr. Cornely, I don't understand, as I interviewed with you and you told me the following, that I would have a better chance than my husband [for a scholarship], but I noticed he got it and I didn't." He said yes, and so I said, "I don't think that's right," and I said, "So what do you suggest I do? Do you suggest I get a divorce?"

[01:18:43]

*T. A. Rosolowski, PhD:*

That's gutsy.

[01:18:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That's gutsy and then, two weeks later I had my money.

[01:18:48]

*T. A. Rosolowski, PhD:*

Oh wow, yeah, interesting. What do you think was operating there, giving the man the money and not the woman?

[01:18:58]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh yeah, it was definitely sexist, no doubt about it, crazy. I mean they were going to get two docs, you want two physicians then you've got to pay for two physicians.

[01:19:11]

*T. A. Rosolowski, PhD:*

Get them on the cheap, right, the woman won't say anything.

[01:19:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yeah. I mean I had that happen multiple times over my career.

[01:19:22]

*T. A. Rosolowski, PhD:*

Interesting. I was reading something in the *Times*, this was a number of months ago, where there was a woman who had written an op-ed piece and talking about how she was just so angry all the time. Did you find yourself getting angry about that kind of thing? How did you process and absorb just this different thing?

[01:19:41]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I don't know. I don't think I hold grudges or am angry too much of the time. I find that you could be, but it's just useless, sort of wasteful. Humor works, and also being very direct and just saying, just calling it like it is .... wait a minute, you said you'd give me money and you gave it to him, so where's mine? That's all, just straight on, and then suggesting that would a divorce be the best answer, you know I knew that saying that was crazy but no, but you have to do that, and I had to do that when I took my first job at UMass and then I had to do it when I became chairman, and I had to do it one other time; all for money.

[01:20:29]

*T. A. Rosolowski, PhD:*

Interesting, yeah, the money is always a big thing.

[01:20:34]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And as my husband says, once you get it, you don't really pay much attention to it, but you do not want to be paid less because of your gender, that's just not right—

[01:20:52]

*T. A. Rosolowski, PhD:*

Let me ask you now, what was the kind of effect of having a partner who was so like minded in terms of what a career could do? I mean, you talked about deciding to do public health because you both wanted to have a greater impact beyond the patient.

[01:21:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right.

[01:21:17]

*T. A. Rosolowski, PhD:*

That's an amazing alignment of purpose in a marriage and so I'm curious, you know for you to talk a little bit more about that and its effect on you.

[01:21:29]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well you know, we've both been very supportive of the other person's career and they have gone very different ways. I don't think I would be where I am without him, I mean he was that supportive. As I read about Justice Ginsburg and hearing her talk about her husband, there was so much that resonated with me, I mean he's always been my greatest supporter and having good suggestions. I don't always take them, I don't always find them right along the pathway I would go, but he's always promoted my success, as well as his own, but mine has probably been a little more visible, but you can't—it would be very hard to do this without a partner who was really willing. Just today he's—well, my daughter is still here I think, but he's with the children, and he would have done that if they were our children and not the grandchildren, if I would have set this up, you know, he's always doing that. He's also a pediatrician, so he's very comfortable with children and taking care of them, doing whatever they needed.

[01:23:05]

*T. A. Rosolowski, PhD:*

Now you have three children and when did those kids come along in the arc of the education?

[01:23:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I was on the faculty at UMass, and so we left Hopkins.

[01:23:20]

*T. A. Rosolowski, PhD:*

I'd actually be interested in hearing about the experience at Hopkins, if you'd like to tell that piece first, or would you like to dive into the—

[01:23:28]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
No, no, I can do the Hopkins then.

## Chapter Seven

### *A Broad Perspective on Medicine through a Public Health Program*

Dr. Eckhert talks about the stimulating education in public health that she received at Johns Hopkins. This innovative program that broadened her perspective on how medicine is connected to broader social, economic and other issues and how this larger context is essential to problem solving in healthcare. Dr. Eckhert also explains that the atmosphere for women was different in the public health program and that it was a very interprofessional environment, though she acknowledges how difficult it can be to get physicians to take a broad perspective.

[01:23:30]

*T. A. Rosolowski, PhD:*

Okay, yeah, because there you're really addressing international public policy, public health. So how did that change your thinking, what were the takeaways from that?

[01:23:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

The takeaways, it was very exciting to be in school there. It's an extraordinarily innovative community, which we have really kept in touch with as much as we could over the years.

[01:24:02]

*T. A. Rosolowski, PhD:*

What do you mean by that?

[01:24:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

There were just people who were trying to solve these social public health problems. You can't completely separate health from social determinants, I mean everybody talks about that now, but even back then they were always talking about what was happening in the community, while we were at Hopkins. You're in a very poor neighborhood, the Medical School and the School of Public Health, compared to the other campuses out further and you're immersed in an inner city that has a lot of unemployment, violence, and what is that school doing, and that school was always doing more than a medical school, which was across the street was doing. So the joke of going into public health was always these are the people—these are the physicians in the group. These are the physicians that decided that they would go on and get more education so they could make less money, that was what they—that's how they used to explain it to us, but there were people that might look at land reform as part of the answer to solve the health problem, okay?

[01:25:28]

*T. A. Rosolowski, PhD:*

Yeah, yeah.

[01:25:31]

*N. Lynn Eckhert, MD, MPH, DrPH:*

There were always just sort of exciting people who were involved in policy and because they were so close to Washington, they were always back and forth, and so you got to hear these wonderful faculty and then every day, they seemed to have a speaker come in from around the world and you heard these people. Plus, your classmates, I mean there was a couple, he was the Minister of Health of Iran at the time, you know, and so you had these people with so much more experience than we had, also faced with tremendous problems and how were they going to solve them, and working together on those things was really very exciting. It also gives you an entirely different view of medicine, from a big picture perspective.

[01:26:30]

*T. A. Rosolowski, PhD:*

Well just that example of maybe looking at land reform as part of solving a health problem, that's a very different look at medicine right there.

[01:26:39]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, yes.

[01:26:40]

*T. A. Rosolowski, PhD:*

You know seeing medicine is not just treating a set of symptoms that walk in the door but treating medicine as a health condition that's connected up with life.

[01:26:50]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yeah and employment, and who owns—if it's an agricultural society, who owns that land, because your level of wealth is going to be quite [different if you own the land and likely so is your health]—[background noise]

[01:27:06]

*T. A. Rosolowski, PhD:*

We have our little army of—

[01:27:09]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Do you want to turn it off for a second. Hi there.

[01:27:11]

*T. A. Rosolowski, PhD:*

We can pause for a second.

[01:27:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

We're going to pause it for a second.

[Pause in recording]

[01:27:16]

*T. A. Rosolowski, PhD:*

Okay, we're back after a brief pause. And so talking about that innovative community.

[01:27:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Environment, right.

[01:27:26]

*T. A. Rosolowski, PhD:*

How was it different in terms of the gender issues, medical school, to the public health program?

[01:27:33]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh, there were many more women in public health. I don't remember what it was, it was probably more men, but in maternal child health, there were a lot of women. We didn't notice it so much, we didn't really notice it. I mean, much of the leadership of the school was male, and the chairmen of the departments were male, as I think back about it, but I don't think you felt sort of the same. It wasn't at all like medical school, it was very, very different. The majority of the people were physicians but they also had nurses and pharmacists and social workers; there were other people in your class, which expanded your thinking, dentistry. And so when you have—I mean, one of our best friends was a social worker, getting a masters in public health, so how she looked at healthcare and public health was different. It was stimulating to learn about, and have discussions about, how you would solve something together.

[01:28:55]

*T. A. Rosolowski, PhD:*

I mean that multidisciplinary environment is really enriching.

[01:28:59]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right, right, which is part of the IPE now isn't it?

[01:29:03]

*T. A. Rosolowski, PhD:*

Yeah of course.

[01:29:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Public health has always been IPE, much more.

[01:29:07]

*T. A. Rosolowski, PhD:*

Of course. You know, but there is something about how you communicate across those disciplinary boundaries and deal with different jargon, different perspectives, different priorities, you know all of that. Was that an area that you already were pretty skilled at or did this new environment provide you with additional communication skills, that kind of thing?

[01:29:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh, it definitely does, but it provides you more with a bigger picture viewpoint of healthcare and public health. In medicine, so often we're rewarded for identifying something rare and treating something rare, although because they're rare, you don't see them very often and so you really have to have skills in treating the most common things. You don't think so much about the epidemiology but you get into the school of public health, you look at the epidemiology, which then influences you, when you're back in medicine, so you go to grand rounds in medicine now and they'll be talking about—in pediatrics for example, you'll be talking about some rare disease and one of the things you want to say is okay, what's the likelihood of my seeing this or anybody in this room seeing this, and therefore, what's the most important things we need to know about this, which may not be the treatment, it may be the identification and what are the risk factors of getting that. And then the treatment might be then, relegated to an expert in that area, because they would have seen more of it.

[01:31:09]

*T. A. Rosolowski, PhD:*

So where to target the questions.

[01:31:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Exactly.

[01:31:15]

*T. A. Rosolowski, PhD:*

Interesting, very interesting.

[01:31:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Public health also makes you look at the delivery of healthcare, Hopkins certainly did, and when I did my doctorate, I did what would have been called a health services research project, where I looked at all the premature babies who were born on the eastern shore, which would be like in Massachusetts and Cape Cod, so there's a distance, a physical distance. And so these babies would be born and there were five hospitals at the time, and they would be born in these hospitals, and then some of them would be transferred, by helicopter, to a central location, either at University of Maryland Hopkins or Baltimore City Hospital, depending on who was up or if they needed cardiac surgery. Those cardiacs [babies] all went to Hopkins but the rest of them [went to Baltimore City or Maryland]. When you were at Baltimore City Hospital, you were in charge of saying who was up and who would get what, depending on whose nursery was really busy or not. [For my thesis], I looked at all those babies that were born during the year, and to

find out what happened to them. Some were left behind and died, some were transferred and did well and some were transferred and died. What were the characteristics of the hospitals, I was particularly interested in, that encouraged them to transfer babies. So it turns out that the larger hospitals or the hospitals that had more premature births, were more likely to be the ones to transfer. The real small hospitals might get a very small baby and think there's no change for survival and keep it there, while the bigger hospital would say there is a chance, because we've seen this, we've experienced it. So what you needed was the next step, which would be educational programs, back to those hospitals, about the best way to stabilize a baby and when do you call, and can you transfer the mother, you know which you can't always do, and all of those things. One of my colleagues at Dartmouth spent a great deal of time educating, this was years later, but she was a neonatologist, Judy Frank was her name, a good friend, and she spent a good deal of time educating those hospitals, the same thing that I had seen was needed in Maryland but that I left, and some of it was followed up but not to the extent that she did, or but also later on, the survival of these small babies became much more likely, with very good results, making those connections between the hospitals and the [outlying hospitals], communications was really important.

[01:34:34]

*T. A. Rosolowski, PhD:*

That's a great example of that 20,000-foot view, and how asking those larger questions could make you look at unexpected places.

[01:34:49]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And I think that has held me in good [stead] over the years, as I'm working with some other problem, because people get into the details way before the other people in the room may even understand what they're talking about. So let's decide, what's the problem here, rather than get me down in the weeds, and I haven't figured it out, somebody hasn't figured out, what are the parameters we're talking about, because you'll make different decisions if you know those things. The big picture is really terribly important.

[01:35:30]

*T. A. Rosolowski, PhD:*

How often is it a seamless process, to get people to take that larger view?

[01:35:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think it's difficult.

[01:35:42]

*T. A. Rosolowski, PhD:*

It's difficult. Why do you think that is?

[01:35:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Because people are comfortable. In medicine particularly, people have been so specialty trained

now, that it's easy for them to see the world through their specialty eyes, and that's why Family Medicine, which is the department I ran, is so important, because somebody is actually looking at you as a—not just looking at medicine as a whole but are looking at a patient as a whole, a whole person with all sorts of social and emotional, familial and medical needs, and you don't divorce them from each other, you have to look at them together and too much of medicine has moved [away from that whole picture.] It's not that a specialist wouldn't care about the environment in which a patient lives, but they don't think about it as automatically, and that's why I think so many patients are unhappy with the healthcare system, because they've been shuttled off into all their specialties and nobody's kind of coordinating it. I always get such a charge out of all these advertisements on television for drugs, and they always say tell your doctor if you have X, Y—well if you had a family physician or a general internist, or somebody in primary care was looking at you, they should know that. In other words, they're really saying, in these advertisements, look it, your rheumatologist only knows this about you and your GI person only knows this, and you can't expect somebody who doesn't have that background—now, some patients are extraordinarily knowledgeable but you can't expect everybody to know how to put that together.

[01:37:56]

*T. A. Rosolowski, PhD:*

Sometimes it's just the pharmacist that catches it, it will pop up for a pharmacist, they have the whole array of medications someone is taking and there's something contraindicated, you know some said they've had an allergy, or this or this, the pharmacist will catch it.

[01:38:13]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Exactly. Well what I really think is interesting is the person having some sort of symptom of abdominal pain, epigastric abdominal pain, are they supposed to make a decision if they go to a cardiologist or a GI or whomever? They can get it wrong and they'll get worked up and you don't want them to get worked up because the cardiologist wants to make sure that you don't have a cardiac problem with this. You can understand why it happens, but if they—but I think the primary care physician can handle most of those and you know, get a referral for you if you need it. So that's missing. But the public, having done public health, teaches you that, look at the big picture.

## Chapter Eight

### *A Faculty Position and Leadership Opportunities at a New Medical School*

Dr. Eckhert begins by explaining how she and her husband took a risk and joined the faculty at a brand new medical school, the University of Massachusetts Medical School. In 1976, she became an Assistant Professor of Family and Community Medicine and an Assistant Professor of Pediatrics. She notes that working with this “startup medical school” offered her many administrative opportunities that influenced her later work with academic medical programs. She discusses the issues she addressed as interim chair of the Department of Family Medicine and Community Medicine from 1982 until 1984, when she became permanent chair (and the only woman chair for 15 years). She explains several situations that taught her leadership and people management throughout this period. She reflects on the value of integrating leadership training into medical school curricula. She talks about her own experience of being the only woman in leadership training courses at University of Massachusetts and her status as a role model.

[01:39:12]

*T. A. Rosolowski, PhD:*

So tell me about the decision to make the next move to University of Massachusetts.

[01:39:19]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh, that's fun.

[01:39:21]

*T. A. Rosolowski, PhD:*

Right.

[01:39:23]

*N. Lynn Eckhert, MD, MPH, DrPH:*

We had a lot of very good offers, both of us; Hopkins, to stay, University of Virginia, Michigan, and UMass, those are the ones we were looking at.

[01:39:34]

*T. A. Rosolowski, PhD:*

Now were you intentionally applying as a couple or were you applying separately?

[01:39:39]

*N. Lynn Eckhert, MD, MPH, DrPH:*

We applied as a couple. [interruption] "You're heading out?"

[01:39:51]

*T. A. Rosolowski, PhD:*

Okay, let me just pause for a second.

[Pause in recording]

[01:39:56]

*T. A. Rosolowski, PhD:*

Okay, so we had a little bit of a break and you were talking about how you both had many offers and you were applying jointly, or basically letting people know that you're both on this track.

[01:40:10]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. You know, and we had some really good people at Hopkins. Leon Gordis was his advisor, Dan Cornley was mine, Barbara Starfield was there, she was in primary care and she was very thoughtful about, you know as we're thinking about our careers, people to talk to. They were doing—primary care was very important at that time and then it sort of dropped down and it's sort of coming back again, so there looked like there was going to be really good opportunities. Anyway, we have these offers.

[01:40:48]

*T. A. Rosolowski, PhD:*

Can I ask you just for a sec, were these individuals advising you specifically about the career move or did they also have input for you about what it meant to be a two career couple, that kind of thing as well. I wasn't sure if that's what you were also (inaudible).

[01:41:07]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No, I wasn't. No, more the kinds of research they were doing and the kinds of things they were presenting to us that were making us think about what we would want for our careers.

[01:41:17]

*T. A. Rosolowski, PhD:*

What were some of the things they were telling you, if you recall.

[01:41:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, primary care, there was this whole movement around HMOs at the time and how important primary care was for sort of coordinating that care and making sure it was comprehensive and compassionate and really met the needs of the patients and brought things together. It was sort of the same concept that I was talking about earlier in public health, and so there were some real leaders in that arena. And then, the chief of pediatrics was Harold Harrison, and he was a very bright researcher in vitamin D and kidney disease and things like that. He also had a very high expectation of what you should do and so he said to us, when we sat down with him one day and he said you know, you have a lot of offers, and he said, "You're young, you don't have any children, take a risk." He said, "That's what I did when I was young," and he said it made all the

difference. So, the biggest risk was the University of Massachusetts. It was a brand new medical school and we're applying in 1975.

[01:43:05]

*T. A. Rosolowski, PhD:*

I was looking at, maybe your start date was '76, so you're applying in '75.

[01:43:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No it was '75.

[01:43:14]

*T. A. Rosolowski, PhD:*

Okay, '75.

[01:43:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It started in '75. So we're applying and UMass had only opened in '70, so its first class had graduated in '74, and he said you should really consider that one, he said, "Because you're going to have more opportunity there as young faculty than you will somewhere else. Stay there a few years, stay there five years." Well, we were there for a long time.

[01:43:50]

*T. A. Rosolowski, PhD:*

I notice some place you had mentioned, you know that you were beginning to be interested in startups and I read it in one of the articles.

[01:44:02]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh really? Oh, startups of medical schools, yes.

[01:44:05]

*T. A. Rosolowski, PhD:*

Startups, yes, yes.

[01:44:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Absolutely. Yeah, we'll get there.

[01:44:09]

*T. A. Rosolowski, PhD:*

So this was really a first experience with that.

[01:44:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Exactly, which turned out to be a wonderful learning experience for me for later on in my life. So we decided to go and I went as a Robert Wood Johnson—I was working on a Robert Wood Johnson [Foundation] funded project on maternal and child health, and we both were in the Department of Family and Community Medicine and we were both going to teach at the various levels of epidemiology, and there was a clerkship in the first year, you know whatever they were doing we were coming at as young faculty.

[01:44:56]

*T. A. Rosolowski, PhD:*

Was there ever any consideration that maybe having both of you in the same department might be a little odd or create some problems?

[01:45:06]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, just to start out with, they offered him more money than me and so I questioned about that and they finally decided that it was because he had published more. So then they called me back, after they'd offered me a salary, and asked me if I'd take \$1,000 less, and so I said no, why would I do that? So we went and then at one point the chairman of the department said to us, "You know you two make more than anybody else in this department," and we said, "Well yes, we're two people, we're two physicians. And I think you're getting—you know that seems okay, I mean what are we talking about?" So we came and he was involved in starting a brand new health center and he was working with the community and he was working with an internist, and that took a lot of—that was a long-term, very politically motivated, having to do with several institutions, and both my husband and the internist said we're too young to not be doing any clinical work. They wanted to do clinical work there and it's going to take forever to get this started, so they both left after I was there a short time. He was still there at the time. They put us in the same office even. We were both using the same—I used the name Fazen for a short period of my life and we were both L. E. Fazen, and I said this is ridiculous, I'm going to back to Eckhert, and then I stayed Eckhert ever since. I never officially changed it anyways. So anyway, in relatively short order, I was asked to be on the Admissions Committee of the medical school and when you're in a new medical school there's so much work that has to be done, there's so many opportunities, and it's just very exciting and very stimulating, because you're building. They asked me to be on the Admissions Committee and so I said yes.

[01:47:36]

*T. A. Rosolowski, PhD:*

And this was?

[01:47:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

In '76.

[01:47:39]

*T. A. Rosolowski, PhD:*

Well I have you as assistant dean of admissions from '77 to '81.

[01:47:43]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That's right. So, in '76, they asked me to be chairman of the committee and assistant dean and I thought oh, I don't know if I'm ready. Maybe it was '77, I guess. Somebody else was chairman of the committee for a while and I was the assistant dean, and I said to the chancellor, "No, this is not working, either he should be both or I should be both, but you can't divide it." He was much older than I was and so I thought I'm the one who suggested it. Then I said, No it's not working, because you end up doing all the work and knowing everything, and then you have to tell him so he can do it. So then I just became the assistant dean and chairman. It was interesting. Somebody recognized that I had some leadership skills, somebody being the chancellor. Then I did that until I think it was '82. I became official chairman in '84. So in '82, I was approached because the chairman of my department when I first came had left, they had moved him up to medicine. There had been a problem because Family Medicine and Community Medicine were having difficulties and they wanted to put them back together. They'd been together, then they were separate, and now they wanted to put them back together, and so they put in a new chair and he lasted I don't know, two years, and it wasn't going well, so they asked me to be the interim. I was the interim from December of 1982 until June or July of '84.

[01:48:44]

*T. A. Rosolowski, PhD:*

What was that like as a testing ground?

[01:48:46]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh it was fine. It turns out I actually like interim positions, I've done a few.

[01:48:50]

*T. A. Rosolowski, PhD:*

Why?

[01:48:51]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, there's something in the newness of doing something, in having an opportunity to make a difference in a short time, because usually you're being put in as interim because there's a problem.

[01:50:11]

*T. A. Rosolowski, PhD:*

Right. I notice that you also did chair of radiology on an interim basis in 2002.

[01:50:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yeah, and then I was also dean in Lebanon, okay so I've done three.

[01:50:21]

*T. A. Rosolowski, PhD:*

Right, right.

[01:50:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

There's something—going in to problem solve is very nice. So anyway—

[01:50:30]

*T. A. Rosolowski, PhD:*

I'm sorry, I just wanted to linger over that for a second. Do you find that it uses a similar skillset to the public health and that you need to kind of have a broad view, you know to diagnose.

[01:50:41]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, you do have to have a broad view and you have to be able to see where the strengths are, of various people, and how do you move this forward enough. Some people take an interim and just stand still, but that's not my style. My style is to move it, prepare it for the next whoever is going to come on and be the next [leader]. In the case of Family Medicine, I became the next. So I think they were surprised that I actually made decisions about people, that some people could leave. People I'd hired in that interim time.

[01:51:29]

*T. A. Rosolowski, PhD:*

So what was the situation you inherited as interim? What did you feel were the issues that were in the way?

[01:51:34]

*N. Lynn Eckhert, MD, MPH, DrPH:*

The major issue was UMass Medical School was started out as a school that was going to train in primary care, and the American Academy of Family Practice, which was young --and I was not a family physician-- they had decided that half the people that graduated medical school should go into primary care, and the Academy of Family Medicine said this is absolute. Half of them should go, and then half of those should go into family medicine. The others go into internal medicine [and pediatric fields]. Well, we started the medical school and when I became the chairman, 3 percent of the class went into family medicine, 3 percent, and you have a class of a hundred, so it should have been 25. So that was number one on the agenda. That has to be fixed. And then financially, we had to stabilize and we had to get some money in research and we had to be more responsible in teaching and what we did at the university in clinical. So I felt, I understand this big picture, we can figure out how to do solve it. So I took over, and I had to learn how to manage people, work with people. I'll never forget, the chief of medicine came to see me when I first became chairman, and he said to me congratulations. He said, "I just want to tell you, nobody will ever come in here and tell you [you are doing a] good job. They will say they want more space, more money, more something, so that's how it works." I didn't want to look at everybody with that same kind of negative [attitude]. He said, "You really should have taken a psychiatry residency if you want to run a department." I thought it was nice of him, that he bothered to come and see me and tried to help me out, but I had to make some decisions about people, people had to leave. That was a learning experience, in how do you let people go

because their performance isn't up to par, but you don't—you would like to help them as a person if you could, and how do you let them go with dignity. I learned that the hard way, the first time I let somebody go and getting a letter from their attorney, and instead of what most people would do. They would go to their chancellor or their dean or whoever is their report to, like the case of chancellor, and say I'm going to be sued, I've got this lawyer's letter. [Instead], I went to the man and I said what is it you want, and we compromised and as I had said before, I knew what my bottom line was and I knew what I would like to happen, and then how did I [get there], how did we together, solve that, and we did and he became [a friend]—I would see him at national meetings and he was always very, very friendly to me. So I was learning how to manage people.

[01:55:24]

*T. A. Rosolowski, PhD:*

Can I ask just a quick question, because one of the issues that comes up over and over is that people in healthcare are not given that kind of training in medical school or in internships or residencies. Do you think it's worth curricula at those levels opening up and giving people (inaudible)?

[01:55:44]

*N. Lynn Eckhart, MD, MPH, DrPH:*

I think many more places are doing it now and some of the work we do overseas, that's what they're asking us to help them with, is leadership skills.

[01:55:56]

*T. A. Rosolowski, PhD:*

What would you have wanted to have earlier in your career, to help you kind of get a jump on some of this?

[01:56:05]

*N. Lynn Eckhart, MD, MPH, DrPH:*

After I became the permanent chair, that was 18 months later, something like that, I asked for what you're asking. I asked to take a leadership course at Harvard School of Public Health, they had what was called a Clinical Chairs Course.

[01:56:21]

*T. A. Rosolowski, PhD:*

Yeah, 1984, I have that.

[01:56:23]

*N. Lynn Eckhart, MD, MPH, DrPH:*

So I took that course.

[01:56:24]

*T. A. Rosolowski, PhD:*

Oh I'm sorry, '91.

[01:56:26]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
No, I took it twice.

[01:56:27]

*T. A. Rosolowski, PhD:*  
Oh yeah, '84 and '91, here we go, yes.

[01:56:29]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
Because they have a second section. Originally, they only had a first, then I took the second, and [that is the] advanced program. So I went to the first one and I walked in and they said, "Hello, Dr. Eckhart, how are you?" So I said to myself oh, you're the only woman, otherwise, they wouldn't know who you were when you'd walk in, right? There were about 40 of us and I was the only woman.

[01:56:51]

*T. A. Rosolowski, PhD:*  
You were the only woman?

[01:56:53]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
Yes. But I was also the only woman chair at UMass, for 15 years.

[01:56:57]

*T. A. Rosolowski, PhD:*  
Now, were you the first chair there, the first female chair?

[01:57:00]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
On the clinical side, yes. There was somebody in anatomy for a short time, she didn't last long, she didn't even last—I don't think she lasted two years, and so I was the only one. The clinical side is separate often. You meet both sides but often, just the clinical chairs, and I was the only woman for all those years.

[01:57:19]

*T. A. Rosolowski, PhD:*  
How did you feel about that personally and how did the institution feel or colleagues feel about that?

[01:57:25]

*N. Lynn Eckhart, MD, MPH, DrPH:*  
It's hard. It's hard because sometimes they would have, these chairmen would get together at a Red Sox game but I would never be invited, you know? You had to learn how to make your point, and I learned that you have to have a conviction and a passion for what you want. That's important. And you have to have the background, the data, on why you want to make this change or whatever you want to do. You have to have all of that lined up and you have to have a

good sense of humor. That's one of the most important things; you can get much more of what you need if you can sort of put a little humor into your request or what you're after, and you have to know your business. The other thing that's terribly important, that a lot of chairs haven't mastered, is the budget. They were always surprised, the administration was always surprised that I knew my budget. We would go in for budget hearings and usually, you let your administrator do a lot of the talking, because that's what they were there for and that was their skill and you wanted to let them shine. One time I went in and my administrator didn't show. He came in late, very late, and they said well we have to start and I said okay, let's go. So we went through it, and I think they were shocked that I could tell you where all the dollars were and what was getting what, what we were spending on research, what we were bringing in on research, what we were doing clinically, all those things. The reason I knew that, even before I took that course but even better after I took that course, is if you know where your resources are and you know what your plan is, you can accomplish something. If you're not sure of having the right resources or being able to utilize them in the right way, you can't do a good job. I also knew where we wanted our department to go, and so I ended up hiring a group of young family physicians that would be terrific role models for the students. They like young, because they can identify with them, I was also a young chair, so they could identify, and they're fun to work with and they're innovative usually, they come up with these great ideas, some of which you can't support, but you give them the authority—you give them the responsibility and the authority and then you serve basically as their mentor or their guide, and you personally can get so much more work done because you have all these other people doing all of—you know, you've got eight balls in the air and if you get these other people feeling responsible and excited about those things, everybody wins. You give them credit because they did it and of course you get credit because your department is better. So you don't have to get all that, you know you don't have to be, just because you're the leader, the one that's out in front all the time. It's much more fun, anyway, as a leader, to watch these people grow under you, it really is. There are of course challenges, because some of them want to challenge you on this or that, and some of them want your job, and that's just part of life.

[02:02:00]

*T. A. Rosolowski, PhD:*

Did you find that you were becoming a role model for women faculty, women students?

[02:02:06]

*N. Lynn Eckhart, MD, MPH, DrPH:*

It's interesting, my son, Curtis, was just at UMass with his wife this week, because she was seeing an expert medical person. I haven't worked there since early 2002, although I've done some teaching and I taught some courses. And he's down in a clinic that had nothing to do with me and he said he ran into a nurse who said, "Oh, your mother was such a pioneer in this hospital." Which was a nice thought, because they all knew I was the only one. Eventually, we had a hospital director who was a woman, which was nice, who I liked to work with, but I didn't have trouble, I never had trouble working with men, but you do feel isolated because you're not doing all the same activities. You have to remember, I was also running a department that in a medical school, you know some medical schools don't even have Family Medicine and don't want it. So you're running a department that isn't like if you were running surgery or medicine. They're always strong departments in the university, just by their size and the nature of their

work, and you're running something a little different. I remember one of the chairmen of one of the other departments, I was chatting with him one day and I said you know, I was really lucky, I had started a fellowship program at another hospital that would be for family medicine people. I said I was really lucky, it really worked out. He said, "You weren't lucky, you worked for it." So to be recognized for that is nice, and I had a lot of recognition there, which sort of encourages you to do more, to start new programs, to expand the ones you have, to make sure you're more stable in your finances. I was always proud because we had NIH money, which a lot of Family Medicine departments don't have that. There was a write-up once, on the top Family Medicine programs, due to their research, that was written up, and we were one of them and we went from 3 percent of class going into family medicine, to 25, and I had said that when we get to 25 I'm going to step down, and I did.

[02:04:52]

*T. A. Rosolowski, PhD:*

Interesting, yeah. So when was that?

[02:04:55]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Ninety-seven.

[02:04:57]

*T. A. Rosolowski, PhD:*

Ninety-seven, okay.

[02:05:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

The end of '97.

## Chapter Nine

### *Department Chair, Putting Family Medicine on the Map in Massachusetts, and Learning Leadership.*

Dr. Eckhert begins by explaining why she decided to become permanent chair of the Department of Family Medicine and Community Medicine (1984) and tells a story about the importance of negotiating salary. She talks about the department culture she established and explains how she “put family medicine on the map in Massachusetts.” She explains how her education in public health enabled her to have that impact. She lists leadership strategies she used to implement her vision. Next she discusses the impact of leadership programs she went through in 1984 and in 1991.

[02:05:01]

*T. A. Rosolowski, PhD:*

What made you decide, at the end of the interim period, that yes, you were going to be permanent chair?

[02:05:06]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, I met the other candidates for one, I met the other candidates. I think there was some feeling that—I know there was some feeling that they wanted a family physician, rather than a pediatrician, to run the department, and so that may have been their first choice but they eventually chose me. I also, at the end—we went through this long process of what seemed like a forever process, looking for a new chairman, which must have been, in my case about 18 months, and I said to the chancellor, "I'll be leaving this interim job at the end of June." I said, "You don't have to choose me, I'm not saying you have to choose me. I just want to let you know that's it. I'm not going to do this any more, because you need to move on with your own career." Then, shortly thereafter, when they offered it to me and I took it, he said, "I can only pay you what I've been paying you now," so I said, "Well, I can't take that job." So he sits there and he opens up the AAMC book, Association of American Medical College book and he looks at the salaries and he goes down and he can see what family medicine in this region pays, and he chooses the 50 percent mark and gave me a huge raise in 30 seconds.

[02:06:51]

*T. A. Rosolowski, PhD:*

Oh, wow.

[02:06:57]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And that—you know, why do they try and give us less, why do they try? So you have to [say no]. You have to say these are my conditions. But I think my department did very well, I'm very proud of it and I'm proud of the growth we had. We basically put family medicine on the map in Massachusetts.

[02:07:31]

*T. A. Rosolowski, PhD:*

It sounds like you created a really strong department culture. Am I hearing that correctly, from what you're describing?

[02:07:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, but I did have some detractors, because I wasn't a family physician and people wanted a family physician in that position, but most of the time they liked what we accomplished, so what could they say if you get 25 percent of the people choosing family medicine as a career choice and you've got NIH money and then there was a lot of federal money in family medicine at the time. There were four different kinds of grants and we had five of them because I had residencies in two different places, so I had two residency grants, I had preventive medicine, we had occupational, and so we had a lot of the tangible things that make a department recognized and named, and we had a good working group, and then I just thought that was enough.

[02:08:39]

*T. A. Rosolowski, PhD:*

Now you said you were successful in putting family medicine on the map in Massachusetts. What do you mean by that?

[02:08:48]

*N. Lynn Eckhert, MD, MPH, DrPH:*

When we started out we were the only Department of Family Medicine in the Medical School, and now they're at Tufts and BU. Harvard said they would never have one and they don't.

[02:09:00]

*T. A. Rosolowski, PhD:*

Why would they say that?

[02:09:02]

*N. Lynn Eckhert, MD, MPH, DrPH:*

They look at it as not sort of cutting edge. Or they talk about primary care but not family medicine, and a lot of people don't think family physicians can know it all. And that's what they say, "know it all." But they have such a special niche in the world of medicine, all primary care people do, but family medicine in particular does. So they're certainly recognized by the public as needed, and as they contributed more to the school they were recognized more. What I saw while I was there and after I left, was more of the people that I had brought on and then people that joined later, under a new chairman, but more of them moved into the medical education arena. So, a woman that I had hired --originally she'd been one of our residents and I hired her to run the pre-doctoral training program, so in the early years, for family medicine. She ended up running the clerkship and then she eventually became the Associate Dean for Medical Education. So she's somebody, and it's been interesting because she's written letters on my behalf, and she has felt that I have been a real mentor for her. So those things, I think helped put us certainly on the map at the Medical School, we couldn't be ignored, because we were a presence, which

changed under—while I was there, and that's what anybody running a department wants to do. You want to be valuable to the institution and valuable to the students and adding something in the research arena, and I think we were doing that.

[02:11:12]

*T. A. Rosolowski, PhD:*

Was that comprehensive vision something you brought into the role?

[02:11:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. The public health has given me more of the big picture view and so I'm probably less into the details, so that the people that are my division directors of the department, they would be responsible for more details. I want to know what this division is doing, what's doing well and where does it need support and how could we support it. And the same thing in these various divisions, undergraduate, graduate, preventive medicine, occupational, clinical, all of those. Somebody has to bring them overarching, together, and that's what I hoped I did.

[02:12:10]

*T. A. Rosolowski, PhD:*

And coordinate them. I mean as you were talking about understanding where all the resources are, so you can draw on those effectively for the benefit of each of the individual ones.

[02:12:18]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Exactly.

[02:12:22]

*T. A. Rosolowski, PhD:*

You're like a family physician for the department. (laughs)

[02:12:27]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right, right, right, and sort of sharing your vision with them. I used to share a lot of the finances, as much as I could. I don't agree that you keep all your budget secret, because people just come and ask you for money and if they understand the budget—they don't have to know what their colleagues make or things like that, sort of the nitty-gritties, but if they too have a better understanding of the budget, they feel responsible and they're, okay now I know why you want me to do this, I know where we're going, and they become, I think very responsive. Most people want to do a good job.

[02:13:21]

*T. A. Rosolowski, PhD:*

And they want to be part of something that's going somewhere.

[02:13:24]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
Right, exactly.

[02:13:25]

*T. A. Rosolowski, PhD:*  
What was your strategy for sharing your vision along the way?

[02:13:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
I always had a steering committee and at one point I had seven divisions, and so we used to meet weekly or every other week, and then sometimes we'd have a little retreat, a mini retreat for a half-day or something like that, so that we could hear from each other, because there was always competition between divisions and you have to see how that works.

[02:14:01]

*T. A. Rosolowski, PhD:*  
Absolutely.

[02:14:03]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
And how you can encourage cross-fertilization, or because when you're a department chair, you also know what's happening in other departments because you lead, and you can say you know, you might be interested in what these people in Pediatrics are doing or what these people in Internal Medicine are doing, because it really complements. It doesn't always work, some people are more cooperative than others, more collaborative, that's how it works.

[02:14:32]

*T. A. Rosolowski, PhD:*  
Sure, yeah, but creating the possibility.

[02:14:37]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
Yes.

[02:14:38]

*T. A. Rosolowski, PhD:*  
I mean without someone to say hey, this is possible, people can stay very siloed. You mentioned the two leadership programs in '84, for chiefs of clinical services, and then again in 1991. What do you feel were kind of the big ah-ha moments in those for you, things that you really absorbed and put to work?

[02:15:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
When I think of how it was divided up, we had some projects we worked on, but I never was very familiar with sort of some of the legal aspects, and there was a section that we did on legal.

The other thing was the use of facilities and resources, and I'm not just talking about budget and money part, I'm talking about how facilities are used. Everyone always says, Well my clinic is so busy, I need to have more space. I mean that's just a normal request. So it was talking about the analytics that went with this decision making. So you come, someone comes to me, I want more space for my clinic. Okay well let's look at how your rooms are utilized. When, how many patients, what's the throughput, all of that. Get all of the data and then make the decision, rather than just sort of saying yes or no without the data. So, learning how to manage both some of the legal issues and the data analysis was really very, very helpful. Then when you're—they use a lot of cases from the business school and seeing what happened in business. Like what happened to the *Saturday Evening Post* and what is your business, what is your business? Is it in publishing, is it in writing a book, do you need vertical integration, do you need horizontal integration, where might you fail, going one way or the other? Those business cases were fascinating.

[02:17:08]

*T. A. Rosolowski, PhD:*

It gives you an entirely new model to understand.

[02:17:10]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Right. We did the Cuban Missile Crisis, we did the *Saturday Evening Post* and I forget, right now I'm not recalling some of the other ones. They're not about medicine but they're about people management, they're about resource management, they're about legal issues, they're about changing environments and responding or being ahead of the curve; those kinds of issues that if you're running a department, you want to be knowing the cutting edge work that relates to what your people are doing and what you've set as your mission.

## Chapter Ten

### *A Sabbatical Year in Zimbabwe to Build Medical Education*

Dr. Eckert explains how she and her husband decided to take the family to Zimbabwe during her 1991 sabbatical year and the arrangements they made for their children in Africa. Next, she talks about her work running community clinics as a Visiting Professor in the Department of Community Health at the George Huggins School of Medicine at the University of Zimbabwe (1990-1991). She talks about the social justice motives behind the clinics system and examples of problem solving for medical situations that provided solutions for American situations as well. She gives examples of the teaching style she used and these provide a snapshot of her philosophy of medical education.

[02:18:00]

*T. A. Rosolowski, PhD:*

Interesting. So the decision to step away from the chairmanship, what was the next step?

[02:18:09]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Well if you noticed, I went on sabbatical. I had a five-year review which went very well and then I took a sabbatical, which was highly unusual for a chair to take a year off, highly unusual.

[02:18:22]

*T. A. Rosolowski, PhD:*

And that was in 1991, just for the record.

[02:18:24]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Yes, and we went to Zimbabwe because clearly, I still liked this global health business and had been doing some of it. I don't know, so I took a year and what a refreshing year. It was important professionally, but it was also very important for our family. The children turned 11, 13 and 15 on that trip and our daughter is in the middle, and she was 13. Now a 13 year-old girl says to you, "You're ruining my life," and so we said to her, "Well it's debatable at your age, who is ruining whose life so you're coming along." We discussed where we wanted to go and we were interested in Africa because my husband and I have both been there. We had an offer in South Africa and we had an offer in Zimbabwe, and the kids said we don't want to go to South Africa because of Apartheid. It was getting toward the end of Mandela's imprisonment, but he wasn't going to be president yet. I thought I really valued their opinion on that, I thought that was very, very important, so we went to Zimbabwe. Then we had to put them in school, and you really, in that environment you have to go to the private school. So we looked around and we went and found out where all the American kids went to school, which private schools they went to, and we said okay, you're not going there and found other schools. So each one of the children was the only American in their schools, there were other foreigners. We did that on purpose

because we knew that if you get in with where all the American kids are, you just make a little mini America there and we didn't want that to happen. So they all made friends. Our daughter is very outgoing, so she particularly made a lot of friends and our older son made friends. They were shocked when they got there and they really liked it, and I think it's made a difference in their lives. It also made our family much closer. Our children were originally in public school and the teachers in the school district we were in in Worcester, told us to get them out, which we didn't want to do but they told us don't say here, you have to put them in some other school, the private school.

[02:21:26]

*T. A. Rosolowski, PhD:*

Why did they say that?

[02:21:27]

*N. Lynn Eckhert, MD, MPH, DrPH:*

They just didn't think the education was good enough. So we put them in private school and then that encouraged us to want to do a sabbatical in Africa because then they're in an environment that may be very good academically but not so good socially. Not that it's bad, but it's too restrictive, so let's take them totally out, which we did. So, we had all sorts of little children in our house. They'd be from Canada and they'd be Zimbabweans that were of European descent, and Zimbabweans of African descent, they'd be from Indian origin. They'd be just spending the night and hanging around, and this was great. Then our daughter, who was the most reticent to go when we came, when it was time to come back she said, "Well why are we leaving?"

I learned a lot because there was a chairman of the department who came in, I think he was on sabbatical, and he came back while we were there, shortly after we got there. He would run these department meetings that lasted forever and he'd say to me, what do you think I should do to improve them? I'd say well, you have to have a tight agenda and you have to say, okay, this meeting is an hour and then at the end of an hour it's over. You don't just go on forever, you have to ... you know? I learned so much from the students. Teaching the students was very different because the students were very used to a British system, because it used to be the University of Birmingham before it was University of Zimbabwe.

[02:23:23]

*T. A. Rosolowski, PhD:*

Now you were starting up the medical education or revising the medical education program there.

[02:23:27]

*N. Lynn Eckhert, MD, MPH, DrPH:*

They had revised it already. We were just in there to help them, work with them, and so they had a very—I really liked their educational program because they had the students—they don't have such a divide between public health and medicine as we do in the United States, so they had their students going out every year, they went out and worked in the communities, at different levels, depending on what they were doing. The first time they start out, they go out and they survey and then later on they do some intervention, and then pretty soon they're doing something

clinical and then they're doing something a little more advanced clinically. So they're always out there. They have this whole social justice agenda, because you've got a country that was under Apartheid for so long, of improving healthcare. My husband and I ran clinics in a town called Chitanquiza, which was what had been a black township sort of a concept, out of Harare. I ran a clinic for prematures and twins, and it was an opportunity to really work closely with the nurses there and with the population of young mothers, and to see how another country solves some of the problems. Years before, Nestle wanted to sell formula in the developing world, do you remember that?

[02:25:21]

*T. A. Rosolowski, PhD:*

I do.

[02:25:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So, one day I'm in my clinic and I see a man in the clinic and I say, "Who's that man?" He clearly didn't look like he belonged to any of the moms that were there, and they said, "He's the Nestles man." I said, "What do you mean he's the Nestles man, what's he doing here?" They said well, they sell cereal but they don't sell any formula, they said but the deal that Zimbabwe made with Nestles was we'll let you sell cereal here but you have to give, for a year or 18 months, I'm not sure, any formula that this clinic, or other clinics like it, says this baby needs. So if you had a baby who, particularly if you had triplets or twins and the mom couldn't keep up, that family got free formula. That was the deal they made, which I thought was a pretty impressive deal, and then you can sell your cereal in the country. So he was there to find out who we were going to assign to get the formula.

[02:26:44]

*T. A. Rosolowski, PhD:*

Right, no kidding, you know making sure that the industry doesn't exploit, that it actually serves a benefit.

[02:26:51]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Exactly. The other things they did were some real simple technologies that are good to see and then see how they can be applied here. So you know here in this country [we use] Pedialyte [for children with diarrhea]. The World Health Organization had oral rehydration solution and basically, it's been revamped. Basically it was water and sugar and salt. So Zimbabwe said okay, what we're going to do is we're going to teach everybody how to use this. Everybody had a bottle of oil that they used to use, and so it was like a standard size, like a liter size. Everybody had those because they all used them for cooking. So that meant every household had this plastic bottle. Okay, so they'd tell them fill it up to whatever, not quite filled, and then add this much sugar and this much salt and make it yourself. Don't buy these packets because what has been shown is if you get the WHO packets, as good as they are, some people, if they lived too far away and couldn't get a packet, their child was at risk because they didn't know how to make the formula which makes this Pedialyte type solution. They've all been improved now, but when in fact you had that sugar and salt and water at home.

[02:28:30]

*T. A. Rosolowski, PhD:*

At home, yeah.

[02:28:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So I thought well now, these kinds of things really make sense and can we apply them? My husband actually applied—when he worked in a clinic in Boston and he applied their immunization system. They were having so many children that would not be fully immunized, because they would come in and they'd be sick and they wouldn't immunize them. So they just had days when you could just all come in, and you didn't have to get an appointment. The goal is to get everybody immunized, and they figured it out, following what we had seen in Zimbabwe. Those were good lessons to learn.

[02:29:21]

*T. A. Rosolowski, PhD:*

What about with the medical education, what impact did you feel you made, you know this outside perspective coming from the U.S., with all your education and experience and leadership, what in fact did you have?

[02:29:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

My teaching style is very different and so that was an impact I had. My teaching style is we're going to engage you. We're going to come up with—I'm going to come in here, in this class, and I'm going to have a problem and you're going to help me solve it, and you have enough information that you're going to be able to do this. I may have had you—it's like the flip classroom idea now.

[02:30:06]

*T. A. Rosolowski, PhD:*

Right.

[02:30:07]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I may have given you some information ahead of time to read and therefore, you should read that and then as we wander through this problem we'll get there. Different, very different. They weren't used to having a professor that would expect them to talk, to debate, to maybe even say I don't believe that, so that the whole style of teaching. But the most interesting time I had was one day, I had a phone call from one of the other professors and he said, Lynn, I can't give my talks today—something happened and can you go and cover the class. You can give your lecture, you can give what you were going to do. So I said, oh sure. So I walk in and I'm in this amphitheater with probably 65 kids in the class, 65 or 70, something like that. I walk in—now, this is during the Gulf War, so I look up on the board and it says, "Death to America, down with President Bush." So I'm thinking, well now this is very interesting, they did not know I was coming to speak. They thought somebody else who was not an American, but this is what they

have on the board. So I just go up and I take my eraser and I say, "Oh, I just need this blackboard," and just take it off. Then I said to them, okay now, I've been with you for six weeks now or something and I said, so you know that I expect you to talk, and so this is what we're going to do today. And, you know, you get them. You don't get everybody but you get enough. It got so that they got very used to me and they would talk to us. And then I went out with them on all their community visits and the dean said to me when I left he said, "You went on every single one [of their rural attachments] when nobody else wants to go," and I said, "How else am I going to learn your country?" I've got to see it through the eyes of these medical students and their patients and this is going to be very good.

[02:32:36]

*T. A. Rosolowski, PhD:*

Let me quickly ask you, what impact did you hope you would have by exposing the students to this very different teaching style?

[02:32:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You know, you hope you have—you've encouraged them to be more curious and to question authority. Question why are we doing it this way, and the answer can't be because we've always done it this way. Expect a rational answer and data driven. [Evidence based.] You did a study on this and that's why. It works because this is the mechanism or whatever, but to get them not to just be rote memorizers and then whatever their professor said was correct, because then we know that medicine is going to change in their lifetime certainly. I mean, think how much has changed in our lifetime. So if all you ever learn is what you learned in medical school and you're not keeping up with the literature, or even if you are somewhat but you're not questioning what's happening, you're not adding to the discipline at all and you're not benefiting your patients as much as you possibly could. So I really wanted them to feel empowered, so I wanted to engage them to empower them so that they could help make their own decisions, but ask questions.

[02:34:27]

*T. A. Rosolowski, PhD:*

What was the breakdown of male students to female students amongst the groups that you were teaching?

[02:34:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I'm not sure I remember exactly but it was mostly male, but it might have been 20 percent female, maybe a little less, 15, something like that.

[02:34:45]

*T. A. Rosolowski, PhD:*

Did you feel that there was—how did the male students receive you? Were they accustomed to women in the front of the room?

[02:34:58]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I didn't think that was a particular problem. There were some other women faculty members, yeah so no, I didn't feel—there weren't a lot but there were others.

[02:35:11]

*T. A. Rosolowski, PhD:*

Did you get a sense of what it was like for female medical students there, was that ever a subject of discussion?

[02:35:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I got to know one of them very well, Fatima, but she was just, she was very self-assured, so she was probably different than any of the others. They didn't complain. I didn't see them mostly as they got in their final years, except when they were out in the countryside, so I didn't see them functioning in the hospital, where they may have had more problems than what I hear, from what I know, that they may have had more difficulty.

[02:36:08]

*T. A. Rosolowski, PhD:*

I was just curious if you picked up a sense of that. It's almost six o'clock, and I notice that you're taking more sips of water more often.

[02:36:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Do you want to go get dinner?

[02:36:21]

*T. A. Rosolowski, PhD:*

Yeah, if you want to stop for today and figure out a time for tomorrow.

[02:36:25]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Okay.

[02:36:25]

*T. A. Rosolowski, PhD:*

Okay. Let me just say for the record that it's been really fun.

[02:36:35]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I like your questions.

[02:36:36]

*T. A. Rosolowski, PhD:*

Oh thank you, yeah.

[02:36:38]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Because they're making me think about things I don't think I really thought about.

[02:36:43]

*T. A. Rosolowski, PhD:*

Well, that's just that you know, it's good to bring different perspectives on any problem. I bring a different a different perspective.

[02:36:51]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I liked your question about anger because I really, I hope and I think, stayed away from it.

[02:37:02]

*T. A. Rosolowski, PhD:*

It could be a poisonous thing for sure.

[02:37:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, I think it is.

[02:37:07]

*T. A. Rosolowski, PhD:*

I mean I was just struck, as you were telling these stories, that you have a very different energy in telling them than I've encountered with a number of women, and it was clear that you don't carry that. I'm sure there are a lot of women who would love to know how you manage that, because you could bottle it and make tons of money. How do you go through that, I mean how do you avoid that so you can use your energy more productively, I think that's really still an issue that women have to confront.

[02:37:42]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. Are we off the record now?

[02:37:45]

*T. A. Rosolowski, PhD:*

We are not. Shall we continue or would you like me to close off for today?

[02:37:49]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Close off.

[02:37:51]

*T. A. Rosolowski, PhD:*

Okay, so let me just say for the record, thank you very much, and I'm turning off the recorder at six o'clock.



## Interview Session Two: 13 January, 2019

### Chapter Eleven

#### *Early Work in Medical Education for Global Health*

Dr. Eckert begins this chapter by explaining that she had many leadership opportunities because the Medical School was very new. She explains her view that leaders can stay too long in one role [00:02:10], and gives her reasons for stepping down as a chair. Next she sketches the work she had already been doing in medical education, first to offer seminars focused on health policy for students in community health and next to prepare medical students for experiences in global health. Next she talks about developing courses on interprofessionalism well before it was a trend.

[0:00:00]

*T. A. Rosolowski, PhD:*

I'm Tacey Ann Rosolowski and today is January 13, 2019. It is about ten of eleven in the morning and I'm at the home of Dr. Lynn Eckhert for our second session together for the Foundation for the History of—oops, wrong name, renamed the Women in Medicine Legacy Foundation, and they are sponsored by that organization. So thanks again.

[00:00:25]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You're welcome. Happy that you came back.

[00:00:28]

*T. A. Rosolowski, PhD:*

Yeah, this is fun. So we talked about a number of things, actually after the recorder was turned off, and I have made a mental note to return to those, but I thought it would be good to return to them after we talk about the next transitional moment in your career, which is when you decided to leave being chair of Family Medicine and step into your next role at UMass. So maybe you could walk me through that decision and the role you next took on.

[00:01:01]

*N. Lynn Eckhert, MD, MPH, DrPH:*

First, being at UMass, it was a very exciting place to be because it was a new school, and the opportunities for a young faculty member were extraordinary. The chance to be creative in curriculum design and committee work and just the usual things that are done, but in a more creative way, were extraordinary. So I went there to work on a Robert Wood Johnson research project and ended up, as I mentioned before, being assistant dean and then associate dean for admissions, and chair of [Family and Community Medicine] at what would be considered a very young age. After I had done that for—I was chair for about 15 years, interim chair and then

chair, for a total of 15 years, and I realized that it would be better for me, I thought, and the department too, to have some new leadership, that it's a good idea.

[00:02:10]

*T. A. Rosolowski, PhD:*

What do you think can happen if a chair stays too long in a role?

[00:02:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think that you can become stale. Some of the problems never seem to really be resolved and even though you might have new people that are working with you, some of these problems just seem to be entrenched and you just can't make much headway, but maybe somebody new coming on would feel differently and they might have different emphasis. I think it just, it makes sense for places to change chairs and it's not done in most places. You're in there and you're in there for a long time. I could have been in there much longer, and I made the decision that I really had a passion for global health. I was able to do it as chairman of the department, but I realized I could spend more time—more people were interested in global health. I mean when I first was involved in it almost nobody was interested, first going as a medical student, you know two out of a class of a hundred, and now 30, 35 percent of students want to do programs and people choose the residencies because they can have a global health experience.

[00:03:36]

*T. A. Rosolowski, PhD:*

Now were you developing some curricula focusing on global health in the department at the time?

[00:03:42]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. What I did is once the students looked to me and then to my department for global health experiences, so I had one of my more junior faculty take on the role of organizing students that were going overseas, because you didn't want them just to go overseas and have some sort of experience with no supervision and also no orientation. So I took on the responsibility of developing an elective type experience for people going overseas, where we would sit together in a seminar and talk about what are the—since most people were going to resource poor countries, what are the things that are different about those countries and what are the cultural things you need to know? Let's look at the epidemiology and let's look at the mortality figures and things like that. So what are you going to expect to see and how should you be prepared before you went. And then we pushed the concept of you can't just go, we need to know what program you're going to be doing and who is supervising you. We had experience in Haiti, as a physician, where there were two students from other schools and we went on rounds with one of them, after he had spent two months at this hospital. I felt very sorry for him, that he hadn't had enough oversight so that when we went on rounds in pediatrics, he didn't know what a lot of the problems were or how you would address them in a resource poor nation. That didn't seem fair either, to the people that he was supposed to be treating, or to his education. So I started that kind of thing and that eventually morphed into a course that was offered in the MPH program. So then I had—then it was formalized, there were people who were getting a degree. I had

medical students who were getting an MD/MPH, and I had physicians who were getting an MPH and I had graduate nurses getting an MPH, I had veterinarians, I had a lawyer. So then that course that I designed expanded and to me became very exciting. I mean I loved having a veterinarian in my class, because they gave the whole concept of one health. They taught their fellow students about it and we could emphasize other things. And a lawyer would approach some of the issues in global health in a very different manner, and so that turned out to be wonderful. So as I was spending more time doing that—

[00:06:47]

*T. A. Rosolowski, PhD:*

I was just thinking, what an experience for the students, to so early have exposure to the perspectives of these different disciplines. You talked yesterday, about that experience of doing the degree at Hopkins and how your mind was just expanded with this. And having these students have that, I mean no matter what problem they'd be looking at, they'd kind of anticipate how great it would be to get a weigh-in from people from many, many different fields.

[00:07:22]

*N. Lynn Eckhart, MD, MPH, DrPH:*

The other experience I had in that, before I was chairman, I was course director of a course in community medicine where the medical students spent three weeks out in the community in January of their first year. That had been designed. But then we were all seminar leaders and so we could design whatever seminar we wanted. Then each student would choose, so you would have eight or ten, probably ten students in your group. So when I was course director, I then designed a seminar for my students, and there were two of them that I designed which really to me were quite fascinating. This was before Hillary Clinton took on healthcare reform, and I designed a seminar for students to design a health plan for the nation. So they had to make recommendations and what they were doing was they were going out and interviewing all sorts of stakeholders, providers, patients, hospital directors, nursing homes, et cetera, and trying to figure out—insurance people—how you would design something like that. What we did is -- then I started to work with the Associate Dean of the Graduate School of Nursing, and then we put nursing students in there and we put public health students with the medical students that were required to take this. We offered it as an elective and that became very popular. And then we did it in—we stopped doing healthcare reform and then did it on access to primary care and what happened, which was an unintended wonderful consequence, was the nursing students were all graduate students and they had almost all been in practice for maybe 15 years, very experienced nurses and very compassionate people. They were matched up with, they were in the seminar with these medical students who were also graduate students but not experienced in the healthcare system. So they had to work together and after the course was over, the nursing students would take these medical students to their clinics and show them how they practiced, what the role of a nurse was, and the medical students found this extraordinarily helpful and the nursing students completely enjoyed it and also liked the idea that they were helping a new generation of physicians understand interprofessionalism.

[00:10:35]

*T. A. Rosolowski, PhD:*

Right.

[00:10:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So way before interprofessionalism, IPE, was considered a course, we were doing that because I was good friends with the Dean of the School of Nursing and her associate dean. We sat down and said, why don't we try something different, and so we did that. And of course now it's much more—it's required actually, in medical schools now.

[00:10:57]

*T. A. Rosolowski, PhD:*

I'm thinking too, from the conversations I've had with leaders in nursing, how this was also a period of time when the field as a whole was really taking a lot of specific steps to shift that mindset of nurse as doctor's helper, because surprisingly, surprisingly to me, there were some nurses who even carried that. And so this is a really interesting experience, to kind of put nurses and physicians into an equal position and just kind of learn how to work as equals in a healthcare scenario.

[00:11:34]

*N. Lynn Eckhert, MD, MPH, DrPH:*

But if you really thought about it, the hierarchy was actually reversed, because the nurses were the ones with the experience and they were guiding these younger medical students into their profession.

[00:11:49]

*T. A. Rosolowski, PhD:*

Excellent point, yeah. Hopefully those doctors would go on and learn that they could actually call on nurses for their expertise.

[00:11:57]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I hope they do. And then the department in our health centers, where our residents were practicing, there were physicians of course, but there were also a group of very talented nurses that they interacted with who were nurse practitioners, so they saw patients in parallel and worked together.

[00:12:26]

*T. A. Rosolowski, PhD:*

Now, we kind of started on this conversation to kind of give a little more flesh to what you had done during your period as chair, but you were starting to talk about transitioning away from that and getting more into focusing more on the global health exclusively. Tell me about that transition.

[00:12:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well I was asked by *Project Hope*, which you may remember was a ship years ago but hasn't been a ship for years and years. They asked me to come down and do some work with them and

then they named me—I was the first William Walch Fellow and in that capacity, I worked on a number of projects with them.

## Chapter Twelve

### *A New Role as Dean and Vice Chancellor for International and Public Health Programs*

Dr. Eckert begins this chapter by explaining that what she accomplished as Chair of the Department of Family Medicine made her eager to transition to her growing passion for global health. She talks about her work in a new role she created and lobbied: Dean of International and Public Health Programs. She gives examples of challenges she faced working with faculty and departments and that demonstrate the importance of linking public health considerations to medicine as practiced within academic and healthcare delivery organizations. Picking up on the theme of community health, she talks about work she organized through Project Hope and the International Medical Education Consortium.

[00:13:13]

*T. A. Rosolowski, PhD:*

When did that relationship start with *Project Hope*?

[00:13:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Probably around '95, something like that, I'm not a hundred percent sure but around '95. And so I worked with them and then eventually, they asked me to work for them. I wasn't willing to work on a full-time basis because I liked being in the Medical School, but I had a contract with them to offset some of the time that I had at medical school. Well, when I was contemplating that, I knew that I shouldn't still be—I wanted to do this global health much more than I wanted to run the Department of Family Medicine. I left Family Medicine feeling like I really accomplished what I had intended to, which was to increase the visibility of the department in a very positive way, to encourage medical students to have this as a career choice. As I told you, we got up to 25 percent of the class, which was the goal of the Academy of Family Practice, family physicians in the country, and we had research money, we had all the grants that were available from the Federal Government in each of the categories in family medicine, and we were doing well clinically. So I felt like I had built something, it was successful, it's time to give it up, let somebody else do it and do something else that you're particularly passionate about and we'd like to accomplish something, and so that was global health.

[00:15:00]

So I became dean and vice chancellor for international and public health programs. While I was there we had gotten the University of Massachusetts Public Health MPH Program to also be on the Worcester campus, which was the health campus, and I had an excellent relationship with the dean. So he would teach on the Worcester campus and his faculty would teach there. So it was—we were poised to do more things.

[00:15:42]

*T. A. Rosolowski, PhD:*

Now was this a new deanship that was created?

[00:15:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes.

[00:15:45]

*T. A. Rosolowski, PhD:*

Okay, and so what was the purpose of creating this new role and why were you the person to occupy it?

[00:15:54]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well I was the person that created it and lobbied for it and said this is what I would like, when I leave this is what I would like to do.

[00:16:02]

*T. A. Rosolowski, PhD:*

And what was the vision that you brought to that, that was so convincing that they said yeah, go for it?

[00:16:10]

*N. Lynn Eckhert, MD, MPH, DrPH:*

There were probably a couple of things. I think one, there was so much more interest in global health than there ever had been, and I think they were looking to sort of coordinate it, bring it together, and the same thing in public health. More people were interested in getting that degree, and I think it was going to raise the visibility of those things. I suppose they knew that I didn't really want to be chair any more, and so they would want somebody else to do that. I mean I was very expressive about that, that I think too many people stay in those roles too long and I have some strong feelings about some of these things. I don't believe in tenure for medical school faculty.

[00:17:18]

*T. A. Rosolowski, PhD:*

Why is that?

[00:17:19]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think that tenure is a protection for people. I think that medical school faculty have so many things they're doing, that if they're doing them well, they're already protected, particularly if they're doing clinical work. I think the academic output is often somewhat different in medical schools than it is in a university, and I'd also seen a lot of people have tenure and then not do very much afterwards. So what's interesting to me is when I became chair, I became a professor, I was also offered tenure and I turned it down. Everybody thought I was out of my mind, but I had always said, I don't believe in tenure, so you don't take it then, when it's offered to you, that's wrong. You know, what is your values system? You also are—you want to assure yourself that

you're not on a one-year contract. So I had a five-year role, annual, I always had a five-year contract. Every year I would get that.

[00:18:48]

*T. A. Rosolowski, PhD:*

Can I ask you whether some of those other—you said there were a number of things that you have very strong feelings about, one was the chairs overstaying their welcome and they're no longer effective.

[00:18:57]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, and the other is the tenure.

[00:18:59]

*T. A. Rosolowski, PhD:*

Are there other kind of issues of the usual, that this is usual in academic medical centers, that you questioned?

[00:19:07]

*N. Lynn Eckhert, MD, MPH, DrPH:*

The fact that public health is so separate from medicine is not good. When I was at Hopkins, we always talked about the canyon between—Wolf Street was a canyon, on one side was a medical school, on the other side is the school of public health. I think that's improved a lot and that's partly improved because so many physicians have chosen to go back and get an MPH for a variety of reasons; sometimes they think they're getting the research skills, they're often getting skills in population health. Medical schools and their academic health centers have not been terribly responsive to the communities which they serve. I think they've gotten very much better over the years. I mean, to me there's a real social responsibility that we have. Both private and public institutions have this responsibility and so what you would see the school of public health, for example, at Hopkins, doing in the community, versus what you at the time saw a medical school doing in the community, and they were really different. So as they have come closer together. They're not there yet, but they're much closer. That's something that I felt very strongly about. In my work overseas it's quite different, particularly at the University of Zimbabwe. There wasn't a school of public health, but there were people with that orientation so it wasn't just a real concentration of curative medicine. It was prevention and curative medicine, and I think our whole system, and certainly UMass, has moved forward much more in doing preventive medicine. We had a resident, a preventive medicine residency in my department, and there was also a Preventive Medicine Division in the Department of Medicine, which ultimately I think became a department after I left.

[00:21:12]

*T. A. Rosolowski, PhD:*

Let me ask you a related kind of formation or mentoring question, which is you know, you have these very strong feelings. Obviously a student, a medical student, coming to sign up for a seminar to do community medicine is self-selected, bringing a kind of mindset, but are there other ways in which you, in constructing these curricula, try to create an environment of values

that you were hoping would be communicated to these students. To create a new culture if you will, a new way of thinking about healthcare delivery, responsibility within an institution and beyond its boundaries.

[00:21:58]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well I think it's something that you sort of did almost on a daily basis, and so for example, I remember at one Executive Council meeting of the clinical chairs, which we had on a very regular basis, somebody brought up the fact that when you send the patients the bill, we're going to send them all this information about screening for this and that. I remember the things they were going to screen for were not something that public health people would have—that anybody would have suggested everybody get screened. You know, you would screen for these things in a subpopulation of people, some things like maybe a mammography, everybody gets screened. Some other things were absolutely not indicated for just the average patient, the average person. So I remember talking about this at this clinical meeting. I raised the question, and this is where you had to use humor. So I said to them, "You know how when you get your bill from Niemen Marcus," I said, and a whole lot of stationery and then things that are perfumed and you're supposed to [buy] that, I said, "That's what this feels like to me, is you're trying to sell something that they don't really need." So that's the example of saying, from my public health background, I know what makes sense to screen for. Screening: you want to be able to identify, you want to minimize the false positives and the false negatives, but then you have to be able to do something for these people if you pick it up, what are you going to do for them. And if you don't have anything to do for them why are you screening? Even if it's doing something in prevention along the way. The second time that happened, the Department of Radiology, I was not chairman at the time, of radiology came and they were looking to get a much more advanced mammography screening test. They said it would be terrific to use women that had had some—a positive initial positive, and they—it was a great idea for those women but it was a small percentage of women, and the question I asked was, "What are you doing to screen all those other women that are not screened at all?" Let's talk about that and then we can do—can we do both?

[00:25:07]

*T. A. Rosolowski, PhD:*

How did they respond?

[00:25:09]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think they were surprised and I don't think that they felt that it was really their responsibility to worry about all those other people, but I felt it was, and I think I made an impact. I think they did not buy that machine right away.

[00:25:31]

*T. A. Rosolowski, PhD:*

Oh, interesting.

[00:25:35]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So those kinds of things came up all the time, where I would be looking at it from a big picture, and other people, and it's only a matter of how you were trained. They were trying to do the best for the patient in front of them, which we all want to do, but we also need to do the best for the people that are out there, the whole population. Spend any time in a poor resource country and that smacks you in the face because so much of it is missing. Just a tiny percent of people were getting a tetanus shot during pregnancy or before pregnancy, to prevent neonatal tetanus. Now, much of that has changed, so much improved, but those were the issues that I think my background and my interests were different.

[00:26:43]

*T. A. Rosolowski, PhD:*

So tell me about another of course step, as you occupy the deanship, this international focus.

[00:26:51]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well I think what was interesting, we had some wonderful contracts with the community, through Project Hope, and did a lot of education of physicians in issues around primary care and issues about really, some of the nitty-gritty. Not very sophisticated but very important ways of caring for people and keeping records and following up on, not leaving it to chance. So, basically, I thought somebody could design a system that would work—I would work with them as they designed the system and we would then go over and they'd put it in place. Then I'd go over and see how it was working, of something like the identification of hypertension. Identify a patient with hypertension but what happens after that? Then even if you set up a system, did you follow up with that patient if they were a no show? So those kinds of issues. We did those kinds of issues and then we did a lot of training of the medical students around global health trends.

[00:28:20]

*T. A. Rosolowski, PhD:*

So how did it work? Did projects contact you or did you go out and seek projects?

[00:28:29]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It was more I was contacted, and there was also, there was what was called International Health Medical Education Consortium, so we worked together among schools and a lot of what we were doing was finding placement for students, and the best placements were those with supervision. So it was a very nice consortium. We used to have an annual program that we had at UMass and Harvard and BU and Tufts, I think, and we would work with all the students and have a conference. What does it mean to do global health, to be engaged in global health? We had all sorts of speakers come. We would do those kind of conferences, and then we would try and work with some of the other departments that were interested in doing something in global health. I would say some of it was difficult, because people liked to do it sort of on their own. Some of them did, and a lot of people, there was a whole group of people not at all interested in global health.

## Chapter Thirteen

### *Working with Organizations Overseas as Dean of International and Public Health Programs*

In this chapter, Dr. Eckhert discusses work she did with organizations overseas while she was Dean of International and Public Health Programs at University of Massachusetts. She begins by explaining how PEPFAR money was critical in spurring interest in global health. She talks about an article she published comparing medical schools around the world. Dr. Eckert then talks about her work on the Education Commission for Foreign Medical Graduates and touches on topics such as physician brain drain and investment in medical education. She then talks about the types of work she would be asked to do if a ministry of health called her in to assess an educational program. She talks about lessons she learned from this role: the importance of forming coalitions [00:38:43], the challenges of funding in public institutions, and the difficulties of bringing an outlier mentality to a leadership role.

[00:30:01]-

*N. Lynn Eckhert, MD, MPH, DrPH:*

Then there was a growing group of people who thought it was exciting, and of course that's changed now, particularly the whole field of global health opened up when PEPFAR money came.

[00:30:01]

*T. A. Rosolowski, PhD:*

What is that?

[00:30:02]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That's the money from President Bush, for HIV/AIDS particularly and for years, academic health centers were not engaged in much global health. When that money came onboard and they were interested in HIV because it was such an important issue, and where were most patients? If you were going to do clinical trials or finding out more about the epidemiology and all that, it was overseas. So that's—and there was money now. There had never been money, so all of a sudden—there was an article written in the *New England Journal*, I forget who the author was, but he was talking about how PEPFAR was the catalyst for global health. Before that, people were doing it out of schools of public health and some schools of medicine, but not to the extent. And the other thing that we did is we were looking to find comparative systems of healthcare, and I was particularly interested in medical education overseas, so I looked at all the medical schools around the world and published an article about how many medical schools there were, the number of schools per population and where. The continent of Africa just had so few schools. It was just a major problem, and I had worked there, and what could be—sort of thinking about what could be done in the future. Of course, a lot of it has changed. I mean, the number of schools is skyrocketing around the world and just since the late 15 years. Subsequently, I did a study of the Caribbean schools, because I was particularly interested that

most American faculty members were totally unaware of the number of young U.S. and Canadians too but particularly U.S. students, that went to schools in the Caribbean. So I wrote an article on that, which was actually published in the *New England Journal*, talking about—and most of them, many more of them going into primary care, that we can't ignore them. They're going to come into our system and our residencies, so we should care about how well they're trained, because they spend the first 16 months in the Caribbean and after that, they are in America, they are in hospitals in America, and they're often not in the finest hospitals. So but we should, as a discipline, want the best for them because they are going to be taking care of us or our babies, and so I was very interested in that.; you see how your career changes.

[00:33:11]

I became a member of the Education Commission for Foreign Medical Graduates. They have the exam that everybody had to take if they were a foreign physician and wanted to come to the United States. Subsequently, they all take the USMLE now. I was on that board for a number of years and then I became chairman of that board and I just was always interested. I had spent enough time overseas and was always interested in how these physicians were trained. The whole concept of the brain drain was always a big concern for me, because you're in a place like Zimbabwe and many of the graduates in Zimbabwe still wanted to go to South Africa to practice even though, they said, even though there's Apartheid there, we want to go there because we can do better there than we can do in our own country. Well, what could be done in your own country, and what should the United States be doing? There was an article by Tim Baker a number of years ago. He was a Hopkins professor, he wrote about the greatest reverse foreign aid, and that was—he was talking about a number of physicians who [come to the U.S.]-- 25 percent of [our] physicians are foreign trained. Now, a lot more of those are now Americans studying abroad. But if you think of what it costs to train a physician in the United States and you realize that India or somewhere else is paying something [for these students] and [we just] absorb then into our system. Not only do they lose their doctor there but they've lost that [financial investment—[crosstalk]]. Yeah. It's a huge investment and they just took it. I always found that a fascinating article, so I was very interested in that, but there are two sides to that coin. The one side is you would prefer that we weren't training everybody. But on the other, you believe in, or I believed in, the fact that everybody should have an opportunity to get the best education. Too many countries, particularly resource poor countries, don't have any, or minimal, post-graduate training. They don't have any residency training. So if you want to become something, particularly something a little more specialized, there's no place to train [locally, so they come to the United States].

[00:35:54]

*T. A. Rosolowski, PhD:*

Now through the programs in the dean's office, did you focus exclusively on medical students, or were there also placements for internships and residencies, did you broker that?

[00:36:07]

*N. Lynn Eckhert, MD, MPH, DrPH:*

We were not—when we were working in the overseas we were not working, in the beginning, we were not working with medical students, we were working with physicians.

[00:36:18]

*T. A. Rosolowski, PhD:*

Okay, okay.

[00:36:18]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So we might be working with the Ministry of Health, and they may have had—for example in Egypt, Lilly was building a manufacturing for diabetes medications. The Minister of Health at the time said [to Lilly], if you are going to do that, you must have an educational program for the primary care physicians, for management of diabetes, but not only that but management in primary care. Then we would—they would contract with us and we would do that. Or I'd do a review of a program, say in maternal and child health, in that area, and see how effective they had been in their training. The training was so interesting. Sometimes the training was of community health workers and sometimes it was of physicians and sometimes it was real lay people. I remember in one project in Guatemala, [the purpose was] to reduce infant child mortality. One of the common causes of death is diarrhea, so there was this one area we went to where they had five—it had a mayor and four sub-mayors, and we spent most of our time with them, discussing and training in how you identify a sick child and how do you get them out of here when you need to, or what do you do. How do you treat them before. Now they weren't going to be treating, but if there's no physician in their town, there wasn't even a nurse, but what do you need to know to treat them. When do you [take them to a hospital]? Then the other part was also family planning.

[00:38:35]

*T. A. Rosolowski, PhD:*

So tell me about—because you were in that role for, it looks like five years.

[00:38:42]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes.

[00:38:43]

*T. A. Rosolowski, PhD:*

Okay. So during that time, what were some particular challenges for you personally as you're entering this new role, or big lesson takeaways?

[00:38:56]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Forming a better coalition would have been much better. I think it may have been a little early to have put this position in place.

[00:39:09]

*T. A. Rosolowski, PhD:*

What do you mean by forming a coalition?

[00:39:11]

*N. Lynn Eckhert, MD, MPH, DrPH:*

A coalition of other people in the institution who wanted to do this kind of work. I would have these big dinners with lots of medical students coming to my house. And faculty that were involved, but we could have formalized some of our relationships and built on each other, what we were doing. So, maybe a plastic surgeon went and did a lot of cleft palates and cleft lips, and emergency medicine went and did something else, but we didn't coordinate it well enough. In retrospect, that was a real lesson learned.

[00:39:51]

*T. A. Rosolowski, PhD:*

What could you have done differently at the outset, to build that?

[00:39:55]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think better communication with the other people that were doing it. They weren't as—you know in their careers, they weren't as invested in it as much, but they still had a lot to offer and we always called on them to work with the students, help students if they were trying to find a place, and then sort of take students with them or just educate the students. But I do think that a better coalition would have—where we applied more things together, rather than separately, doing separate things, and maybe involving more of the outside community. For example Rotary [Club] was very interested in some of the things with global health, and having them as part of a coalition would have made sense. So we didn't set enough of, you know a clear enough agenda as a group. We didn't as a group and we should have, we should have as a group.

[00:41:11]

*T. A. Rosolowski, PhD:*

Anything else?

[00:41:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It also was interesting, because I'd left and went to a private school, being in a public school and doing global health, versus being in a private school. Where in a public school some people would ask you, we don't want to use any resources to do this, we want resources to be used right here. Until there was more money --and there wasn't in the beginning, there wasn't all that PEPFAR money-- that was almost a hard sell to some people. You know people, if you really look at what was international health, before global health, people were real outliers that did it. I don't mind being an outlier. I think maybe I like being an outlier, but if you then take it into a vice chancellor, dean position, you have to probably bring it in-house a little more than I did.

[00:42:16]

*T. A. Rosolowski, PhD:*

It's different challenges for sure, so doing something new.

[00:42:19]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, and I could get enough of my own funding, but you weren't looking at it and getting it all organized together, and so that was a good lesson to learn.

[00:42:33]

*T. A. Rosolowski, PhD:*

Yeah, and am I correct in assuming that creating that kind of coalition would have also had a real impact on just the status of the entire program within the institution.

[00:42:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, yes it would have.

[00:42:49]

*T. A. Rosolowski, PhD:*

Yeah, I mean learning on the job, right?

[00:42:50]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right. Engaging some people, like the hospital director, and she went to South Africa [with me], and the trip was a very good idea, but often keeping them engaged in the same way was difficult because they all had other huge responsibilities and you have to honor that, that was important.

## Chapter Fourteen

### *Developing Leadership Savvy in Women and What 'Freedom' Means for a Leader*

In this chapter, Dr. Eckert shares her thoughts about what women faculty need to do to develop their leadership senses and their careers. She begins by recalling her comments to a group of women in the Department of Pediatrics, to get them to understand they needed to take on a leadership mindset. She recalls how that meeting made her realize how critical her husband's support had been to her career. Next she reflects on the fact that a leader has more freedom the farther she rises in the hierarchy, and she chose to use this freedom to take on an array of community-health related roles outside of the University of Massachusetts. Dr. Eckert recalls how this gave her a high profile, resulting in an invitation to appear on the Phil Donahue Show with an older woman whose application to medical school had been turned down. She talks about the challenges of being in the public eye.

[00:43:18]

*T. A. Rosolowski, PhD:*

Well, let me ask you, I wanted to ask some of those follow-ups that we touched on yesterday evening after the recorder was turned off, because I remembered one is that you mentioned that while you were in the deanship position, you had been invited to come and talk to a group of women faculty about leadership.

[00:43:42]

*N. Lynn Eckert, MD, MPH, DrPH:*

Oh, that was when I was chair.

[00:43:44]

*T. A. Rosolowski, PhD:*

That was when you were chair, okay. Still, it's reflecting on leadership, because you had posed some questions to this group and maybe you can tell me about the questions you posed and your reactions to their—

[00:43:56]

*N. Lynn Eckert, MD, MPH, DrPH:*

Well, I went in and it was at seven-thirty in the morning, and we sat down and there were donuts and things like that. So I said to them, "Who paid for these donuts?" That was my first thing and you know, somebody said, I did. Somebody else said I bought the coffee. I said, "So why didn't you get that out of your department," because that's what would be done. I mean that's a petty thing but it's where is your mindset. If you think you're going to be this group, get yourself recognized by your department.

[00:44:37]

*T. A. Rosolowski, PhD:*

Now, and this was a formal group, I mean what was the group, I guess I missed it.

[00:44:41]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It was a group of women faculty in the Department of Pediatrics and they met periodically.

[00:44:47]

*T. A. Rosolowski, PhD:*

Oh, okay.

[00:44:47]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, so. But they weren't any formalized group, and I was trying to say, well you need to formalize yourselves. That was the first question. The second question is, how many of you want to be a dean. Then I asked that, and one of them said she did. Then I said, how many want to be a chair and none of them said [they wanted to be chair]. So I said, well, if you want to be a dean, you usually have to be a chair, but I said why not, why don't you want to be? That's when they, said we see your lifestyle and we don't like it. We know you're here early and we know you're here late. Then I realized also, that I, probably more than many of them but I don't know that for sure, had a very supportive home life, a very, very supportive husband. He wanted me to be happy, he wanted me to be successful, however I defined that. I also never got—I didn't concentrate on all the issues of childcare, and just found good people, and paid them very well, and had backup systems. The things that were important to you, to do at home, if they were very important to you, you wanted them done and you didn't have time, you had to get somebody to do them, you have to pay. Somebody once said to me well you know, "Your childcare person, you pay her a lot," and I said yes we do. She said, "She probably makes more than your secretary," and I said, "Well, I cannot function without her." We hired her and we thought she'd stay two months and she stayed 15 years.

[00:46:58]

*T. A. Rosolowski, PhD:*

Wow, wow.

[00:47:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You love them.

[00:47:01]

*T. A. Rosolowski, PhD:*

That's huge value, that continuity in your children's lives too.

[00:47:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh yes for sure, yes, wonderful, wonderful.

[00:47:08]

*T. A. Rosolowski, PhD:*

Now yesterday, when we were talking about this conversation you had with these women in Pediatrics, you also mentioned that they were making—that you were talking about some ideas of how freedom changes for a leader, as a leader moves up.

[00:47:25]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes.

[00:47:27]

*T. A. Rosolowski, PhD:*

So maybe you could share a bit that, because I found it actually completely counterintuitive, and I think other people would too.

[00:47:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think it does. I think you have more responsibility and you have more authority, and so you have to get the job done, but it doesn't—every minute doesn't have to be with—you're not interacting with those people every minute. You have time when you are supposed to be working on whatever, your budget, your various missions, visiting health centers, all the things that we ran. But in that mix you know, if I have to go to my child's school for an hour, I'm going to do that during the day. I know that a lot of the men did that too. I don't know wherever they went, but they left. And also, I felt, as running the Department of Family and Community Medicine, that the community was very important, so I sat on committees that were—that interacted with the medical school or the hospital. So, I was on the board of the VNA, Visiting Nurses Association, at one point. I was on the board of the YMCA, which had all sorts of health programs for kids and also eventually had a cancer survival program, and so they were looking for advice from a physician. I became the first woman chair of the YMCA in greater Worcester and I sat on the Fairlawn Foundation board, which I still do. That was a board that ... The money for that board came with the sale of a private hospital, to an HMO system, and the money went into a foundation and we fund health projects. So that freedom that I'm talking about. I looked at that as freedom. Somebody else wouldn't. They'd say, well you know it's good of you, as chairman of that department, to go with the Fairlawn Foundation board, because you're giving money out to improve the health of the community, which is exactly the same thing that you were doing in your residency and your faculty are doing. So to me it made ultimate sense and I call that freedom. Somebody else might not, but I think it was beyond my usual job description.

[00:50:36]

*T. A. Rosolowski, PhD:*

But the fact was, you were looking at the array, at how you were going to budget your time, and there were certain spaces that you had discretion over and you chose to use that time in that particular way. Another person could look at their schedule and say, well I choose to maybe learn to play the piano or balance out the work responsibilities, versus you know the official job description responsibilities, versus other things taken on, they can do that in a different way.

That is enormous freedom. I was surprised when you sketched that out, I mean like I am today. Because most people think wow, you know, the higher you rise the less freedom actually you have.

[00:51:23]

*N. Lynn Eckhart, MD, MPH, DrPH:*

You have a different—I think you have a real different response towards your community the higher you go, and I took that very seriously. I had a chancellor when I first started out, who applauded that and wanted us to do that.

[00:51:43]

*T. A. Rosolowski, PhD:*

Interesting. Did that change with a change of chancellor, is that your implication?

[00:51:50]

*N. Lynn Eckhart, MD, MPH, DrPH:*

You know, some of the other chancellors, I don't know how they felt about it so much, because I was already so engaged and the people would have known it because my name would be on [many community committees]. Nobody ever questioned it, and I think people basically thought it was a good idea.

[00:52:09]

*T. A. Rosolowski, PhD:*

Well and it's also kind of walking the walk or walking the talk, how ever you construct that sentence, in family medicine and community medicine. Okay, here's getting out and spreading that word. It just seems an alignment of values.

[00:52:23]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Yes, I mean because we ended up working with Community Healthlink, in hiring the first homeless physician, a physician to take care of the homeless. He's still there, and that was based on a coalition of people that I had met earlier and worked with. We came up with a solution and then it ended up the most likely employer of this person would be an academic center. Then he taught med students and took residents, and so I mean it worked out beautifully and it worked out very well for that Community Healthlink, which was engaged primarily with the homeless community in Worcester. So you make those connections. I also spent a great deal of time with the Association of American Medical Colleges, because I became chairman of their board, and I did that because I started out doing that because I was the Assistant Dean for Admissions, and where do you learn about one of the newest policies and the Baake decision and whatever decisions are being handed down from the Court? You need to keep up, especially as the American Medical Colleges is current on any legal changes and trends and all of that. So I was very engaged, to the point where I was asked by—my chancellor called me in one day and said, "The Association of American Medical Colleges wants to know if you will be on the *Donahue Show*," do you remember Phil Donahue?

[00:54:16]

*T. A. Rosolowski, PhD:*

I do indeed.

[00:54:17]

*N. Lynn Eckhart, MD, MPH, DrPH:*

So I was on the *Phil Donahue Show* and I was about eight months pregnant and I was on with a woman who had applied to medical school and had not gotten in, and she said it was age discrimination. It went to the Supreme Court, she did not win, she lost because at that time there were [different rules], because she was actually told, we never take anybody over the age of something. That was an extraordinary experience because I'd only ever seen Phil Donahue once or twice. I watched so I could see what he did and I couldn't figure out what I was going to do on this program, although I talked to the people at the AAMC—I knew what the case was about. So I am there on state, and for the first ten minutes --in the first place, you sit in these little tiny stools up in front of a big audience. So for the first ten minutes he introduced her and never introduced me, and so I knew I was in trouble. Then there's an advertisement and then he walks around the television studio. They put their ad on, and you're sitting there with the audience, and there were a couple of things that made it difficult. One, I was younger than the woman who had applied and two, I was considerably younger than the audience, and I was eight months pregnant with my third child. So you're set up because it's an entertainment show, and you just have to recognize that. I'm coming from an academic side, not thinking I'm there to entertain. Anyway, this poor woman got up and told us how long she could go to medical school and residency to be a doctor and I just looked at her and said no, you cannot go to medical school and become a family physician in three years it's not going to happen. And so then he wanted me to [support her completely]—he said, "Why can't you support her?" I said you can't support—I certainly want women in medicine but I can't support somebody who doesn't understand, at this stage, what they're getting into. Well of course that's what he wanted, he wanted to set us up against each other. So it was very interesting because he made a mistake. Both of our husbands were in the audience, and he went up to whom he thought was the plaintiff, the plaintiff's husband, who was actually the attorney taking it to the Supreme Court, and [instead] he got my husband. He asked the question, "Are you proud of your wife?" And so he said yes and he starts talking and all of a sudden Phil Donahue realized, I've got the wrong guy. And so he then had to go find this person.

[00:57:33]

But the other thing I learned there is how much the audience was immediately drawn to her, which meant they weren't drawn to me. They didn't like it that I sort of had everything. I was a mom, I was pregnant, I had a great job and I was in an admissions position. I had never had anything to do with her. It's like it was set up that I personally had known her. So it was very interesting, but it was a tough exchange. But, about a half hour later, remember he used to do Jane Pauley, he was on Jane Pauley's show. They have you do the Jane Pauley show with him, he interviews you again. You've got to be a quick learner, you only answer what you intend to answer, whatever he asks, and you just put on a very different front. You're not going to let him get you in the position of anti-somebody. I certainly was never anti-women in medicine. In fact, when I was the associate dean for admissions, [ ] we kept inching up the number of women, and it was basically relative to how they were applying, there was no special project to get them in. They were applying at this rate and they were very competent. [The Chancellor] said to me, so

when are you going to—so when do you think it's complete, you know? I said well, when we get to a hundred percent I'll be happy. Jokingly I said that, and I read that in Justice Ginsburg's book. Somebody asked her about people on the Supreme Court and she said when there are nine women would be all right, because there used to be nine men and nobody ever thought about it.

[00:59:45]

*T. A. Rosolowski, PhD:*

Right, exactly.

[00:59:46]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So, I jokingly said that and of course now, medical schools are a little more than 50 percent women. So in the Donahue situation, I certainly wasn't opposed to her gender. I was more than happy that she was interested, but you can't put yourself in a position where you're supporting somebody who doesn't realize what they're getting into, because it's too arduous.

[01:00:20]

*T. A. Rosolowski, PhD:*

That didn't even seem to reflect the necessary training.

[01:00:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, and so that was what was—and I had to say that.

[01:00:26]

*T. A. Rosolowski, PhD:*

Yeah, that's very scary actually.

[01:00:27]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, yes.

## Chapter Fifteen

### *The Environment for Women Leaders in Medical Schools and Mentoring Relationships*

Dr. Eckhert first shares stories to demonstrate how the University of Massachusetts was a difficult environment for her as a woman leader in the seventies and eighties, though it has improved in her view. She talks about ways she tried to support women and defines the role a good mentor can play [01:04:09]. She talks about what a young woman should look for in a mentor and defines the differences between coach, mentor and advisor. She shares memories of her minister in Buffalo, New York, who was the mentor who spurred her interest in international work. Next she tells a story about being recognized for her integrity in running the Dean's office [01:08:56]+. She talks about the leadership skills she could transfer when she served as interim chair outside her specialty, for the Radiology Department [01:04:14].

[01:00:28]

*T. A. Rosolowski, PhD:*

I mean this kind of brings me to another follow-up question I wanted to ask, which was, you rose really high in the institution as a dean, were there for many, many years. What's your observation about UMass as an environment that was making a commitment to further women's careers? And again, the larger question, you know what can institutions do and was UMass doing it?

[01:00:58]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, I told you I think, that my son, Curtis, was there this week with his wife and one of the nurses said to him, "Oh your mom was a real pioneer here." It was—it's lonely, when you're the only chair, when the president of the university called me one day because we had a president of the whole university and then we had chancellors on our campus, and there was a problem with our chancellor, a lot of department chairs didn't want him, and so there was a movement to get rid of him. And they apparently—the president called me and asked me he said, "Did you go to the Red Sox game?" I said "no," and that's where a lot of it was decided. I was never even asked to the Red Sox game. Subsequent to that game, a letter was written that was going to be sent to the president, asking for him [to ask the] chancellor to step down. I and another person refused to sign it, and I was called in by these other chairmen, very senior people much older than I was. I said, no. I do not think this is—we do not think he's the appropriate person, however, this is not the way to do this. So I didn't, but it was one more [example of] having to stand up. So, and I don't think at the time, the medical school was particularly supportive of women. I think it got more so when I stepped down. They were in the process of looking for a chairman of pediatrics and then took a woman. Then I worked with her because she was an interim head of the hospital for a while and I became the head of radiology for a time. But when I was chief of radiology, she was no longer chief of PEDs, she had moved out of that for a while and so I was still the only woman. And then subsequently, since I've left, I think they maybe have four or five women, but

it wasn't terribly, it wasn't terribly supportive. I mean I tried to build up women in my department and make them have some more important roles and directorships, things like that, hired women. So you end up as a mentor to a lot of them and I was a mentor to a lot of the students.

[01:04:09]

*T. A. Rosolowski, PhD:*

What do you think a good mentor does, what are the characteristics?

[01:04:13]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You know, there are different roles. There's a coach and then there's an advisor and there's a mentor, and the mentor has a different relationship in terms of the mentee has certain responsibilities and the mentor has other responsibility, and so I think that term is often not used correctly. I think people are doing more coaching and advising than they are real mentors.

[01:04:44]

*T. A. Rosolowski, PhD:*

So how would you—?

[01:04:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think of the mentor as helping you really in your career and guiding you around your research or your passions for teaching or something, and making connections for you. Then you have the responsibility, as a mentee, of following up on those things and doing the work that you're supposed to be doing. It isn't just advice, it's more of a responsibility.

[01:05:20]

*T. A. Rosolowski, PhD:*

If a young faculty member today is looking around for a mentor, what should she think about, what should she look for, how to make the choice?

[01:05:30]

*N. Lynn Eckhert, MD, MPH, DrPH:*

First place, you shouldn't think that you would only have one mentor and your mentors should not only be in your field. One of my mentors was my minister growing up, because he did all this international work. He was a mentor, definitely a mentor of mine.

[01:05:52]

*T. A. Rosolowski, PhD:*

I don't know if I asked you has last name, I remember his first name was Ralph.

[01:05:54]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Ralph Loew, L-o-e-w. So there were other department chairs that I felt were my mentors, because a number of them were older than I was, a couple of them. Some of them would—I

remember talking to one of them who, we had a very good talk about moving some things forward and at the end of it he said, "I don't want you to talk about this." He didn't want anybody to know that I was working with him.

[01:06:35]

*T. A. Rosolowski, PhD:*

Really? Why do you think that was?

[01:06:39]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I'm not sure, probably maybe because we were talking about somewhat of a controversial subject and he wanted to look independent and I would be independent. We happened to agree on a lot of things but he was not willing to say that. There were others, one of our chancellors was particularly good. He was a good guide, and he understood. I helped him learn about women because he asked me—he had a daughter who was probably oh, maybe 12 years younger than I was. He asked me to see her and help her figure out where she wanted to go with her career. There were a number of people that did that to me, they brought their daughters to me, who were in college. My colleagues did that too.

[01:07:42]

*T. A. Rosolowski, PhD:*

Why do you think they felt they couldn't do what you could do in that scenario? I mean obviously, you know?

[01:07:53]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You mean they couldn't with their daughter? Because they were their fathers, and that makes you feel pretty good. That they recognize that you're doing something that they value. It was like the fellow who said to me, the chairman who said to me one time when I said I was lucky that I had done something and he said, "You weren't lucky, you worked for it." So he recognized that it took an effort. You don't have to hold up a sign, it's just the result is what counts, and you can give the credit to anybody else too, because you just wanted it done.

[01:08:38]

*T. A. Rosolowski, PhD:*

What are some high point things that you felt you got from mentors. Your minister was certainly really important, what do you feel you got from him?

[01:08:48]

*N. Lynn Eckhert, MD, MPH, DrPH:*

From others?

[01:08:49]

*T. A. Rosolowski, PhD:*

Or got from him, because I mean you talked about the connections you could make but you didn't really talk in depth about that relationship you had with him.

[01:08:56]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well you know, he always was extraordinarily friendly to people. You always felt like when he's talking to you, you're the most important person right then and now, and you could talk to him about something in social justice, global particularly, and he understood it and supported you in doing that, and would guide you in finding the right kind of thing.

The chancellor, the one that I particularly liked so well, was very—when he came onboard, because he came onboard after I was the assistant dean for admissions. The person who had been acting chancellor was somebody I knew very well, who I really admired, is a wonderful man. He's a physiologist, Mo Goodman. I took care of his daughters. He had three daughters and I was their doctor and we just had a nice relationship, even though we were in very different fields. [I met him one day and told him] the associate dean for student affairs [had told me], "Well, I've decided that I'm going to do admissions and student affairs and you'll be working for me," and so I said, "Well I don't think that will happen [ ]." So I told the former interim chancellor, and I guess he was talking to me about how the new chancellor wanted to organize things. He didn't know what was going to happen, and so I told him, I said, "you know that's fine, if that's what he wants to do he can do that, but I'm just going to finish this year out because I'm not going to work for [the Associate Dean for Students], that doesn't make sense to me." I've been running this myself, I don't need him over me now. Because my direct report was to the chancellor. So I went to see the chancellor about something else. Periodically I saw him and I was reporting on admissions and what we were doing and all of those things, and brought up this and I said, "And if that's how you want to reorganize it that's fine because it's your shop, but," I said, "I'm not going to—I'll finish out this year and then you can find somebody else." He said to me, "A little birdie told me you didn't like this [plan] of what I was going to do," and I said "that's correct." So I knew that the interim chancellor had told him, you're letting the wrong one go, because [then they let the Associate Dean for Students] go. I didn't take his job but they put somebody else in his job, but they let him go, which I thought was pretty interesting. I got along very well with this chancellor, both the interim and then the next one, because I went to the state house with the chancellor: we're at the state house and one of the politicians, head politicians, came up to him and said, "You run such a clean shop in admissions, none of us can get anybody in, but as long as nobody can get anybody in, it's good." And so the chancellor said. "You have her to thank for that because she's not going to do it." So what I valued was what was right for the school, what I felt was right [ ] and it turned out to work.

[01:13:03]

*T. A. Rosolowski, PhD:*

Now that individual who wanted to reorganize things, do you think he wanted to kind of sunset you into a reporting relationship, or what was the reason for that?

[01:13:17]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Probably power, he wanted more power.

[01:13:22]

*T. A. Rosolowski, PhD:*

Interesting. But your reputation was solid enough that—yeah, that's boy, that's a great moral to that story, ending in a great moral to that story.

[01:13:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I mean you just have to stand up for yourself, but if a chancellor, it's his prerogative to change it but if you don't want it, you know it's not going to work for you. [You need to make a decision.]

[01:13:46]

*T. A. Rosolowski, PhD:*

What was the second chancellor's name, the one who came after Mo Goodman?

[01:13:51]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Bob Tranquada.

[01:13:53]

*T. A. Rosolowski, PhD:*

Bob Tranquada?

[01:13:55]

*N. Lynn Eckhert, MD, MPH, DrPH:*

T-r-a-n-q-u-a-d-a. A wonderful person.

[01:14:04]

*T. A. Rosolowski, PhD:*

Would you mind if we paused just for a moment?

[01:14:06]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No, it's okay.

[Pause in Recording]

[01:04:11]

*T. A. Rosolowski, PhD:*

Okay, we're back after a quick break.

[01:04:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

The opportunities at UMass were extraordinary for me. [ ] They certainly didn't do much early on to promote women, but they're doing things now. I've been back to work with them and to give my viewpoint, but even given that, I had amazing opportunities, both in the hospital and in the medical school, in leadership. I always thought it was fascinating that they asked me to be chairman of Radiology, because the chairman had retired. He was a friend of mine. They had an

interim and the new head of the hospital couldn't work with him. She was interim, and so they asked him to step down and they put me in. I'm not a radiologist, but I've run a department, and that was what they needed at the time. You couldn't do an interim in a department when it's not your discipline for very long, but some of the fundamental things that you learn as a chairman, of managing people managing budgets, getting the work done, making sure grants are coming through, just all the everyday things that need to be done, if you've done it before you can translate that. I felt, I mean it was a very positive sense to be asked to do that, but it was on the cusp of when I was leaving.

## Chapter Sixteen

### *A New Opportunity for Global Work via Harvard Medical International*

Dr. Eckhert begins this chapter by explaining why retired from University of Massachusetts Medical School and took a position with a private organization, Harvard Medical International. She sketches the challenges of shifting from a public to a private institution and gives an overview of how she worked with international medical schools. She speaks in detail about a project she is really proud of: her work in Lebanon, where would eventually serve as Interim Dean of the Lebanese American University School of Medicine (2010 –2012) [01:21:59]. She talks about the intercultural challenges of working with medical curricula and with hospital systems and other dimensions of the change process she managed for faculty, administration, and staff. She then talks about a leadership lessons she learned: the need to become more personable [01:34:06]. She also recounts reactions from a Lebanese physician about interacting with a woman leader [01:39:22]. She also discusses the impact of this two years overseas on her family life.

[01:04:14]+

*N. Lynn Eckhert, MD, MPH, DrPH:*

One of the reasons I left is because—well three reasons. One is because I had an offer from Harvard Medical International and the colleague that ran it, Bob Crone, was somebody that I had worked with previously. I was looking forward to his creative, energetic person that I would be with. Second, I thought it would be interesting to work in a private school after being in a public school, especially in the global health arena. Third, UMass offered early retirement, and there were a very large group of us who left. They had never offered early [retirement previously] ... UMass had offered early retirement periodically but never to the medical school, and the year they offered it to the medical school, a number of us left. It turned out it's good to change. It's really good to change, it's a challenge to you and that's great.

[01:17:18]

*T. A. Rosolowski, PhD:*

What was challenging about the new role at Harvard Medical International?

[01:17:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I was working in a different system. UMass was a very organized system, the hospital and the medical school were basically in the same building, different wings of the same building, and so you had an opportunity to interact with the basic science faculty and the clinical faculty on a very regular basis. It was small enough so I had, you know, [multiple opportunities]. I was president of the hospital. At one point I was chairman of the Executive Committee of the Medical School. So you had those kind of opportunities which meant because you were in those positions, you were interacting with all sorts of people that you wouldn't if you just had been in your department. Because all of a sudden you're chairman of the Executive Committee of the Medical School and now you've got to worry about all the basic science faculty and all the research

people. Then your term as president of the hospital, not the CEO but there's a person --well the physicians group,--and then you're working with none of the colleagues you normally work with but all sorts of specialists, in areas that you didn't normally interact with. That's a good thing. That's a very good thing. So then you transfer that and you go to Harvard and that's a very large system. I mean, there's, I don't know, there are 11,000 faculty or something and they're spread all over the city, and there's not the same coherence, so it's very different. And we were bringing in clients from overseas and showing them the Harvard system. So I had to learn a lot of that. Then I had to work with new people, but I also kept in touch with UMass. I still have a faculty appointment at UMass. Sometimes I would bring some of our people that were trying to start a new medical school. We would show them more than just the Harvard system. We might show them Tufts or Brown or BU or UMass, and the reason we did that is because nobody was going to be a cookie-cutter model of any school. They were going to create their own, and so the more they saw, then they could make better choices. You could help them in analyzing what they were seeing at various schools and the differences and the similarities, and what are the fundamental foundation things that you must have and the other things, how you develop those after you put the foundation in place: a good curriculum, a sound curriculum with a value system, and competencies and goals and objectives, but then how you do that varies. We would show them those kinds of things, which I really liked.

[01:20:34]

*T. A. Rosolowski, PhD:*

So this was specifically a role for setting up medical schools.

[01:20:40]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Yes. So then I moved from—when I had done the international things at UMass, I was dealing with either medical students in placements or with practicing physicians or some kind of practitioners in the resource poor nations. They might not all be physicians but—and now, we were going to deal primarily with medical schools. That's my role at least. So we set up a new school in Saudi, a new school in Lebanon, and worked on another one that we didn't completely set up in the Dominican Republic. I've worked more recently on one in Rwanda, that's being set up. That should open in 2019. With a lot of schools, they wanted us to come in and look at their systems and make comments on what was working. We're working in Spain now too, worked a lot in in India. So places that wanted to make a reform in their program or their governance or something that they wanted to do, that's what we do.

[01:21:58]

*T. A. Rosolowski, PhD:*

Interesting.

[01:21:59]

*N. Lynn Eckhart, MD, MPH, DrPH:*

The one that I'm most proud of is the one in Lebanon, and that's because I was a client executive on that one, the way we—that's how we organized things.

[01:22:10]

*T. A. Rosolowski, PhD:*  
What does that mean?

[01:22:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That means you're in charge of the project, from this side, from the U.S. side. So I worked with the president and I reviewed all the dean candidates and recruited a dean that was a wonderful person, I am still in touch with him, and hired him, he had a wonderful vision for the school. I hired him, he started the school, got the first class through the first year and he left.

[01:22:42]

*T. A. Rosolowski, PhD:*  
And the dean's name?

[01:22:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
Kamal Badr, K-a-m-a-l, B-a-d-r.

[01:22:48]

*T. A. Rosolowski, PhD:*  
And the president's name?

[01:22:51]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
Joseph Jabbara, J-a-b-b-r-a. He's still there. So anyway—

[01:22:57]

*T. A. Rosolowski, PhD:*  
So this person left after a year.

[01:23:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And so he had one class for a year. We already accepted the next class. We started out with 25 students and then we had 32 and that was going to go up to 64 but we held it. When I left I held it at 52 and I think they kept it there. So I went over because we were very worried that the school was going to close and they had really done a great job in the first year of the curriculum. Starting the second year of the curriculum, they had redesigned facilities that were going to be temporary but were very nice for a small class, were very nice, and they had this wonderful committed, creative faculty. And so the president called me and asked me if I'd be the dean and I said, "Oh no I wouldn't do that, but I'll come over and see what I can help you with." I went over and of course, they convinced me. The students convinced me, because I knew all the students because I had been there for two months. Then the faculty convinced me, and [the President] convinced me, and I convinced myself, and pretty soon I found myself in Beirut. (both laugh) Of all the things in my career, that's one of the things that feels the best, and maybe because it's a little more recent but it just feels good.

[01:24:29]

*T. A. Rosolowski, PhD:*

Why? I mean what is it that feeds that good feeling, what did you feel you had accomplished there?

[01:24:35]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You created something new, and it was in a different model, and so much of the credit has to go to the founding dean, Dean Badr. But I mean after a year, I had to do the rest of the second year and the third year and the fourth year, and I left during their fourth year, in November of their fourth year.

[01:25:06]

*T. A. Rosolowski, PhD:*

So the years that you were there?

[01:25:08]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Ten through '12.

[01:25:09]

*T. A. Rosolowski, PhD:*

Ten through '12, okay.

[01:25:11]

*N. Lynn Eckhert, MD, MPH, DrPH:*

To the end of '12.

[01:25:12]

*T. A. Rosolowski, PhD:*

Why was it a creative model, how did that happen?

[01:25:17]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well because the president had only been in office about two years. This was an old university and they had—I don't know if he started here or not. No, I don't think he started it. They had a pharmacy school and they had toyed with the idea of a medical school and he said, "We can't toy with this, you've been toying with this for ten years, we're not going to do this any more, we're going to make a decision." So he came to us at HMI and asked us to come over as a team, and four of us went. Three of us were physicians and one was an architect, and we looked at what his idea was, talked about the finances, talked about hospital affiliations, building, everything that you could think of. Then two of us went to the board of directors and said they wanted to build a hospital and open a medical school. We advised them not to open a hospital, but okay to start the medical school, and they voted to do it. They later bought a hospital, which became a real—it was very difficult for them with that hospital, because it was a French speaking hospital and this was an English speaking school—

[01:26:45]

*T. A. Rosolowski, PhD:*

Yikes.

[01:26:46]

*N. Lynn Eckhert, MD, MPH, DrPH:*

—and they had to do a lot of changes. It's coming around now but it takes a long time and it's different cultures too.

[01:26:55]

*T. A. Rosolowski, PhD:*

The name of the new medical school?

[01:26:57]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Lebanese-American University School of Medicine, and the energy there, that was there, was just fantastic to work with. They were willing to let me bring them together, because they wanted to be together and they had lost their leader and they were willing to let me do it. But I had --the biggest challenge was how we had to move into the clinical year. So I had to get the clinical people at the hospital who were used to teaching under a French system at the residency level --now they're going to teach medical students in an American system. To get them, they had to create clerkships, they had to develop governance documents, I mean we had a lot of work to do.

[01:28:08]

*T. A. Rosolowski, PhD:*

Comprehensive work.

[01:28:09]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And some of it, the curriculum part, was very interesting because there were some people who were shocked at some of the things we wanted to do, they were so different.

[01:28:21]

*T. A. Rosolowski, PhD:*

Such as?

[01:28:23]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, let's take pediatrics for example because as a pediatrician, I got to know them very well and I taught in their department. They couldn't imagine that anybody would come on to pediatrics as a rotation and not have had a lecture in all the infectious diseases, asthma, all of these things, specifically in pediatrics, rather than just in general, which they would have had in their first two years. They couldn't imagine how this would work, but that's how we do it here in the States. So they were so reticent, and they became some of the best teachers. Students loved

them, loved them, because once they figured out how to do it ... And then I participated with them and so did the associate dean because she happened to be a pediatrician too.

[01:29:20]

*T. A. Rosolowski, PhD:*

Her name is?

[01:29:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Zeinat, Z-e-i-n-a-t, and Hijazi is H-i-j-a-z-i. She's a lovely person, a pulmonologist, pediatric pulmonologist. So we were able to put it together.

[01:29:40]

*T. A. Rosolowski, PhD:*

That's an incredible change process you're taking these folks through.

[01:29:41]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes.

[01:29:42]

*T. A. Rosolowski, PhD:*

I mean that was one example, and I imagine, multiply that by 2,000 at least, and you'll have what you were looking at. So, and you said also, that these people really wanted you to bring them together, so bringing together in this process of change, I mean that's an enormous challenge.

[01:30:01]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Those are the basics of the people that were in the first two years. I knew them and they wanted to continue, so I could bring them together. The clinical one is really interesting. There had been a lot of problems apparently, between the dean and them. So there were a number of people when I first came, who told me about all those problems. I spent lots of time in the hospital. I had an office in the hospital, or one of my offices in the hospital, and I had a luncheon once a week -- whenever I was there, once a week I would have lunch with all the chairs and I would bring up the issues from the medical school side. Then we had the hospital Executive Committee, which I sat on, and then we would hear more of the hospital issues, and then we would kind of bring, you know how do we get the work done? A teaching hospital has a multifunction, but the primary function is the care of the patient. If you agree to that as the dean, that's a wonderful starting point, because you all agree. I'm a physician too, so I know that that's where your first loyalty has to be, but how you integrate the students into that, and then add a research component, which was their weakest point. It is growing now but you couldn't take that—I really couldn't take on that very much at the time. I had to get a new governance structure for these people as faculty. Then I had to work backwards. You had to work with the university, because the university had never had a medical school, and they didn't understand. They liked things like tenure system and they couldn't understand [the concept that] after seven

years you're gone if you didn't do what you were supposed to in publications or whatever. So wait a minute, if you're running a hospital and you have somebody who is head of the GI Unit for example, and they're doing a bang-up job of teaching and they're doing a great job with patients, I don't really want them to leave. So how do we do some sort of --can we have people that are non non-tenure track, which is what I suggested, and that can have some multiple year of contract so that they don't feel like I can be out the door tomorrow. You have to know where people are coming from, and they want their security. So we had to, on the one side, I had to work with the faculty at clinical sites on those issues. The other, I had I had to go back to the university with people in the arts particularly, and literature, engineering and business, who said, "well that's not how we do it here." Well you're not running a hospital at the same time. It's like a business—a business school isn't running a business at the same time they're teaching business. If they were, they'd understand: this [faculty member] in marketing is really terrific for what we need but he may not be so good at this side but we need him.

[01:33:38]

*T. A. Rosolowski, PhD:*  
Interesting.

[01:33:39]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And then so you had to come up with, you know, and Harvard has done this too, where scholarly activity is defined in a different way. We wanted a lot of the scholarly activity to be defined by the fact that these people created new courses, new ways of teaching. They had never done this and they should get credit for that.

[01:34:06]

*T. A. Rosolowski, PhD:*

What did you feel you learned as a leader over the course of this two and a half, three years?  
How did you evolve?

[01:34:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think I became more personable.

[01:34:28]

*T. A. Rosolowski, PhD:*

What do you mean by that?

[01:34:31]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I had enough experience to know that I needed to get to know these people as people, as individuals. Their culture was different than mine, but we had very similar value systems, but not completely, because things have evolved in American medicine and not evolved [as rapidly in Lebanon]—sometimes you felt like you were dealing with probably the '60s. Some of the issues like patient-centered care and patient autonomy, and the ethical issues that go with that are different than what I was used to. So how do you negotiate those pathways? I don't know if

that's right. How do you manage those without—you don't want to bring American culture in completely, yet you're also trying to teach students and residents the value of really listening to what the patient wants. I mean they were still talking about well, do you tell the patient if they have cancer, and that was something I remember from the '50s. People were discussing that, which that's not what we do here. So, but you're not going to jump from one to the other, so how do you work, sort of guide?

[01:36:24]

*T. A. Rosolowski, PhD:*

So when you said—you started by saying that you needed to become more personable. I mean do you mean that in communication, with these sort of subtleties, were intercultural issues --you need to be less the expert and more the human being? How are you saying that? It's a different kind of communication almost.

[01:36:49]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. You know you would sit down and—I used to sit down with people in the cafeteria, which I probably didn't do very much before, and trying to find out where their thinking is. What was it like to practice here in Lebanon, what were their constraints, what were they worried about, is there some way of making it better, just so I could understand them better. A little bit like my translator back when I was in Liberia. I was doing the same thing, finding out from them, what's going to work here. This was the goal. I have a goal, and I may have to modify it somewhat or the objectives along the way or the milestones along the way. How can we work together to get there, because I know you don't want to graduate a medical student who is not competent, so how do we [achieve that in this environment?]

[01:37:52]

*T. A. Rosolowski, PhD:*

I was just interested in the choice of words because I think one of the things that interview subjects have said over and over happens is when they enter into different leadership roles, particularly as they rise up, it's almost like their leadership persona has to change. I think a lot of people get nervous about letting the personal side out. That can be very vulnerability-making or people imagine it might. So I think it's interesting that you felt you needed to kind of intensify that almost, in this intercultural context.

[01:38:31]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think you do. I think I got to know something about some of their families and why they were in Lebanon or why they came back to Lebanon. A lot of them had gone to either France or to the United States or Britain, for advanced training, and they came back, and why was that, you know?

[01:38:53]

*T. A. Rosolowski, PhD:*

Yes.

[01:38:54]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Because here's a country that's in disarray, government, politically, for so much of the time. Many of them had been there during the war and had gone to medical school during the war and they left, they came back. So there was a strong sense of wanting to make it better in Lebanon.

[01:39:18]

*T. A. Rosolowski, PhD:*

Yeah, and that's amazing.

[01:39:22]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Now, one of the most interesting things is I sat down with a cardiovascular surgeon that I got to know quite well, really liked. We had a long conversation about Palestinian refugees and caring for them because there were a lot of them in the country, 400,000. All of a sudden he said to me, after about 45 minutes, you know you seem to think that it's normal that you're sitting here as a woman from America, he said, "We don't do that here," he said, "and I think it's great."

[01:40:03]

*T. A. Rosolowski, PhD:*

Wow, that's very cool.

[01:40:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It turned out he had four daughters. His wife was a physician, and his daughters were in college and they were in the United States. So he recognized the importance of making sure his daughters were well educated, and so he liked the role model he was seeing.

[01:40:26]

*T. A. Rosolowski, PhD:*

Do you feel that the decision to put you, as a woman, into that position, could have a longer term impact? You know, yeah, so a woman is here, she's doing it? Because sometimes when it's overseas it's like well, this is an American woman, but—you know what do you think was the messaging there?

[01:40:47]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think it will be a long time before they [have a woman as the leader of a] medical school. I was surprised how accepting they were of me. They were very gracious, but they also realized that I was coming in at a time—I mean, they told me you came in and “saved the place,” those were their words—they didn't want it to fail, and who was going to do it? Which they didn't have somebody to do it.

[01:41:15]

*T. A. Rosolowski, PhD:*

Interesting, yeah, very interesting. So leaving that role, was there a search ongoing at the time?

[01:41:28]

*N. Lynn Eckhert, MD, MPH, DrPH:*

There was a search and they—this is a little sad, they replaced—no, they found a permanent dean who was a local person, who had also trained in the States.

[01:41:40]

*T. A. Rosolowski, PhD:*

That person's name?

[01:41:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Comair Youssef, Y-o-u—do you know that name—s-s-e-f.

[01:41:56]

*T. A. Rosolowski, PhD:*

Oh yeah, yeah.

[01:41:59]

*N. Lynn Eckhert, MD, MPH, DrPH:*

C-o-m-a-i-r. Neurosurgeon. He didn't work out. He was there about four years. They put another interim in, my associate dean they put in as interim, short-term, and we stayed in communication. Now they have a dean that I have met, who is really a wonderful person, also Lebanese, partly American trained, but has a good—he has a nice way with people. That was the—communication was their biggest problem.

[01:42:47]

*T. A. Rosolowski, PhD:*

Okay, yeah. What was your reaction when you knew yeah, this is coming to a close now?

[01:43:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I always knew it would, I didn't know how long it was going to last. In retrospect, it would have been nice to have stayed six months more.

[01:43:11]

*T. A. Rosolowski, PhD:*

Why six months?

[01:43:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Because I would have graduated the first class, but I didn't graduate them. I went back, I was invited back for graduation but I wasn't the dean for that. So, I kept in touch with him, a couple of them were in Boston and one of them is getting married and has communicated he's going to invite me to his wedding. Sometimes we have [some of the LAU students] for Thanksgiving, so it's been lovely. I have kept in touch with the former dean, [ ] the founding dean, who I really

respected and admired. He's back at American University of Beirut, and twice he's invited me back to participate in a conference [in Beirut].

[01:44:05]

*T. A. Rosolowski, PhD:*

Now, I neglected to ask you, what about family life during the time you had this role? Did your husband accompany you for any part of that time?

[01:44:16]

*N. Lynn Eckhert, MD, MPH, DrPH:*

He would come back and forth. They were very generous with us. So they would fly him whenever he could. He did a lot of—he was retired from his practice but he did a lot of work with the Indian Health Service, and so he was still doing that. He had done that just after his internship and for 40 years [while he was in practice] he kept that going. So he worked for the Indian Health Service. So he would come over some of the time and he would teach. He would do problem based learning, and he loved Lebanon, absolutely loved Lebanon. Our children were all married or the last one wasn't married yet but was living in Kenya. He and his fiancé came to visit us, they were the only ones—because this, let's see, I had one granddaughter, the second one was born when I was over there, and then I came back.

[01:45:24]

*T. A. Rosolowski, PhD:*

I mean sometimes leadership does mean that you have to separate from your immediate support system. How do you think about that or suggest other people, other women, think about that?

[01:45:35]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, one thing I haven't ever mentioned is the fact that if you look at another job, which I did on occasion and was offered a campus dean job --you know some of our campuses have more than—some of our medical schools have more than one campus, so I was offered one of those. It was pretty clear to me that my family had no interest in moving, and so I said no, I couldn't do that. Fortunately, if you look at a place like Central Mass, you know Boston, there's enough to do, enough going on. You can find something, and I certainly stay long in places I go to. Lebanon was the shortest, but I mean we had a ten-year contract. I'm still—I mean I was there in September and I had breakfast, I was there for the other university, but I had breakfast with the president, Dr. Jabbra. So I've kept in touch and I keep in touch with the faculty, and Facetime this week, with one of them. I've tried to help them, When they want something, I've tried to help them. But we had this long-term contract, which then ended a year early because of that new dean. He did not want to work with the Harvard system, and it may be that—I kept saying to the president, maybe it's me he doesn't want to work with. Because I had his job, I can --but so I'm willing to give him another person. But that wasn't it. The president couldn't convince him. He was very—the president was very sad about that because he liked working together, but he didn't want to tell his dean what to do, particularly in the beginning. Later on, I think he would have, but instead he just got a new one.

## Chapter Seventeen

### *Roles with National Committees for an Impact on Medical Education*

In this chapter, Dr. Eckhert discusses the national committees she served on after returning from Lebanon and resuming her work with Harvard Medical International. She talks about the ethical dilemma of staying on a national committee for Foreign Medical Education Accreditation in the Department of Education once the national administration changed in 2016 [01:48:56]. She talks about the function of this committee and impact on medical education and draws conclusions about her own sense of mission with global medical education [01:54:21]

[01:47:54]

*T. A. Rosolowski, PhD:*

So coming back, I know you mentioned yesterday that Harvard Medical International kind of went through different phases and renamings. Did your role change over the course of that?

[01:48:07]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No. My role has been pretty much the same.

[01:48:13]

*T. A. Rosolowski, PhD:*

Okay.

[01:48:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I suppose one thing I learned in the transition from UMass, where I always had these major leadership positions, having a smaller domain where I could use expertise in medical education, and with overseas clients, was terrific. You get involved in a much greater depth and get to know people from a different culture better, and I really enjoyed that.

[01:48:53]

*T. A. Rosolowski, PhD:*

So it sounds like you found an ideal working model at that point.

[01:48:56]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. And I continued with, I was really involved with AAMC, for years and years. I was chairman of the Council of Academic Societies and then chairman of the board, and then I was chairman of the search committee for the person who is just about to retire as president and CEO. I really enjoyed the people I met through there, and some of them I still keep in touch with, and then that's been very rewarding. Also it has been very helpful as I'm guiding other medical schools as they try and improve the quality of their education or start a new school. Then I was

asked, under the Obama administration, to sit [on a committee for] the Department of Education. It's called NCFMEA, it's the National Committee for the Foreign Medical Education Accreditation, and that's been sort of a fascinating experience. I then was asked to chair that [committee], which I did, and [even at the beginning] with a new administration. We were still under sort of the Obama group, I had been appointed under Obama, we continued for a year and then we didn't know what would happen to the committee. And then I was called, by the Department of Education, would I be willing to sit on it again, and so we had a discussion about that because you know it's different, a real different thing. I had to think long and hard about, did my values system match with what I was seeing in the Department of Education, which wasn't very positive? Then I realized and then I said to myself—and I had actually talked to a friend of mine at the Kennedy School and I finally decided you have two choices here. You can either say I'm not going to do this because I don't like what's happening, or they need expertise and I have it and I've been there, and I've been chairman of this group, so I should try. So I agreed to do it.

[01:51:35]

*T. A. Rosolowski, PhD:*

How did it work out?

[01:51:37]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well I don't know yet, because I mean there were—

[01:51:39]

*T. A. Rosolowski, PhD:*

So this is a recent decision.

[01:51:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No. Well, it was about six months ago, no maybe four months ago, but they had their first meeting. I was out of the country so I couldn't do it, but I found it fascinating that the new chairman, who had no experience, called me before his first meeting, to ask me how things worked—what would be the issues. I was very impressed with that, and one of my colleagues, whom I saw later, after the meeting, said she was surprised that you know it went better than she thought. But there are some people on it that don't really know much about medical education, particularly education overseas. But if we can—you know, what you have to—why do we have this committee at all? The committee comes out of the Department of Education because there are many Americans who study abroad, and if they want to get federal funding, the schools have to be approved by this committee, not the schools, the accreditation bodies. We have nothing to do with the individual schools, but the accreditation bodies that credit the schools have to be approved by us as being consistent with the LCME, the standards used in the United States. So we gather all sorts of data from these accreditors, which includes a lot of data about the schools they are accrediting and how they make their decisions and what data they collect and how reliable it is. Then we advise them and then we approve them, or in many cases, we request more information and then they make another visit. So we usually meet twice a year, so we'll be meeting in the spring. So I feel it's a way to—and there's a lot of money that is given to these

schools. I mean we're talking close to \$1 billion is given in loans. The students have to pay it back, the schools are not on the hook for it. So we want to make sure that a student who goes overseas to a school, that they're allowed to get federal money from the U.S., that they're getting a decent education and that they receive a good education and that they can come back and pass the exams.

[01:54:20]

*T. A. Rosolowski, PhD:*

Yeah.

[01:54:21]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I had an experience where I spoke at a commencement at one of those schools and the experience was you practice for the commencement and then there's an hour in between, when the families arrive. So you have this hour where you're putting on your cap and gown. It doesn't take an hour, and the students are all there because they did the practice with you, but they know that you're their speaker. So I went up [to the students in the corridor. In the] United States, I'd go up and down the aisle, and I'd ask, so what are you doing next year, what are you doing in July, because that's important, you know, what they—they're all going to go be a resident, most of them. So I did that [in the Caribbean] and I was very surprised at the number of students who were not going to do [a residency]. They either hadn't passed the USMLE or hadn't taken it, or only taken part of it. So they were going to study, and I was very concerned about it. So when I think about that experience and think about what we're doing, it's important that they get the best education they can and not have to take two more years of sitting at home, or whatever they're doing, taking a special course, to try and pass those exams. They should be well prepared.

So, if you look at my career, it's always been involved in medical education at some point, and always had this theme of global health, and when you put them together that's where I am now. I'm trying to improve global medical education and at the regulatory level, I want these students to be assured that their schools are accredited by a process that makes a difference and makes sense. I was on the ECFMG board and chairman of that board, for that sort of same thing. Those are graduates, I'm dealing with now, with the schools, to look at the undergraduate education --the students while they're in school, what data [the accreditors] are collecting on them and how do they make a decision about accreditation, what they're looking at. You're looking at governance, you're looking at student performance, you're looking at teaching and learning, you're looking at facilities, resources, all of those things, student affairs, how do they manage those. So to me it's putting that committee work and the work that I do overseas, puts those all together.

## Chapter Eighteen

### *“A Woman Alone”: A Play to Celebrate Elizabeth Blackwell*

Dr. Eckhert begins this chapter with the story of how she came to write a play physician, Elizabeth Blackwell. She talks about meeting one of Dr. Blackwell’s descendants, about the process of doing the research, and what she learned by participating in a writing group as well as working with a director and actor. She explains what made her want to present a more complex view of Elizabeth Blackwell’s story and how it raised issues of women in medicine that could inspire today’s women. She talks about events at medical schools where the play has been performed and the impact she believes it has had by showcasing this historical woman’s strong voice for women’s issues. She states that physicians should take playwriting to become better communicators. She talks about her early plans to write another play about Katherine Dexter McCormick and the story of the Pill.

[01:57:17]

*T. A. Rosolowski, PhD:*

So, what are you thinking about retirement?

[01:57:21]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I don't really think much about retirement. I had a father who retired at 82, so I've got a ways to go, but I'm only going to do this work if I like what I'm doing. I wrote a play about Elizabeth Blackwell.

[01:57:34]

*T. A. Rosolowski, PhD:*

Yeah, tell me about that.

[01:57:35]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh that was wonderful. My son, Curtis, went to Hobart College and when we went to look at it, we started on the tour. He was our oldest child. So started our tour and they said, you're in the Elizabeth Blackwell Library and I'm like wow, this is my heritage. Anyway, he ended up going there, so that's his heritage and I have the same. I feel like I have a real connection. So, I decided I wanted to read more about her, so much of the literature about her was for grade five, for little girls to become doctors, and I knew there was a bigger story behind it. So I went to the Historical Society in Geneva, New York, and then I went to the Library of Congress. Then one of my—Lucy Stone, who is a women's rights person, from here, from the next town over, she married Elizabeth Blackwell's brother, and so there was a person at Old Sturbridge Village who had won the Lucy Stone Award and they said to me you know, "Since you're doing this play on Elizabeth Blackwell, you ought to meet John Blackwell." That's her grand nephew. He was 90.

So I called him up and he said, "Oh, I'd love to meet you," he said, "But I don't drive a motor car any more, can you come to Boston?" I said, "Oh yes, Boston." So, he met me at the Athenaeum and he was such a sweetheart, he bought me a membership to the Boston Athenaeum, which is cute, but he said to me what you need to do is you need to go to Radcliffe, because we gave a lot of papers at the Schlesinger. So I went to Schlesinger and I worked there. I had the Library of Congress papers sent out to Old Sturbridge Village [ ]. They're all microfilmed and you can have them sent to any library that's willing to accept them, and I figured well, I'll do it at OSV because then I'll be in the right time period, because she graduated in 1849, and this was 1840. So when I need a break, [I walked around the village and when I worked] the other people at the table sitting across from me were dressed in costume, it was wonderful. So I put this together and it's been performed a lot [at historical societies and medical schools], there's been a lot of medical schools. I had a woman actor who did it for a long, long time. She memorized it, I've done [a dramatic reading myself]. It's also been done by—I took a course at Sarah Lawrence, just a week intensive on playwriting, it was great. The person who ran the course and one of the other professors in the course, took a great liking to this and she became—she did a dramatic reading at AAMC and at Hobart.

[02:00:45]

*T. A. Rosolowski, PhD:*

Shall we pause just for a moment, while we have our little guys scurrying around.

[Pause in recording]

[02:00:52]

*T. A. Rosolowski, PhD:*

Okay, we are recording again after a break of almost an hour and you were talking about meeting Elizabeth Blackwell's great grandnephew and starting up the research on that and the writing of the play.

[02:01:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And then I joined a writing group and nobody in the writing group was writing any plays but the leader of the writing group had written plays, and she was so intrigued by the fact that I was sitting there writing a play, that she said, "How about if I get an actor to come and read this as a dramatic reading?" So she did. She brought in a very talented woman, and I was sitting there with my group while she's reading what I have written, and I cannot believe this. It comes alive and you see where you could have made it better and you know, but I was just so almost awestruck that I got very, very interested in doing this. So, I had a good friend who said, okay, we're going to have this woman come and read this at my house and we're going to have some friends, colleagues come, and they're going to critique it, because you need to always have your work critiqued. So she did that and what happened is her mother, the actor's mother became ill and she went into the ICU, and so I had three days to find somebody else. So I called the standardized patients at UMass and found—some of them are actors, actresses. So I found one and she then did it for years. She loved the part, just loved the part. She sat with me in my kitchen and we had so much fun. She sat with me in my kitchen and we'd go over it. She said,

"Lynn, I can't do that," you know I can't move from here to here and do that." So she guided me, because she knew the theater, I didn't know the theater.

[02:03:16]

*T. A. Rosolowski, PhD:*

I wanted to ask you, because I have not read the play, I'm sorry to say and I will, but I haven't.

[02:03:24]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, it isn't published so.

[02:03:25]

*T. A. Rosolowski, PhD:*

Okay, because I was curious about whether or not I could get access to it. So what was it, first of all, that struck you so much about Elizabeth Blackwell's story, and what were the main parts of her experience that you wanted to present in this way.

[02:03:42]

*N. Lynn Eckhert, MD, MPH, DrPH:*

What struck me first was the number of people who didn't know who she was, number one. Those who knew who she was, which were primarily women physicians and little girls, knew a very limited and almost sanitized story of her life. Once you get into really delving into her letters, she really becomes alive and you see the struggles she went through and the ups and downs of her life. She lost an eye, she got gonorrhoea in her eye from a baby.

[02:04:25]

*T. A. Rosolowski, PhD:*

Oh my gosh.

[02:04:26]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So once you read those things you say this story needs to be told.

[02:04:31]

*T. A. Rosolowski, PhD:*

When you said the story that people got was sanitized, what were the sorts of things that were not coming out? I mean obviously, gonorrhoea in the eye would not be something that would be making it to the general public easily, certainly not in a book for a little girl.

[02:04:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right, and I don't think most of the story is told of how she did actually get into medical school, some of the little more sophisticated ones did, I mean it was basically a joke.

[02:04:56]

*T. A. Rosolowski, PhD:*

How did she get in?

[02:04:56]

*N. Lynn Eckhert, MD, MPH, DrPH:*

She applied to many medical schools and was turned down. I think she was turned down by 27 or something like that, and then she applied to Geneva Medical College. She had a physician who wrote a letter on her behalf. The dean of the College of Medicine apparently didn't want to be the responsible party for turning her down, so he left --he went and said to the students—and it may be because he had some relationship with this person who wrote the letter, I'm not sure. But anyway, he went to the students and he said, Ms. Blackwell applied to medical school here and it's up to you, if you want her to come we can take her and if you don't, she won't come, but the vote must be unanimous. So they voted on her and the first round, almost everybody voted for her and then they convinced the other people. In part, they thought it was a joke. Like this will show the faculty up, we'll take this woman. That's how she got in.

[02:06:10]

*T. A. Rosolowski, PhD:*

Wow.

[02:06:11]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And then she was a good student. She was in the top of the class. She had done a lot of studying before, but the medical education was short, it was only a couple of years. Then what happened to her after that, she couldn't get an internship in the States and she tried to go to Germany or England and she eventually ended up in France. But she was in a hospital called La Maternité in Paris, and they had a high volume of deliveries. Many of them are poor women, and so one of these babies was born with gonorrhea, which was not uncommon. It's—I don't know if you know this but it's in their eyes, because we prevent that at birth by putting drops in their eyes. So she was taking care of this child and the pus splashed in her eye and her eye became infected, and so she became blind. She was—it impacted her tremendously because she originally wanted to be a surgeon, now she's monocular. She was able to do some studying in England and then came back to the United States and she set up a women's clinic and then a hospital and a medical school in New York City, for women. We're talking, you know this is Civil War times. She trained a lot of nurses for the Civil War and they wouldn't take the women doctors, so she trained nurses. She eventually—she was born in England originally, came over here as a child and then she went back and that's where she finished her career. But she wasn't into—there were a lot of controversies in medicine, such as vaccinations. She had had a child die from a vaccine, so she was absolutely against vaccines. So she was in this anti-vivisectionist group in England at the time before she died. To back up though, in the States and in England, there was—but she was still in the States, there was a lot of—once ether became available, which was just around the time she was graduating, just before she graduated, then surgery became a wonderful thing you could do. Apparently, many physicians decided to become gynecological surgeons and they took out women's ovaries because their husbands or somebody thought they were hysterical.

[02:09:07]

*T. A. Rosolowski, PhD:*

Right.

[02:09:08]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And all of that, and she had to speak out against that. So she was an outspoken person who sort of had to stand her ground. So that story, some of those stories themselves were very interesting. The other part that was interesting is she and her sister [ ] went to—I forgot the island, in New York City, and there was an orphanage there and she brought home a little girl and that little girl grew up in her household. Kitty, she called her Kitty [Barry] the whole time. She never gave her the Blackwell name because she said she never adopted her. She said she didn't think she had the right to adopt a child, her brothers did but she didn't.

[02:10:20]

*T. A. Rosolowski, PhD:*

Interesting.

[02:10:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And this young lady was to me, was sort of a cross between a maid and a great companion, she stayed with her her entire life and she took the Blackwell name after Elizabeth died.

[02:10:35]

*T. A. Rosolowski, PhD:*

Wow. So when this play started to be performed for groups, how was it received and what do you think the impact of showing this was?

[02:10:47]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, I went with it much of the time, not all of the time but a lot of the time, and when it went to medical schools, mostly I went, or medical societies or the AAMC, and so there was always a talkback with me, which I thoroughly enjoyed because I learned so much about the women in the audience, the questions they asked and the questions they didn't ask.

[02:11:11]

*T. A. Rosolowski, PhD:*

Such as?

[02:11:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

[ ] They might say what happened to Kitty but they didn't really ask much about that relationship, which was I thought quite a strained relationship. At one time somebody refers to Kitty's cousins, and Elizabeth said those are not her cousins, I mean, "these are my brother's children," they're not her cousins.

[02:11:40]

*T. A. Rosolowski, PhD:*

Very interesting.

[02:11:41]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, so she kept her at a distance, but she absolutely needed her and loved her. And so for people to see what she went through to start a medical school, to start a clinic and all the agony she went through and how many people were against her and the perseverance she had to have and how she had to be a spokesman for women in medicine, and how she really had to fight society, was fascinating. Because she was one of nine children, four boys and five girls, and none of those girl married, none of them did.

[02:12:34]

*T. A. Rosolowski, PhD:*

The boys married?

[02:12:39]

*N. Lynn Eckhert, MD, MPH, DrPH:*

One of them died too young and two of them definitely married, because one married Lucy Stone. The other married Antoinette Brown Blackwell, who was the first congregational minister, woman minister in the United States. She and Lucy were friends, they had gone to Oberlin together. So I always thought it would be great to have a play around dinnertime with these women. One of them worked for Horace Greeley and wrote for *The Nation*, one of them was an artist. One of them stayed home and took care of the rest of them. That was Marian, and then her younger—the youngest one was an artist and the one just below Elizabeth, of the girls, she was number three, she also became a physician.

[02:13:37]

*T. A. Rosolowski, PhD:*

What issues from the play seem to really engage the audiences that you performed it for?

[02:13:44]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I think overcoming the whole gender issue, overcoming that, speaking out for what you believed in. The difference between a slow acceptance of some of the changes in medicine that we're having, like the vaccines and things like that, and she was very involved in the social issues of medicine. She talked about licentiousness a lot, because she saw what happened to women, you know these poor women. At that time there was no birth control, reliable birth control and they have had so many children and they sometimes were abandoned and they would get venereal diseases. She wanted men's behavior to be better so that women were protected and children were protected, and she spoke out about that a lot. She gave a lot of talks and educational programs for the lay public and others. So to see how important her voice was. I think that resonated with people, that they liked to hear about that. And I think they were quite shocked to hear how she actually got into medical school and nobody ever seemed to know that she had a glass eye because of her [gonorrhea in her eye]—if they knew that, they didn't know why she had it.

[02:15:08]

*T. A. Rosolowski, PhD:*  
Right.

[02:15:08]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And so to develop that story. One of the most fascinating things about when I was doing this, I had written it and I went to take a playwriting courses --this week intensive at Sarah Lawrence, one of the best things I ever did. That's where I got the head of the program and then one of the other faculty members, and she said to me what can I do to help you? So I had several—"if you're willing to read it dramatically that would be fabulous and would help me," because you always have to—you're changing, these things are changing. She said, "Well Lynn, I need you to get me a director," and I looked at her and I said, "Christine, I'm a physician, I don't know any directors." I said, "Who do you like to direct you?" And she said this other faculty member, and I said, "fine, let's have him." So they would go with me, they went to Virginia, they went to Upstate New York, and then we got a Sloan grant for this, and the Sloan grant allowed it to be presented at an experimental theater in New York.

[02:16:23]

*T. A. Rosolowski, PhD:*  
Very cool. What was the director's name?

[02:16:26]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
See, I'm blocking on him. [Kevin Confoy.]

[02:16:28]

*T. A. Rosolowski, PhD:*  
Okay. It can be added later.

[02:16:31]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
I can picture him.

[02:16:32]

*T. A. Rosolowski, PhD:*  
That's okay.

[02:16:34]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
So it was presented there and then they give you feedback, but mostly --the woman who did it here loved the part and she marketed it all over the country. It was at the same time that the exhibit on Women in Medicine was traveling, from the Smithsonian, or the National Library of Medicine, sorry, and so she went with it often and they would [hire her].

[02:17:06]

*T. A. Rosolowski, PhD:*

What did you learn through this process? This is a very different undertaking.

[02:17:12]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right. One of the things I learned, I told somebody, every physician should go and take this playwriting course and the reason they should do it is because an actor—because we [as physicians] have to communicate with people, but actors have to communicate, they have a communication with whoever wrote the play, and the director, right? They have a communication with whoever else is on stage with them and they have a communication with the audience. For us to be better communicators—and so they have to be good listeners. So I said, “you can really learn a lot from watching this process.” See we all had to write, and then they would present it. There would be a little troupe that—mine was a one person, but I was also writing another one, which is why I went, but then they were so fascinated by this one that we went with it. What had happened I think, is when I took the course, I figured well number one, I'm going to be the oldest. Two, I'll be the only physician. This will be ridiculous that I'm doing this but I'm doing it anyway. They said when they got my application, because you had to send in something you had written, they said they thought this was pretty interesting. You know here's this physician, trying to ... Number one, I wasn't the only physician in the group. Two I wasn't the oldest, and three there were people that had worked with things like investment banking. But there were a lot of very young people, and the young people, they said, always come up with some sort of fictional story that they had heard, they had heard those before. So they gravitated—another person did a musical. They gravitated toward those of us who actually had gone to the primary sources and had her words,—

[02:19:13]

*T. A. Rosolowski, PhD:*

Yeah, very interesting.

[02:19:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

—and was using her words in the play, even though at times they sounded very stilted, but I'm trying to be true to the character. One of the things I found most difficult, having trained in medicine and knowing that you can get a history from a patient and you put down verbatim, what they said, and then having to—this play was two hours originally, where you don't do a two-hour, one person show. You do a 45, 50 minute, and bringing it all together and coalescing it, and having to take some dramatic license, like a poetic license.

[02:20:07]

*T. A. Rosolowski, PhD:*

Right.

[02:20:08]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It was so difficult for me. Then they would say to me, “well Lynn, you know do you think *Henry IV* was really the way Shakespeare wrote it?” So think about this, how do you get that story across, be as true as you can but get the story across in a timeframe.

[02:20:33]

*T. A. Rosolowski, PhD:*

Historical interpretation.

[02:20:35]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, and that's hard for somebody who is trained in science.

[02:20:38]

*T. A. Rosolowski, PhD:*

Absolutely. It's hard for anybody, you know really, though it's more of a paradigm shift for you.

[02:20:47]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, but I loved doing it.

[02:20:49]

*T. A. Rosolowski, PhD:*

That's very cool.

[02:20:50]

*N. Lynn Eckhert, MD, MPH, DrPH:*

And so I thought I would like to do another one. So I started with [another during] that course and I have done very little on it, but I actually recently wrote to MIT. I don't know if you know anything about a woman named Katherine Dexter McCormick? She paid for the pill basically, a very interesting character, graduated from MIT in 1907, in biology, very unusual for a woman, from a very wealthy family, married Cyrus McCormick's son, Stanley. Stanley was shortly thereafter diagnosed with schizophrenia, and now there are going to be no children in this marriage. The family, the McCormick family, wanted her—they wanted to take charge of him and I guess wanted her to get a divorce and she wouldn't do it. She lived in Boston most of the time and he, they sent him out to Santa Barbara. T. C. Boyle wrote a book called *River Rock*, about this.

[02:22:03]

*T. A. Rosolowski, PhD:*

Oh, interesting.

[02:22:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*

So she sent him out there, and he had psychiatrists around the clock and stuff, and he was violent. It was prior to decent medication, psychiatric medication, and they always told her she shouldn't—she was part of when he saw her he got more agitated. So she would go out and see

him and he wouldn't see her, she couldn't—and they were very, very wealthy, so he lived well. He lived very well and was well taken care of. So she was introduced to Margaret Sanger at one point, who introduced her to the people from the Worcester Foundation, Chang, and [Gregory Pincus].

[02:23:08]

*T. A. Rosolowski, PhD:*

It's okay, we can add it in.

[02:23:11]

*N. Lynn Eckhert, MD, MPH, DrPH:*

They were working on the pill and she did a lot of funding for it. Sanger was pushing them and then she was providing the funding. I think that story has never been told. There's one book about her I found. She was also involved in the suffragette movement and at one point apparently drove her car—they wouldn't let her speak at some rally, women couldn't speak at the rally, and it was at a park by the water. It couldn't be on park grounds, so she drove her car into the water and spoke from the top [of the car].

[02:23:54]

*T. A. Rosolowski, PhD:*

That's very cool.

[02:23:55]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. So she's a character that you know, I just could see a movie about her.

[02:24:00]

*T. A. Rosolowski, PhD:*

Yeah, no kidding.

[02:24:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Somebody's got to write a play first. You've got to write something. So why did I do it as a play rather than an article or a book? Because I didn't think anybody would really read a book about her and I think writing is extremely hard anyway, really good writing, and I wanted to have a broader audience than that. I thought writing a play would be the way to get to an audience.

[02:24:31]

*T. A. Rosolowski, PhD:*

Yeah, for sure, very cool. Well, thanks for talking about that, I mean it's really fascinating and I think it's really neat that you took on another genre like that and explored it. I found your comments about the communication issues it raised for you really interesting.

[02:24:58]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh it was, and working with an actor on a regular basis and then the folks from Sarah Lawrence, I mean they're pushing you to do this. At one point they were pushing me to have not a one woman program, a one woman show, I should have some of these other characters in there. I said no. When she graduated from medical school, the newspaper said, the *Gazette* in Geneva said it was a scene [from a painting], a lady alone. So they used that term, so I used that term in the title. I said if it's a lady alone and she did this basically alone, I don't want any of these other characters in there. I can have their voices, they can be—she can be saying, so I said to doctor blah-blah and he said back --you know you can do that. And they later said, Kevin. [ ]

[02:26:05]

*T. A. Rosolowski, PhD:*

That's all right.

[02:26:10]

*N. Lynn Eckhert, MD, MPH, DrPH:*

He said you were right. It should only be a one person, you stuck your ground and you were right.

[02:26:17]

*T. A. Rosolowski, PhD:*

You had good artistic reasons for it.

## Chapter Nineteen

### *Reflections on Family Life*

Dr. Eckhert acknowledges how supportive her family and her husband have been of her career. She first sketches how her children responded to her growing responsibilities, first when they were young and then as adults with their own careers, when she continued to serve as a role model. She explains her values about prioritizing time spent with family. She shares experiences of being pregnant as a young and rising faculty member, of bringing children to work, and raising small children while a partner commutes and meets travel responsibilities. She talks about how her experience as a parent and partner influenced her leadership.

[02:26:17]+

*T. A. Rosolowski, PhD:*

Tell me about the Foundation.

[02:26:26]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You know what you haven't asked me about is my family, because you've seen my family.

[02:26:31]

*T. A. Rosolowski, PhD:*

I have seen your family. What do you want to say about your family? I mean, what haven't I asked you about the family?

[02:26:37]

*N. Lynn Eckhert, MD, MPH, DrPH:*

My family has been, my husband particularly has been, extraordinarily supportive, and it's interesting to see what do your kids think of this. And so when they're young you think, oh, their mom goes to work like everybody else, you know? And then I began to travel more. Oh yeah, my mom is going somewhere, Egypt or something. Then they grew up and went to college and then went into their own fields. They've been very successful and they have great families. Sometimes it's reversed, because I'm going—some of the places I'm going, they can't believe I'm going there and why would you go there mom, aren't you worried? And they've lived overseas. So you see some role reversal. But what I've seen is one, they're very proud of what I've done, and I think it stimulated them to recognize that you can balance a career and a family, and you can have a very good family. The kids are close. You can be a role model. My daughter says that I've been a very good role model for her. She is, personality wise, she's much more—she's very outgoing and she's a CEO of a company, and I don't think she would have done that at that early age. Of course, I was encouraging her. I was acting chair, I guess, when I was 40. Then I was chair, young forties, and people --that doesn't happen to a lot of people. So if somebody offers you that, because she was offered the CEO job, go for it. Yes, you might fail but—and there will be some sticking points along the way and there will be times when you're not sure

you should be—should I still be doing this job or do I want to do this job, or do these people want me to do this? All those things and that's just normal of life.

[02:29:11]

*T. A. Rosolowski, PhD:*

Did you make certain decisions, you know as your kids were growing up, did you have some sort of plan in mind, to communicate to them certain messages about women in the work world, men and women's equality, those kinds of things?

[02:29:27]

*N. Lynn Eckhert, MD, MPH, DrPH:*

No, I think we lived it. I don't think we ever came up with a plan. We did not do a lot of socializing outside of the family and their friends. You can have a pizza party or something with another family because they have kids the same age and they're friends or something, but you don't do a lot of others. Both Lou and I at one point were written up in the papers as a couple, because we were sort of early in—I mean there were other couples, but we were sort of early and quite visible in Worcester. We laughed about it when we read it later, because it said and we don't go to cocktail parties. Because what you try to do, you were spending a lot of time working, so you've tried to spend a lot of time at home with them and it's paid off.

[02:30:21]

*T. A. Rosolowski, PhD:*

Yeah. Just out of curiosity, because you were pregnant when you were a young faculty member. What was that like? I'm asking because I've known people in that situation and it's kind of amazing, the experiences they have. Did you have odd experiences, bringing a pregnancy to work?

[02:30:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

We took the job, accepted the job, I can't believe we did this, to start in August, the end of August, and we didn't come until the end of October. By then, I was seven months pregnant. I'd never told them I was pregnant. In fact the staff, when I first got there, didn't realize I was pregnant. They just thought I was a little chunky because they didn't know me. After the baby was born and I took off a month, I was sick and I took off a month. My husband took a little bit of time off, and I remember him coming to work with our son and the chairman of the department came up to me and said, "Why are you bringing your baby to work?" And I said, "If you notice, I'm not the one who brought him, talk to him." But I helped start a daycare center at the university. So you just ... Things you need and other people need, so you get together and do that. It took a little longer than we thought but two of my children were in that daycare center part of the time, not full-time but part-time. Pregnancy wasn't such a problem. I never—the longest I stayed home was with the first one, was a month, and that's because I was sick. The others, I was back—I mean, not that you should do this, but I just did this. I was in the hospital signing acceptance letters for [applicants to come to medical school], when one of my children was born. My assistant came and brought them over.

[02:32:38]

*T. A. Rosolowski, PhD:*

Wow.

[02:32:39]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I used to get dressed in the hospital. You had to stay in the hospital four days. I said, I can't stay in a nightgown or one of these johnnies for four days, so I said, bring my clothes. I brought my clothes and I got dressed and they'd say, well who's the patient and I said, well, right here, I am, but if you're going to make me stay in this hospital, I'm going to feel better if I'm dressed, that's who I am. So that's what I did. But I never had any real problem. Once I thought—my husband did a fellowship when I had—we had kids that were, I think they were three, five and seven, or two, four and six, something like that. That was hard, because he was commuting to Boston. He had to be there and he was on night call a lot, because he was doing critical care. That was the hardest year, and I remember going in and talking to the fellow, the academic dean and said, "I think I'm going to have to cut back." He said, "Well whatever you want, Lynn, we'll work it out, don't worry about it." And of course he knew that I wasn't really going to cut back but I was—I didn't really. I still got all my work done, but I might have left early and then come back later, or worked more at home at night or something. So he just ... He knew me well enough and said she'll get this done, which was very nice, it was very nice, a very trusting relationship.

[02:34:14]

*T. A. Rosolowski, PhD:*

Well and you had worked hard to establish, or knowingly establishing a really good track record so that you would have that leeway with that person.

[02:34:21]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, and as long as you get—I was still ... I saw patients until I went to Harvard, so you covered your clinic, made sure your clinic was covered, and then you were covering those hours and then the rest of the work. You could work around it.

[02:34:41]

*T. A. Rosolowski, PhD:*

Is there anything else you wanted to say about family, any challenges?

[02:34:49]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well all the stuff around home. I've been to so many meetings where the women particularly complain about, I have to do all of this and my husband doesn't do enough. Well in the first place, I had a husband who did a lot, but then there's a lot of stuff that he wasn't going to do, that if I thought was important, then I had to hire somebody or it just doesn't get done and it really doesn't make that much difference, and so don't worry about it, don't even worry about it.

[02:35:24]

*T. A. Rosolowski, PhD:*

Are there some ways that your family life had an impact on—I'm talking about the way that you went about your leadership or your work life, you know lessons learned at home that carried over into leadership or clinic.

[02:35:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Oh sure, because children are very demanding of your time and recognizing them as individual people, you have to do the same thing with your faculty members that you're working with. Who are they as people and what's important to them? People always talk about well, we're not getting enough money, but that's not often what they want. They may want more time off. They want more flexible hours. They may want something else besides money, and if you sit down and talk to them and find out what that is and negotiate that out, well isn't that better? They're happy, you're happy, and if you get the work done somehow, if they're working part-time and you have money to pay somebody else to fill in or whatever. So finding out what people want, you know what makes them happy and what makes them productive. I think you do the same thing with children. One is good at art and somebody else is a great athlete, so this one is going to take art lessons and that one is going to go play lacrosse.

[02:37:15]

*T. A. Rosolowski, PhD:*

Getting people to do their best and do what they love.

[02:37:18]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Right.

[02:37:19]

*T. A. Rosolowski, PhD:*

That's a gift for sure. Would you like to talk—

[02:37:26]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You probably make a few mistakes along the way but you don't always recognize them, but then when you see your children raising their children similarly to what you did, you know that that's—that they valued that and they have told us over and over again, they are so glad they went to Zimbabwe.

[02:37:44]

*T. A. Rosolowski, PhD:*

Oh interesting, yeah.

[02:37:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

They've told us they really think that that opened up their horizons tremendously. [My older son became fascinated with Spanish, has traveled extensively and is now head of the language department at his school.]

[02:37:54]

*T. A. Rosolowski, PhD:*

That's cool, that's very cool. So often kids grow up and the only decisions they made about parenting is I don't want to do what my parents did, so they don't have a positive model, they have a negative model and that's tough.

[02:38:10]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Because our youngest one wasn't going to go into medicine and now he's in medicine. He also has—I'm a doctor of public health, he's a doctor of epidemiology, I don't think we're too far apart.

[02:38:21]

*T. A. Rosolowski, PhD:*

Yeah, for sure, high praise indeed.

[02:38:24]

*N. Lynn Eckhart, MD, MPH, DrPH:*

His father has an MPH and an MD, so no, but he was sure that he wasn't going this route and he took a circuitous way to get there but he did.

## Chapter Twenty

### *On the Foundation, Challenges for Women Now, and Advice for Young Women*

Dr. Eckhert begins this chapter with comments on her relationship with feminism over the course of her life. Next she talks about the ways that professional life for women has changed, and areas where there are still problems in maintaining equity (e.g. salary equity). She then discusses the impact women have had as more enter medicine. She talks about the impact of the rising costs of medical education and discusses what healthcare institutions need to do to keep women in medicine.

[02:38:35]

*T. A. Rosolowski, PhD:*

Can I ask you about the Foundation now?

[02:38:40]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Sure.

[02:38:42]

*T. A. Rosolowski, PhD:*

Okay. So how did that connection start?

[02:38:47]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I've got to say that it started through Carol Nadelson, that's what I think, because I've always sort of kept in touch with Carol and admired the work she did. She had some struggles in psychiatry, and just kept up with her, and she talked about it and that's how I sort of knew about it. There were other women. [interruption] Are you back already?

[02:39:24]

*Male Speaker:*

Yes.

[02:39:25]

*T. A. Rosolowski, PhD:*

There we go.

[02:39:30]

*Male Speaker:*

No problem, I'm going to be occupied.

[02:39:32]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Okay, thank you. So there were other women that I admired that were involved in the right thing to do.

[02:39:46]

*T. A. Rosolowski, PhD:*

What do you think is a value of what the Foundation is doing?

[02:39:52]

*N. Lynn Eckhart, MD, MPH, DrPH:*

I think they're trying to bring to the forefront, women that have made a difference. I think they're trying to, more recently they're trying to tackle some of the issues like mentoring and burnout, and they probably need more of us, more energy, time, treasure, talent, to sort of push that agenda for this next generation. I mean, I look at the next generation and you're really proud and think gee, look at the opportunity they had. Then I say, why didn't I do that. Then I realize those people are ten or fifteen years younger than you are and for our generation, Carol, all of those people, we all did pretty well. So you have to know the milieu you're in and do the very best you can and hope that those behind you do even better.

[02:41:14]

*T. A. Rosolowski, PhD:*

Is the milieu different now for women and are there challenges? Do you see the challenges being different in any way?

[02:41:26]

*N. Lynn Eckhart, MD, MPH, DrPH:*

The glass ceiling has not been totally shattered, particularly I think in medicine, it hasn't. You see—we're proud that we see so many more women as deans of medical schools, but the role of the dean has been diminished.

[02:41:58]

*T. A. Rosolowski, PhD:*

Oh, interesting.

[02:41:59]

*N. Lynn Eckhart, MD, MPH, DrPH:*

I think. I think many places now have people that are vice president for health affairs or something. Various deans, like nursing and medicine and pharmacy, would report to them and before, the dean basically didn't have that stop gap between he or she and the president, so that's one. The hospitals have become much more powerful, so in academic medicine, I think that has a little bit diminished the role of the dean and probably the department chairs. Except the chairs often cross over with a clinical role like most of us did. The whole demands, I mean the changes we're seeing in medicine are extraordinary right now. When you see CVS is the greatest—hires the most nurse practitioners than any kind of organization.

[02:43:13]

*T. A. Rosolowski, PhD:*

I didn't know that. Amazing.

[02:43:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes. That's a different world. Super specialization. Women have fallen into that just as much as—not maybe quite as much as men but pretty much. Really distances you from a sustainable doctor/patient relationship. One of the things, and I haven't been in practice for a while now, but I get Christmas cards from my former patients. I went to a wake recently that --I was reading the paper and noticed the mother of a couple of my patients had died. So I went to the wake and I thought, I wonder if I'm going to know anybody here, because her husband was deceased and now she's deceased. There were the two boys that I had seen through—up until they went to college. I saw one of them when he was in college. So I walk in and I see the family all standing there, so I go up to them, I'm coming across the room and one of the young men said, "Dr. Eckhert, I'm so excited you're here, I'm so happy, my mother would have been so happy you were here, she loved you." I said, "Well you look wonderful," and he turned to me and he said, "Well that's because you took good care of me." He's a lawyer now, and he introduced me to his wife. He's got two little kids. That is—there's something wonderful about that. There's such a privilege of being part of that, basically of that family over the years.

[02:44:58]

*T. A. Rosolowski, PhD:*

What advice would you give to women coming up now into their careers, to start addressing, you know this shift in milieu?

[02:45:08]

*N. Lynn Eckhert, MD, MPH, DrPH:*

You have to find what you're passionate about, and if it's patient care, then what can you do to make that better. One of our graduates practices out in the western part of the state and she's somebody I'm very proud of, one of our residency graduates, medical school and residency graduates. She is such a refreshing voice at the medical society and she speaks up a lot. She gets up and she'll say—everybody complains, and so she started a daycare center in her practice. She has four kids and she said well, you know she needs daycare, these other staff need daycare, so we're just going to start something. So she does things like that and she makes sure that people who can't really afford care get care, and so she's practicing her values. So what are your values and what are your passions and practice those, so maybe, with the changes in medicine, know where are the touch points where you can get involved, that make sense to you, that you particularly care about, and which other ones you just do not get involved with. I mean I find it interesting in my own career, that I'm a pediatrician, but I spent much more of my time in family medicine, at family medicine meetings, than I ever did in pediatrics, because that was my culture. If I were going to be the leader of that group, I needed to know what they were doing, what they cared about, how we interfaced, how I could best represent them. So if there is some issue in quality care, some issue with gun control or opioids or any of the real common problems we have, really get involved, throw yourself into that and become active in whatever it is.

[02:47:29]

Right now, something I never did earlier in my life was the Mass Medical Society. The Mass Medical Society is a very interesting group, they're a much more resource rich and empowered medical society. They own the *New England Journal of Medicine*, so they have a lot of influence, but they have made a real difference in Massachusetts medicine and beyond, I think. My husband has been involved in it for years, particularly with the public health part, so they asked me to be involved in some of the educational endeavors, so I joined that group, the continuing education group, within the last year and a half, and I'm seeing a different side. I'm seeing more of a practicing side, something that I'm not doing, but what are the other things that the practicing physician needs to know. It's all about what your passion is, whatever it is, and you just either you get around the barriers or you ignore them as best you can and just go forward. As my mother said, "You muddle through."

[02:48:59]

*T. A. Rosolowski, PhD:*

I wanted to ask some—I mean given that there are these challenges and there are resistant attitudes, things that women have to struggle with, do you—what would you suggest, you know more of a practical sense, for both women and for men, to kind of make changes, you know not just say well, decisions are going to be made at a higher institutional level to create the programs, or education or whatever. What can individuals do at different levels within an organization, to begin to shift things? And I'm saying both women taking initiative and men taking initiative.

[02:49:42]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, at whatever level you're functioning at, and then you become in charge of a project or a division or anything, you have to engage those people, your parallel people. You may be running the Division of Cardiology but you're not going to function unless you talk to all the other cardiologists and the cardiac nurses and those people, to improve the healthcare of cardiology. So you have to set some common goals and engage. The whole thing is communication and engagement of people isn't it? I think, to get anything done.

[02:50:31]

*T. A. Rosolowski, PhD:*

I'm thinking you know, but maybe shifting—because I'm thinking really, about how do you shift attitudes that are resistant? I mean if people still have negative views, even unconsciously, about women's competence or their viability for promotion. Are there things that you would suggest women and men think about in how to address those challenges?

[02:51:00]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well, you always feel that women have to be more competent, to prove it. Maybe I'm going to give you an example. When I was in Lebanon, there was—we had a promotions board, there were four women on it and five men, I think. So a person came up for promotion and the discussion was going in favor of her and I wanted her to be promoted. So I said, would somebody please make a motion, it sounds like things are—I mean all I heard was positive, so

may I please have a motion. Nothing happened. So pretty soon some negative stuff came out, and the negative guy was able to convince enough of the others. So at the end of the meeting, it was over, she got turned down. So at the end of the meeting, I asked the women all to stay, and I'm dealing in a different culture but I think it applies very well to America. I said four of you wanted so and so to be promoted, is that correct? Yes. When I looked you straight in the eye and said could I please have a motion here, why did none of you speak up? I said, you could have changed that vote, because as soon as people start talking negatively about it, it's going to divide this vote. You don't know what the vote would have been, a hundred percent sure, but you could have. So, one, you have to teach women that they have to—their voices have to be heard, but they have to be effective voices. All of us go through the same experience, and I still do: when you have a wonderful idea you present your idea, people turn it down, and then ten minutes later some guy brings up the same thing and ... Sometimes you have to claim it. You have to say, well I'm glad so and so likes this idea that I presented and I like some of the modifications he made to my idea.

[02:53:40]

*T. A. Rosolowski, PhD:*

Right.

[02:53:42]

*N. Lynn Eckhert, MD, MPH, DrPH:*

But I think we don't always speak up enough or we don't speak in voices that are convincing, or we don't take the next step for decision making, maybe that's it. So that's what these women weren't doing. They weren't—I was trying to push them by asking them directly, could I have a motion, and I'm looking at each of the women, you know like just say I move.

[02:54:10]

*T. A. Rosolowski, PhD:*

What do you think prevents women, I mean not necessarily in that situation, but what do you think prevents women from taking that next step?

[02:54:17]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Because I think we're used to, some of it is we're just used to men doing it. I don't think this next generation is going to be used to it. So that's a real bright shining light.

[02:54:34]

*T. A. Rosolowski, PhD:*

So you're already seeing signs that the next generation is more confident in their voices.

[02:54:39]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, yes.

[02:54:41]

*T. A. Rosolowski, PhD:*

Well that's a good thing.

[02:54:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I've always seen women that --I would have to say to women, I'd like you to do—I'm trying to move them up in my department or something. I'd like you to do this, I'd like you to run this. Too often they would say to me, well I don't think I'm ready, and some man would come in and say to me, I want to run—I'm ready, I want to run this. And I'm looking at him like you don't have the skills. Why does this woman who I think has the skills and you, who I don't think has the skills, why is she saying no and you're chomping at the bit? So I've talked to women about that, about don't be reticent. If somebody asks you to do something, if your boss asks you to do something, they think you can do it. You should think that they think you can do it, or they wouldn't have asked you. And so you can say yes, I'll do that, but I will probably—you can say it, but I may need your help. They will help you, ten to one they will help you. But don't say well, if I had a couple more years. Because if they're asking you, they think “yeah, maybe she's— I look at somebody, she can do this, I'm going to have to support her more than I might have had to support somebody with more experience but give her six months, she'll be perfect.”

[02:56:12]

*T. A. Rosolowski, PhD:*

How is that related to what you would suggest to women about what they can do to develop themselves into leaders?

[02:56:27]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Well that's how you have to be a leader. That's how you become a leader. If somebody offers you something you grab it, or you step forward and volunteer. But you have to be decisive about these things. You can't go in wishy-washy about it. You've got to say, “my next step in my career should be X, Y, Z,” which you may work it out with an advisor a mentor and your friends, other people that you're talking to, “do you think,” and “how would you go about doing this?” Being more decisive and more goal oriented, set some goals for yourself. They don't have to be real far out there, just step by step. Also, I found that the external world, both in medicine and outside of medicine but not at my own institution, were extraordinarily valuable. I mean how did I ever get to be chairman of AAMC? Only because I was engaged in what they were doing and I would sit on different panels and areas that—they want me to be in a research taskforce? Now why would they want that? Okay, I know why, you know this is what I would offer them. I would offer them—everybody else is talking about clinical trials and basic science research and I'm going to go in and talk about population research and health services research, and they don't even really think about those things at that stage, and so think about what you have to offer. And then those people you call when you're having a problem in your own institution, you now have a network of people to call, that are going to give you good advice.

[02:58:24]

*T. A. Rosolowski, PhD:*

What advice would you give to men who are interested in supporting women in their careers and advancing into leadership?

[02:58:36]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Offer them an opportunity and then help them through it, just like you'd help some guy through it. All of the young people need to be offered, and we probably shouldn't stick around forever in these positions. That's an interesting concept. I mean that was one of the reasons I wanted to step down as a chair. I'm sure there were people who wanted me out as chair too. That's part of, part of being in a place for a long time, you know, your strengths and weaknesses.

[02:59:25]

*T. A. Rosolowski, PhD:*

Well, organizations are living things in their own right and their cells do turn over.

[02:59:35]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That's right.

## Chapter Twenty-One

### *On Feminism, The Changing Environment for Women, and How Women Have Changed Medicine*

Dr. Eckhert begins this chapter with comments on her relationship with feminism over the course of her life. Next she talks about the ways that professional life for women has changed, and areas where there are still problems in maintaining equity (e.g. salary equity). She then discusses the impact women have had as more enter medicine. She talks about the impact of the rising costs of medical education and discusses what healthcare institutions need to do to keep women in medicine.

[02:59:37]

*T. A. Rosolowski, PhD:*

They have to, they should keep it fresh. I was wondering, just sort of out of curiosity, what do you think—because we haven't talked very much about sort of the language of feminism and the idea of feminism, you know thoughts about your relationship to it. And then also, is feminism as our generation has understood it, relevant for today still?

[03:00:09]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It's interesting, I think feminism—when I first came to Worcester, I was asked to speak at Clark University, and my husband came with me. It was an evening program and so he came along and somebody introduced him as my sex object. I thought that was such a strange thing and I realized well, maybe there's a generation difference here. I'm not that much older than they are, but I'm out of medical school and residency, so I'm not that much older. So, there was an extreme in feminism that some of it needed to be there, somebody like [Gloria] Steinem was—you know, going back and reading her book recently was great. But there were some things that were just not going to be productive. I don't think anybody would say that I was a real feminist in those days, because I was just doing what I thought was my job. If my job required me to, as a woman, to speak out more just to have my voice heard, I did that, but I wasn't going to be out there doing some more demonstrative things. I was going to work, maybe you would say a little bit more within the system, and try to show that I personally was capable, therefore I would assume other women were capable. [Elizabeth Blackwell did that, too.] It isn't over yet, though. So one of the things I found --and I've mentioned her book so many times, Judge Ginsburg, that sometimes I say to myself where was I when some of these totally discriminatory things were happening? I mean I went to school before I could go to many, you couldn't go to the major schools that were considered men's schools. You might have a little women's hang-on-the-side college or something.

[02:02:31]

*T. A. Rosolowski, PhD:*

Right.

[03:02:32]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Right? But you weren't really a student at Brown or you weren't really a student at Princeton, or Columbia. You were Barnard, you were—you know? So to have been through that and then see the opportunities, I think that's wonderful. And that isn't over yet because you look at some professions and you look at medicine, and there's a lot of --the women aren't getting as further ahead, there aren't as many professors as there should be. So, women that are there have to make that story, but the way you do it often becomes effective or may not be effective. [So much is in the communication process.]

[03:03:30]

*T. A. Rosolowski, PhD:*

I'm wondering what your feeling is about the generations of women, your generation and the ones intervening to now. What has this group accomplished that the coming generations can build on? I mean you just mentioned sort of all of the soup of inequity that was there. What do you think are the big accomplishments?

[03:03:55]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Well, I can tell you some of the ones that haven't happened yet. I had to do a gender equity salary review at UMass, I was in charge of that. They would never tell me the salaries [of the other chairs]. So we did a lot of fixing of salaries, and you know that they don't stay, so that has to be a constant. We may have started it but it better—every institution has to relook at that every three years.

[03:04:27]

*T. A. Rosolowski, PhD:*

You mean the salaries, there's a gap that keeps reappearing?

[03:04:30]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Yes.

[03:04:31]

*T. A. Rosolowski, PhD:*

Why do you think that happens?

[03:04:34]

*N. Lynn Eckhart, MD, MPH, DrPH:*

I don't think people think, really think about us. Even in the last few years, where I work, there was a fellow who, they would say well he's got—he wasn't productive and there was a question of should he leave or not and they said well you know, he's supporting a family. And you looked around and you wanted to say, well what do you think these women are doing? They're doing the same thing.

[03:05:11]

*T. A. Rosolowski, PhD:*

Right. It's also kind of peculiar that it's supposed to be a merit system and not a needs system.

[03:05:17]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Exactly, but when I started at UMass, Lou and I, the [chairman] thought it was—it should be based on need, that if you had more children you should get paid more. So we have to keep bringing those up. But when we bring them up in what people consider a shrill voice, then we lose. Women of my generation, I think know that more than others, because we've probably been hit with that.

[03:05:58]

*T. A. Rosolowski, PhD:*

Well and it's a tough—it's a rock-and-the-hard-place kind of situation when often, saying anything that smacks of “I would like more please,” is considered shrill. (laughs)

[03:06:14]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes, I know.

[03:06:17]

*T. A. Rosolowski, PhD:*

Yeah, so it's pretty tough.

[03:06:19]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It's tough and you just have to keep, you do have to keep saying it, though and you have to—we should, as women, we should be looking for those behind us to take leadership positions. We should be nominating them, putting them forward, advocating for them. Somebody may have advocated for us and they may have been men. Many in my case often were. But we have to continue that and make sure talented women, and also talented men who are relatively quiet, get a fair shake.

[03:07:08]

*T. A. Rosolowski, PhD:*

How have you seen things change as the numbers of women in medical schools and in institutions have risen?

[03:07:24]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I'd like to think that there's greater concern about the practice of medicine being more patient centered because of women being there. I'd like to think that we're more concerned about the health and wellness of our students and our residents, and I say I like to think because I don't think the data is all in there yet, and until you really study institutions that are primarily run by women in real leadership positions [will we know what difference we made].

[03:08:10]

*T. A. Rosolowski, PhD:*

I was just thinking of your comment about when a medical school class is a hundred percent women.

[03:08:18]

*N. Lynn Eckhert, MD, MPH, DrPH:*

That and the Supreme Court would be perfect.

[03:08:22]

*T. A. Rosolowski, PhD:*

But yes, the evidence of that is not in yet. Yeah.

[03:08:29]

*N. Lynn Eckhert, MD, MPH, DrPH:*

But if we did that, will we see some of the things that happened in, say the Soviet Union, when they had such a high percent of women physicians, and then the, sort of the authority, or the power of the profession was denigrated, and that's something I think you have to think about, especially with business in there now, even more than it was.

[03:09:03]

*T. A. Rosolowski, PhD:*

An interesting and sad question.

[03:09:04]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Yes it's a very sad question.

[03:09:08]

*T. A. Rosolowski, PhD:*

Especially given how hard women are working and how credible they're making themselves. Do you think medical education, the cost of it, has been going up and up and up. What's your feeling about the impact that is having on women making the decision to come into the profession?

[03:09:34]

*N. Lynn Eckhert, MD, MPH, DrPH:*

I personally think it makes a big impact on the lower income, not just women but men and minorities. A big impact, because they can't even imagine, they can't even have, getting through college and medical school, having a \$200,000 debt, it's just, it's not in the realm of possibility to them. I think that's a real shame. Now, there are professionals marrying and partnering with each other, it's a much heavier debt in couples, which I think is very different. I don't know if it discouraged them from entering medicine, because they're really already in it. There's been a lot of studies saying it doesn't make a difference in career choice, but what they haven't asked is the right question. They look and say, oh, they're going into [primary care] medicine. They don't look at what happens sub-specialty wise, which is where the money is. It doesn't ask them what

practice choices they make. The practice choices make a big difference, because if you have a huge debt and there aren't some loan forgiveness programs, are you going to really work in a small town?

[03:11:18]

*T. A. Rosolowski, PhD:*

Right.

[03:11:18]

*N. Lynn Eckhart, MD, MPH, DrPH:*

Probably not. So the question of does it—supposedly, they ask seniors graduating from medical school --there have been a lot of studies on this-- and now know they're going to go into what they really want. But then you go into internal medicine then, do you become a subspecialist for that? We're not asking that. We're not asking them where they practice. So I don't think we have the right data, we haven't added anything to correct it.

[03:11:54]

*T. A. Rosolowski, PhD:*

Now, you mentioned earlier, burnout is one of the realities in healthcare practice now. And keeping that in mind and the whole arena, are there certain changes that you see or certain challenges that need to be addressed in the environment of healthcare or the environment of medicine now, to keep women in clinical and research practices? What needs to happen to make sure women stay?

[03:12:28]

*N. Lynn Eckhart, MD, MPH, DrPH:*

I think the question is what needs to happen to make anybody stay, because I think burnout is both genders. As a profession, we need to regain our voice. We lost our voice a lot by sort of a willingness to compromise the business side of [medicine]. We're not a coherent group, because we have the primary care on this side of the spectrum and then we have surgeons and internal medicine, and then we have the super specialists. We have people making \$150,000, other people making \$400,000 [or a million dollars]. Do they speak in the same voice, do they care about the same things, do they have the same values system? How do we come back together? And we don't, most of us don't belong to something like the AMA. We belong to our specialty societies. We may belong to our state medical association but not a national, and we concentrate with a group of people who are relatively like minded thinkers, because they're all pediatricians and they're all surgeons or whatever. So we haven't, as a group, said, "this is what we would create for medicine." I don't know if that can ever happen again. It may not be [possible].

## Chapter Twenty-Two

### *On the Future of Medicine and A Look Back on a Career and a Legacy*

Dr. Eckhert confirms she would “do it again.” She expresses her passion for working with patients and the intellectual excitement she has found working with organizations and committees that have an impact on policy. She comments on the future of medicine and her receipt of the Foundation’s Alma Dea Morani Renaissance Woman in Medicine Award. She speaks about the legacy she hopes she will leave through her family, friends, her wide circle of colleagues and also the impact she has had at University of Mass and at the Lebanese American University.

[03:14:27]

*T. A. Rosolowski, PhD:*

Would you do it again?

[03:14:29]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Absolutely, absolutely, no question. I never had any idea how broad a field I was going into, and the opportunities are endless, just endless. The people you get to meet, and the house of medicine, those organizations and how they're run and what's happening in them and how you could influence them, because I've been in a lot of them. I'm on the National Board of Medical Examiners now, and just to be able to hear where they think they're going, and maybe have an input in that because you're on the board, that's exciting. It's exciting. And if we could get universal healthcare, that would be perfect. So there are all sort of things, there's individual care of the patient and there's nothing—there's just something special, there's nothing better than -- you close that door and you have you and your patient, in my case the patient's parent, myself in that room, and all that's going around you can be shut out for a time and you can be trying to do the best for that person. That's exciting, and sometimes it requires once you open that door, a huge amount of advocacy. Sometimes you can't do exactly what you want but you can sure try. To be in a profession that's really appreciated by the public --you hear bad things about us but one on one, they like us and we like them.

[03:16:24]

*T. A. Rosolowski, PhD:*

What do you think is the future of medicine?

[03:16:30]

*N. Lynn Eckhert, MD, MPH, DrPH:*

The future of medicine is a lot more involvement of people, so wellness. So I'm saying that not as patients then, but as people needing wellness, needing prevention, needing some curative medicine, all of that. It's much more of a team approach where nurse practitioners can do an absolutely fabulous job and they should be encouraged. That should put the physician in a different kind of role and we should be, all of us, nurses, everybody, should be functioning at the

top of our capability not lower. So if we all hike up a little bit. The public is going to be much more knowledgeable, much more in touch with their own health and their bodies and what's happening to them, and so they'll ask for more. And artificial intelligence is going to make a big difference because it's going to be, particularly by the medical record, you're going to be able to collect lots of information. All these Fitbits and all [those wearables] that collect information are going to help us in making decisions. So then genetics and individual care of the patient based on your genetics. Do you respond to this drug, do you respond to that? Genetics [tells us] I'm more likely to get this but not that. [I might respond to this drug, but not that one. Precision medicine.] All of that will be taken into account. So it will be on the one hand, a much more scientific practice and on the other it will require a huge amount of communication between the physician and the individual person and the population, because you're going to need to be able to interpret some of the artificial intelligence, some of the data that they're collecting on themselves, that they don't even realize they're collecting and might know about. So it's always a bright future. Just look what's happened in you know, just a few years? All the immunotherapy for cancer and all of that is very exciting. How does that get down to the average practicing physician that's not on the cutting edge of the research? We have to make sure that that's much faster than it's ever been, it's been way too slow.

[03:19:13]

*T. A. Rosolowski, PhD:*

Tell me about receiving the Alma Dea Morani Award, what did that—what significance did that have to you?

[03:19:23]

*N. Lynn Eckhert, MD, MPH, DrPH:*

It's always wonderful to be recognized by your peers and contributing to your field. You know it's a small—have you been to any of them?

[03:19:42]

*T. A. Rosolowski, PhD:*

I've been to one.

[03:19:45]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Okay. It's a relatively small group and people have their friends, colleagues there too, but still, it's not this huge event. There's something very warm about that, something very personal, but you feel with it, a responsibility to continue to help the next generation behind you. I think that stands out when you're talking to your colleagues that have gotten this award, and as we get a bigger group, how do we coalesce and collaborate on really making a difference, hopefully we can do that.

[03:20:52]

*T. A. Rosolowski, PhD:*

Is there anything else you would like to add?

[03:20:55]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
I don't think so. I've talked enough.

[03:21:00]

*T. A. Rosolowski, PhD:*  
We've talked a lot. Well I do want to thank you for your time, it's been wonderful.

[03:21:05]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
Oh, you're more than welcome, thank you.

[03:21:06]

*T. A. Rosolowski, PhD:*  
It's been really, really interesting.

[03:21:07]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
It's been very nice talking to you, now you still have to give me a couple of books.

[03:21:10]

*T. A. Rosolowski, PhD:*  
I do, I will. I will. All right, so I mean I want to make sure there's nothing else that I've missed.

[03:21:20]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
Not that I can think of. I'm going to look up Kevin's name.

[03:21:24]

*T. A. Rosolowski, PhD:*  
Okay. So again, I thank you for your time and I want to say for the record, I'm turning the recorder off at five minutes after three.

[Pause in Recording]

[03:21:36]

*T. A. Rosolowski, PhD:*  
Okay, it's quarter after three and we're doing a bit of an appendix, because I forgot to ask the question, what do you believe your legacy is, or what would you like to think your legacy is.

[03:21:47]

*N. Lynn Eckhert, MD, MPH, DrPH:*  
I'd like to think first and foremost, would be my family, so I have three great children, three fine in-law children and six grandchildren, and so I think that's a great legacy to have. And my husband, of course, but he's not really my legacy. And then I think where have I made a difference --and I hope that I made a real difference-- in the Department of Family and Community Medicine at UMass. I think I did. I know I made a big difference at the Lebanese-

American University, in creating a new university, and I started a new MPH program at Alfaisal University, Saudi Arabia, and have worked with that medical school, and so I think that's also a legacy. But you'd like to think you have a legacy with just being a friend of people and a guide and a mentor to a lot of young people, both friends and faculty, and young faculty, and I think I made an impact there. I think you don't always know. You don't always know the people that keep in touch with you, you feel an affinity for, and there are others that you just don't know, and then somebody comes up and says well, somebody told me, so and so told me about you. So you don't always know but it's been a great life so far, I've been very lucky. There was a lot of luck here and yes, hard work, but I don't mind that at all, I like that actually. Good question.

[03:23:50]

*T. A. Rosolowski, PhD:*

Well I'm glad you reminded me to ask it, thank you.

[03:23:57]

*N. Lynn Eckhert, MD, MPH, DrPH:*

Thank you for answering my question too, because I'm going to have to talk to somebody and I was thinking gee, I've been talking for seven hours or something and I wonder what she would say.

[03:24:13]

*T. A. Rosolowski, PhD:*

Well let me just say for the record, I am turning off the recorder at twenty minutes after three.