REED TUCKSON

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Dr. Fitzhugh Mullan,
interviewer

Mullan: Your date of birth?

Tuckson: February 18, 1951.

Mullan: It's the 12th of November 1996. We're in Los Angeles, in the Office of the President of the Charles Drew University of Medicine and Science. It's a warm Tuesday in November, and we're in the inner sanctums of this very handsome building. The campus was built when? Give me just a snapshot of the school.

Tuckson: The university arises out of the ashes of the Watts riots of the 1960s. In that riot, many people died, obviously in protest for social conditions, and one of the major issues that was the precipitation for the uprising was a resident of this community having to try to drive a great distance outside of this community to a hospital. The only one that would take poor people was a long way away, over at USC, at the big county hospital thirty-some miles away. As a result of that, there was an impetus then to create a hospital, and associated with that hospital was a postgraduate medical education program, which then became the Charles Drew Postgraduate Medical School. Eventually, that evolved into a College of Medicine, which is associated with

the UCLA School of Medicine, and an independent School of Allied Health.

As a full-fledged university that is fully accredited as a private university in America, we now have 100 medical students in our school each year, the mission and purpose of which is to train the next generation of health professionals who are dedicated, willing, and competent to serve the health needs of traditionally underserved communities, and develop new knowledge in the context of that service.

So we have the medical school, we have fourteen residency programs in everything from family medicine through ophthalmology, orthopedics and such specialty services as that, and we have an Allied Health School which has nine different health professional training disciplines, from entry-level office careers all the way through to physician assistants and nurse midwives. So we've been around now about 31 years, as a complete organization, in one phase or another, but as an integral group, we've graduated, I think, now 12 classes in the College of Medicine, and so we're beginning--

Mullan: And they do the first two years here and then--

Tuckson: They do their first two years primarily at UCLA, and their third and fourth years in the medical school with us, although we begin our curriculum with them from the summer of their very first year, and have a connectivity with us all the

way through for the four years, but the bulk of their first and second year is spent at UCLA.

Mullan: And the hospital next door?

Tuckson: The hospital was originally called the Martin Luther King General Hospital, and now it is called the King-Drew Medical Center, to designate its very close affiliation with the university. We are quite collegial. Our faculty staff the hospital. Our chairmen of our academic departments are the service chiefs for the hospital department. So for the medical physician services, we are very much involved.

Mullan: And it's a county hospital--L.A. County?

Tuckson: It is part of the L.A. County hospital system, with all of the challenges, frustrations, and opportunities that such an affiliation presents.

Mullan: And your students spend most of their clinical time there, or they rotate elsewhere?

Tuckson: They spend most of their time there, although, of course, they will perform electives, particularly in the fourth year, in scattered environments, but it's a very intensive experience with us, and part of that core of experience has been a continuity primary care clinic. This school has, from its

inception, been built around a celebration of primary care, particularly a population-based model of primary care. Our students, from the very first moment of third year, are assigned their patients that they follow for the next two years, in a continuity experience, and so we've been very big on that.

Mullan: And the staff of the hospital, it has a medical staff which is King-Drew, or UCLA, or what are the affiliations?

Tuckson: The hospital relationship is purely between Charles Drew University and the hospital. Again, it's our faculty that staff it, and the physician staff that works at the hospital is part of our faculty, in terms of the physician staff. The only relationship we have with UCLA is just for those first two years. They're not involved in our postgraduate residency program training, nor are they involved in the Allied Health School. We are an independent and separate university, but we come together for those first two years of medical school education.

Mullan: Let's go back and talk about you. That's why I'm here, really.

Tuckson: Oh, okay.

Mullan: And if we could sort of move chronologically. I don't know, before Howard, where you were. Were you an East Coaster?

Tuckson: Yes, I was a boy in Washington, D.C., and my seminal experiences that developed my sense of career come very much out of Washington, D.C. My parents are both health care professionals. In particular, my mother was a visiting nurse, and so my strongest memories, as a child, are of my mother getting up early in the morning, putting on that visiting nurse uniform, and grabbing this enormous black bag, and marching out into the special visiting nurses' car, and driving into the poorer sections of Washington, D.C., to take care of needy and dependent people.

I keep a picture of her on my desk, because it really forms my sense of what health care is all about and what my purposes are. So she would often come home in the evenings and talk to us about her experiences. Generally, I remember bathing babies and teaching parents how to bathe their children, and concern for immunization status. It was really very direct, hands-on care in troubled and struggling environments.

My father also greatly influenced me, because he is a dentist, but he was the founder and chairman of the Department of Oral Radiology at Howard University's College of Dentistry, and I am very much influenced by his lifetime of commitment to building an institution of higher learning for people of color. He retired there as an associate dean, and so he has really devoted his entire life to building this institution.

So I'm very well aware of what it means to live a committed life, dedicated to training people who are going to serve unmet needs. There are very few African-American dentists in this

country who have not somehow or other come through my father's teaching arenas. So he's had a tremendous effect on the American dental landscape. So as a child of those two people, growing up in Washington, it is sort of not surprising, although I would have never predicted, that I'd be doing the work I'm doing now.

Mullan: What was growing up like in Washington in the fifties?

Tuckson: Well, I'll tell you, it was a very frustrating experience. Washington, D.C. is an extraordinarily--was and is--an extraordinarily segregated city. It is a city where you do not, and did not, really participate in the American democratic experience, which was bizarre, given that you lived under the shadow of the American government.

My parents, I think, first were able to vote for President of the United States not until John F. Kennedy. We did not elect our own government until later than that. My parents are very dignified, very mature, and very thoughtful people, and so the conversation around our dinner table was often a reflection of our sense of powerlessness and the indignity of being ruled by people that were not of and from our community and that we had no say in.

The racism of the time was a constant feature in our household, and so a great part of my career has been, I think, developed from the sense that people of color can and must and should devote time to public service, and be able to perform in a

responsible and an appropriate way in that service, thereby setting to lie the way in which I was raised during those times.

Mullan: The black community of D.C., at that time, in some ways, was more integral, or more cohesive--let me take a step back. At least my knowledge of black middle-class communities, pre-desegregation, as has been written about now frequently, were more cohesive in some ways than post-integration, housing integration, where it's dispersed.

Tuckson: Yeah. I grew up, for the first eight years of my life, in an extraordinary village, a village of people that, because of segregation, we were all together, people with means, with some means. Nobody was doing great, but people with some means and those with less means were all assembled in one area. It's called in Washington, D.C., it's actually pretty well-known, called Mayfair Mansions, which is over by the RFK Stadium.

Mullan: Is that where you lived?

Tuckson: That's where I lived, right, in Mayfair Mansions. It was an extremely exciting place to be, because you had this real conglomeration of folk. I was raised in that sense, and when people talk about, "It takes a whole village to raise a child," I really was raised in this enclave, in this village.

Mullan: Mayfair Mansions?

Tuckson: Mayfair Mansions. And if you were to be three courtyards down and do something wrong, the adult knew you, or knew what family you were with, and they would call your parents, and they would tell what you had done, or they would discipline you and then send you on your way. So there was a very great sense of that.

I also, though, experienced the results of what happens as integration gradually occurs. My family was one of the first families to make the exodus out, and we integrated a neighborhood in Upper Northwest, not too far from Walter Reed Army Medical Center, an area that was all white. I remember vividly all that goes with the integration of a neighborhood, being called "nigger" everyday, having racist people drive by your home and throw things at the house and at you, and the phone calls in the middle of the night, and painting a cross on your front yard, and the neighbors on the other side moving out after having built a nine-foot fence so they don't have to see you, and then they leave.

We experienced all of those sorts of things, but we also experienced the other end of it, which was to watch what happened as others moved out of Mayfair, and those who couldn't, and who had fewer means, stayed. Then over the years, Mayfair Mansions has become a very entrenched center of poverty, with an extreme density of hopelessness and not a lot of resources available to try to find solutions to the problems of the people that are there. So we've seen both ends of what happens, and it's an

interesting metaphor for much of what's happening in American life today.

Mullan: That old phenomenon, the irony of integration breaking the cohesiveness of not urban black life, but urban black middle-class life, what might have been done differently? As you've lived through this and watched this and think back on it, and then watch us as a society move ahead, what is the lesson of that?

Tuckson: Well, it's a very tough and complex lesson and question. I would say that one of the difficulties of the African-American experience has been the range of phenomenon that have served to fracture the bonds that should and could and hopefully would have given some sense of functionality in terms of their interconnectiveness. The Jewish community stays together to a much greater and functional extent, I think, because, of course, of the tremendous unifying effect of a common and shared history, in some ways a common and shared language that is unique and different, and then, of course, a common and shared interpretation of religious life. Of course, there are variabilities in that, but to a greater rather than lesser extent, there is that extremely high-intensity forging of molecular bonding, as it were.

The Korean who comes to this country comes with a shared sense of an entrepreneurial past, of a shared culture, place, history, language. You can go right through many, many, many

different ethnic groups who have a very clear sense of where they come from, what their language is, what their history is, a shared sense of religious interpretation.

Mullan: Even if they're spread out.

Tuckson: It tends to hold. The African-American community, of course, Africans who came here were deliberately separated from family, children removed from mother and father, father moved from children, village member "A" moved away to be with people from a different village or tribe, and so there was this absolute dispersion of people. There was no sense of a common sense of where did we all come from, no sense of place that says, "I am from here. These are my family roots. I know what I am." No. People were sent, really, into a nether state of affairs. You don't know your language, you don't know the folks around you. No sense of a common entrepreneurial business history. No common sense of religious interpretation that is very differently expressed in all forms of Christianity and it's interpretation as well as Islam and other religions.

Much of the African-American experience in the United States has been one of a searching, for trying to reconnect the pieces. It's been an incredibly principled--and I'm very proud of the struggle that, against the most overwhelming odds, people continue to try to forge those. And then, of course, as those bonds attempt to become forged, what is so clear is that the American experience has been so antithetical to trying to forge

those bonds, so negative about it, so unencouraging of it, and so deliberately destructive of those bonds, and so against all these odds, people are still trying to do it.

Not to be long about it, but the second part of your question, with that as a template, is that at the moment that we begin to move out, it's a result of this Civil Rights Movement that takes the more overt forms of discrimination and fractures those, leaving the covert, but for a moment, you are allowed this great freedom, this sense that you can be an American. These families are then able to live the American ideal at a moment when the American ideal is about to really take off, with all of its materialistic, narcissistic, self-indulgence, with all of the dawning of the electronic age, of the consumerism, the rampant consumerism, the proliferation of toys and gadgets and gizmo, and, of course, the proliferation of television, which all happens at that moment. And, as such, people who have ability, finally, to approximate the American ideal and have the means to do it are now able to, after all this subjugation, are able to finally say, "My kids are going to have everything. My children are going to be American children. And they're going to go out and we're going to live this life."

And so you become part of this great American mass of confusion, right at the moment that we go into--this is now the early fifties, and then followed very quickly by the confusion of the sixties, the Vietnam War, the great disillusionment in it all, the revolution in culture, and eventually what you get are people who are now caught up in this great American confusion.

And all of us are trying to find our way, as a nation, as people. Nobody knows what they are anymore. And so African-Americans who had the chance to escape, escape into this chaos and confusion, just like everybody else. So all of us are, I think, in some ways, we're now part of this larger macro set of forces.

Mullan: Apologies for going off in this direction, but I think it's terribly important, and your experience of it so seminal, obviously the emergence of the underclass center-city African-American community is clear, as the structure moved out and as the more organized and more upwardly mobile people moved out, and that's been written about at great length. What has never been clear to me is, as a black middle-class has grown up outside of the center city, is there cohesiveness to that, or is it so dispersed--I mean, it's obviously different than a geographic community where the kids are three houses down, as you described. To me, working with and knowing and interacting with black professionals, it seems to me that there is something of a sense of community. I guess it's different, obviously, than the physical tightness of the geographic community, but speaking for those who left and the children of those who left, how much of a diaspora, how much of a dispersion does it feel like, and how much is there cohesiveness?

Tuckson: It is very differentially expressed, and so as you would get in any complex grouping of people, you'll see great heterogeneity and, unfortunately, I think, not a lot of

homogeneity. It's an important question. But in general terms, I think that what I see, in terms of how my life is, in terms of my experiences, is that over time it becomes more--well, let me rephrase this. I think twenty years ago, fifteen years ago, there is a very strong sense of connectiveness between the African-American middle class and their sense of responsibility, interest, concern for what happens to those who are not as economically well off. That concern is reinforced not only just by a strong sense of race memory, a strong sense of a shared history of oppression, and also by the continuing discrimination that occurs in our lives. I mean, there's nothing that immunizes you from American racial realities, even when you are a professional. It doesn't matter what your title is. You still must walk down the street and go into the shop and confront the shopkeeper. You still must drive along the city street and see the policeman come up beside your car. These are daily reminders. You still must listen to the media portray you in less than appropriate terms.

The daily experience, the daily sense of rage and frustration, it's always kindled. You don't have days where you're not aware. I mean, you know who you are when you are in America. It doesn't matter what your title is, how much money you have in the bank. And if you don't know, it comes at such a price of self-delusion that you become a very unusual person who is operating only with so many sensors of their sensory network out there. So there is that sense. You are reinforced.

Then there is the sense that so many of have, because we would go to church back at our local church so you have that experience. Or you go to visit members of your family, cousins and uncles or aunts, who didn't have the same chance, maybe, that you did as a middle-class person, and are still living in communities that are challenged, and so you're back in the inner city. And then there comes the volunteerism that you do, as through your civic associations, your fraternal and sorority organizations that cause you that. So there is that connectedness. And then many of us would deliberately have our children enrolled and involved in things that cause that.

Mullan: Your daughter going to Spelman is, I would think is a manifestation of that.

Tuckson: In many ways. In many ways, my daughter going to Spelman College is very much a part of that. But then over the last years what is happening, increasingly, I think, is that just the range of complexities of American life are such that those bonds become even more difficult to hold onto. The concern that middle-class Americans have to preserve their status financially, and their social status, in a very complex world, causes you to turn inward. Just the economic issues, the trying to make enough money, the fact that both parents or both members of the family are both working and fully engaged in their careers, the opportunity and the aggressiveness that occurs because so many middle-class African-Americans have now been able to go to

institutions of higher learning that are excellent, we begin to see, in some areas, erosions of some of the glass ceilings. So there is a real push and drive towards career which becomes all-consuming.

Then there is just enormity of the social problems that exist because of the deterioration of the economic base that is available to try to mitigate problems. The deterioration of the school systems, just the fundamental structural inadequacies of the modern American experience, and the almost complete unwillingness of America to grapple with those issues at the level in which something can be done about them, so that what you get are these little piecemeal solutions to problems of staggering dimensions, and then you get middle-class African-Americans who are wondering, "What relevance can I have to these overwhelming problems? I don't know what I can do anymore." Individual action seems to pale in light of the enormity of the struggles, and so you begin to say, "Look, I've got enough to do, trying to get my family through this mess. I'm worried about my child, and my kids, and I've got to get my career together. I'm willing to do some things, and the bottom line is, this problem has become such a monster, and the chances of success seem so fleeting, that I just don't know anymore what I can do." And so people begin to drift more and more into just--

Mullan: Individualism.

Tuckson: And the great American morass. That does not mean though, in conclusion, to suggest that middle-class Americans have abandoned sense of responsibility and all of that. No, that is not the case. But I just begin to think that it becomes more difficult with each passing day.

Mullan: Let's go back and pick up the young Reed Tuckson in Washington, in times that are changing. Take me quickly through high school, college. Let's pause at 1968 in Washington, a tough year. You were in high school then?

Tuckson: I was in high school. I graduated in 1968, and as we were about to start to think about graduating, in April--

Mullan: Where were you in school?

Tuckson: I was at Calvin Coolidge High School, a public high school, in Washington, D.C., not the best school, but one of the best public high schools. It was almost 95 percent African-American.

Mullan: Where is Coolidge?

Tuckson: Coolidge is in Northwest Washington, on Tuckerman Street, Fifth and Tuckerman. That is distinct from Western High School and Wilson High School, which were more the white schools. Wilson was, at that time, mostly white. Western was an

interesting integration of--really, an experiment, I guess, in integration, which was pretty interesting. And then the rest of the schools were almost all black, in the public school system. Very clearly segregated out in that way.

But I was in a public school. Again, my generation, graduating in '68, were the generation of the first children to really start to have a chance to really make it as a group in American life. And so, of my compatriots in school, of my best friends, one is now the chairman of the Department of Neurosurgery at Howard University. Another is a very successful plastic surgeon out here on the West Coast. Another is a very successful lawyer who went to Harvard, MBA and Law School, and became a lawyer, got Milliken out of jail and has done a number of high-profile cases. I could really kind of go on, of course, several others of people. It was clearly a cohort and cadre of people who believed that they could do things, and really went out and did things, and were successful.

But as we prepared to graduate in 1968 from this public high school, Dr. [Martin Luther] King [Jr.] was killed, and the city went in flames. I remember my parents trying very hard to keep me in the house, to not have me go out into the streets and become part of the uprising, and it was a source of tension in our home, their need to protect me, and my need to be out among the people. And so there was a generational gap then.

This was also in '68, of course, in the heart of the sense of disillusionment that we had about what America was about, not only were we, as African-American high school kids, frustrated by

our growing sense of the realization of race in American life, but we were also frustrated by just the sense of democracy, that the president would lie to you, that they would send you away to fight a war that made no sense, and all those same experiences that other American children had. But as African-Americans, we had our own spin on that, which is very intense.

So, as an upshot, we finished our school year with the United States Army living in our gymnasium, and with the United States Army filling the entire football field with armored personnel carriers and tanks and every manner of weapon and gun. A lot of these soldiers were people that had just gotten back from the first tours in Vietnam. First of all, they had to cancel most of normal school for the rest of the year. We graduated in the gym while all this armamentarium was out on the football field. Life was very different.

We had a chance to talk with these soldiers through the fence. They were separated from us in some ways, but we had a chance to interact with them. So we really had a sense then of Vietnam, of what they felt, and it was a very highly charged way to finish high school and to be thrown into adulthood.

Mullan: Radicalizing?

Tuckson: Very radicalizing. Extremely radicalizing. And while all that was going on, Howard University was closing down its school through student protests, and so we were very well aware,

and many of us were going down and participating in the protests at Howard. And so, yes, it was very radicalizing.

Mullan: Tell me about Howard. How was that? Why did you choose Howard, and what was it like?

Tuckson: I chose Howard because, I think, all my life I'd been programmed to want to go there. I think I only applied to Howard. And, also, financially, my father, being a member of the faculty, it was very clear that financially that was the place to go. And also, my parents were not wealthy. One of the things about being middle-class then, for my folks, my father was a college professor, he was a dentist, but he was a professor, they didn't have a lot. They didn't have a lot of money at all. My mother, being a visiting nurse, again, you didn't have a lot. The difference between being okay and not okay was really very slim. These are not people with any savings in the bank. I mean, everything was going towards paying that house note. The margin was very, very narrow, and it would be very easy to slip back.

My father, by the way, was the first person from his family to go to high school, to graduate high school, much less college. He's an American success story, as far as I'm concerned. My mother was one of ten children, none of whom went to college, except for her.

Mullan: Where were they from?

Tuckson: Washington, D.C. Again, I'm a several-generation Washingtonian. So there really was very little margin. And so, yes, I went to Howard. But also I really believed in what Howard was about and was excited about being there. It was a very dynamic place. I threw myself into--Howard was a protected world. It was set of by fences that walled off normal life, and allowed me to explore and experience anything I wanted to explore and experience.

I had tremendous freedom at Howard University. I was a lot of things all at once. I played drums, I was interested in drums, and Howard allowed me to become a jazz musician. I was a member of the marching band. That was one reason I went to Howard. One of the greatest memories of my life--my grandmother lived her whole life on Howard University property. My father was raised on Howard University property. Her house was rented from, basically, Howard University. We lived right there, and we could literally look out the back porch and watch the football games from her porch. So that I was always fascinated with the Howard University marching band, and it was just the best thing in the world. And so one of my dreams in life was to join that band, and I did, and it was one of the great experiences of my life, and I had so much fun.

But then I got into jazz music, and Howard was a place where so much talent gathered. So many people gathered together. So that all the jazz musicians came through there, and so we experienced them. So I played jazz with a lot of very famous

people, and I got to experience that. We had a very successful jazz group there.

I also became a student leader, non-traditionally, and again through protest, in my second year. It was a defining moment in many ways in my career, in my life, my second year in college there. Again, in the spring months, almost when Dr. King died. I don't remember the dates of this, but I remember it was warm. Near the end of the term, there was a bombing of little girls in a church.

Mullan: In Alabama.

Tuckson: In Alabama. There were actually back-to-back incidents that happened back then, enough such that there was so much confusion and turmoil and chaos and hurt and pain, that the administration called off normal classes for the last two weeks of the school term, and essentially said to us, "You are to go in your classes, and whatever grades you have now is what you have. You go to class, and you are to just basically discuss what's going on in this world, and figure out what the hell it's all about, and what you're about, and what we're about." Because it was just so much disruption. I can't remember all the details, but I just simply remember having to go to class, and we would just talk.

I remember sitting in zoology with 400 people in this zoology lecture hall. It seemed like 400. I don't know. Maybe a couple of hundred, for sure. It was a lot of people. It was

after a week of this, and something hit me, and I stood up in the middle of the class, and I said, "Sorry, professor, I'm tired of talk. If anybody wants to do anything, meet me outside." And I walked out. Strangely enough, like 200 people walked out behind me, and there are 200 people standing around me, outside, in front of the school. And I'm like, "Okay, now what happens next? What goes on now?" [Laughter]

As a result, the only thing I knew to do was to pass out lists for names and phone numbers and dorm addresses. Then I'd get volunteers who helped me collect names. And there are lieutenants, and the next thing we know, we had created two organizations, one called the Organization of Science Majors, and the other, the PreMedical/ Dental Club.

Well, it turned out that we had organized all the science students from that experience. So all the physics, chemistry, and pre-med, and the zoology and botany students are all become organized in this one collective, and we create an organization that lasts throughout the last couple years of my term. What it also did, and what happened in terms of my career and who I am, was that it brought me immediately to the attention of the activists in the medical school, so that all of the people that were closing down the medical school, Howard University's most probably aggressive medical school class in its history, all of those guys hear about this Tuckson person, and decide to adopt me.

So I now have second-year medical students adopting this second-year undergraduate. I get a summer job with them, and our

summer job is with the National Urban Coalition, one of the first of these really intense efforts to try to recreate the urban experience and find solutions to these problems. And our job was to figure out how to get more minorities interested in health and science, and I wound up traveling all around the country in that summer under the tutelage of a medical student who was the leader, a guy named Ewart Brown.

Ewart Brown was an unusually political young man, master organizer, very charismatic, legend. We'd go out, and I learned from him a lot about politics and intellectual thought, about organizing people and community empowerment, and all those sort of really very radicalizing skills from him. Then I also learned about how you get young children from inner-city communities to be interested in trying to go into medicine and science. So I was employed to do this.

The upshot of it all is that I get back to school my third year, and we really do have an organization formed. Previously we had no PreMedical Dental Club, so I become the person who writes away to colleges, medical schools, to get them to come and interview our kids to go to medical school. We even gave the MCAT, the practice MCAT, and I would walk around in the lecture room with a timer. We had a lot of people that got into medical school. I was the first person to invite the dean of the College of Medicine at Howard, who never came up on campus, and I walked him up to interview and to meet his students in the undergraduate campus.

So I learned a tremendous amount there. I got to be an organizer, I got to be a musician, a politician. I got to do a lot of things at Howard. And we also met just so many world leaders. We had as many world leaders come to Howard as came to Harvard, probably, during those days. So there was a real sense of exposure; experience what you want; stretch yourself out to the limits; anything, almost, goes. You could be as aggressive as you wanted. The upshot of all this was that I decided that I thought I wanted to go to health professional school. I wanted to be a dentist.

Mullan: Had this antedated Howard? Had you gone to Howard with a notion?

Tuckson: Not really. Didn't know what I was going to do.

Mullan: Had your folks pressured you or steered you at all?

Tuckson: No, not really. Didn't say a word, didn't say a word.

Mullan: Other influences?

Tuckson: Everybody I grew up with, in terms of role models and folks that I admired, I mean, the people that came through our home were almost all professional men--and really men in those days--and so there was a strong sense of--they didn't have to say anything to me. I mean, my sense of who a man was and what a man

did, these are men of tremendous dignity, of confidence, of stature, of sense of themselves.

Mullan: Hold on a second.

[Begin Tape 1, Side 2]

Mullan: This is Dr. Tuckson, tape one, side two, continued.

Tuckson: The other influences was music. Again, we were raised with a very strong appreciation for Mr. [Duke] Ellington and for Mr. Count Basie and the jazz artists. I had a great respect for musicians, because of, again, their sense of their genius and who they were and their stature and their demeanor, which was a big part of forming my sense of who I am and what I'm about.

So I just thought it was expected that I would go into the family business, in a way. It turns out I really did not want to do it, and I made sure, by sabotaging myself on a number of occasions, that I didn't do it. I did miserably on the Dental Aptitude Test, and so I, eventually, did not do that. And also, while I so busy organizing the PreMedical Dental Club and helping people to practice--I mean, everybody got in but me, to do things. So I wound up staying around for a fifth year.

And what I really did, and it was one of the luckiest experiences of my life, I really didn't know what I was going to do after the fourth year, and I hadn't finished one of the major courses, organic chemistry. I just really neglected it.

Clearly, I just didn't know what I wanted to do, in my mind. I got a summer job my fourth year, knowing that I would have to take a summer course. I could finish in the summer if I wanted, the summer of my fourth year, and be through, if I just took this one course.

I had gotten married at that point, in that fourth year, and what I did was to get a job, working as a summer intern at the Area A Community Mental Health Center in Washington, D.C., which was in Georgetown. I was just a summer intern doing that work. Well, this was the most fascinating thing I have ever seen, ever done in my life. I was blown away by being in this experience. I walked in with no psychology course, no preparation whatsoever, and I'm in the community mental health center. I'm seeing people that are paranoid and schizophrenic, and they're walking around, and I'm trying to understand who these people are and how did they get to be this way. My people skills, and my sense of helpingness, I just bonded with them, and we had the best time.

They got confidence in me, and they started assigning me to work with children, and I started working with troubled youth. That led to the government basically hiring me, full time, as a psych therapist.

Mullan: Out of Area A?

Tuckson: Out of Area A. So my fifth year, what would have been college, I didn't take the course I was going to take. I enrolled then in night courses for my last, what was my fifth year in

college. But I worked full time as a psych therapist, a psychiatric technician, government service worker. I was assigned to the children's unit of this outpatient clinic, and I went around and worked with kids who were troubled in school. I met some of the most interesting kids, who were so angry and so frustrated, and I really started to understand something of the nature of how people become ill, what the behavioral determinants of illness really were about.

One of the children that stays in my mind, who I owe the most to, was a young boy whose mother had him when she was thirteen, while she was living in a detention center. Eventually, he then stays with her mother, who didn't do a very good job of raising her. Difficult circumstances. He grows his first years in this household, with grandmother. Mama gets out, has twins that are, like, four years now, later. Then they all get reunited and they live together. She has multiple boyfriends, and much confusion and chaos. One day, she goes out partying all night. One of the young kids lights a match, burns the house down, they all die. He barely gets out. And on and on and on. So, yes, he beats the snot out of everybody in the school, because he's one angry kid.

He and I do great together, but I realize before too long that I can't--I mean, he taxed the limits of my ability as a therapist to grapple with his problems, both my conceptual and clinical understanding, and also the sense, again, of his problem in the larger social milieu. It was very unlikely that we were

going to help him very much through psychotherapy. I mean, he had some big issues here that had to be dealt with.

I also did a lot of Transactional Analysis, and I went out into a lot of homes, just as my mother had done before me. I wound up back in the same homes, in the same communities, that my mother did, doing Transactional Analysis, with a therapist, with a senior therapist. We really went in and really worked hard on a lot of families of these kids.

And so eventually what happened was, to my luck, the psychiatrists at the clinic felt like they saw something in me. They said, "You know, really, you're not a psych technician here. You really have a little more to offer than that. You really ought to be in medical school. What's going on?" And these were white psychiatrists from Georgetown. They endorsed me in a way that I had never been endorsed, that I didn't know.

I applied to medical school as a result of that. I applied to two schools--Georgetown and Howard. I will never forget my interview at Howard. The dean was very upset with me. remembered me as a political activist, remembered the people that I hung around with, who had closed down his school twice. There was no chance in hell he was going to give me a chance to go to that medical school. It destroyed my father for a while, just hurt him terribly. But, to be honest, I also did not have a stellar academic background. So it could be argued that I hadn't earned the right, as well. But he was not endorsing of me. The dean was, in fact, very pessimistic, and screamed and hollered at me.

It was the worst interview I've ever had in my life. It was a very unpleasant experience.

Georgetown, on the other hand, by the time I actually got around to applying to Georgetown, it was a little late in the game. When all this happened, it was very late, when we finally got this epiphany that I should apply to medical school. So Georgetown had pretty much built its class, and essentially what happened was that I wound up in a special summer program, a summer program that had already begun a week ahead of time, with no promises.

They basically made me a deal, and this was the deal: "Quit your job." My wife was pregnant, about to deliver. "Quit your job. No guarantees. Come into this summer program a week late. Do your best. See what happens." I do not know to this day why I took that gamble, but I took it. I took the gamble, and I was miserable, and did terrible. These other students were just great. They were outstanding. The pace was enormous. But I took the gamble.

Mullan: This was like a post-bac program?

Tuckson: Sort of a summer preparatory course. I remember, at my worst moment, feeling completely defeated. The head of the program, a pathologist from Austria--I was down, and just miserable, he just looked at me, and says, "Well, you know, maybe you can't do it," which completely infuriated me, and I really worked my tail off then and started doing a little better.

End of the story was that there was one guy who had a placement at Howard and a placement at Georgetown. He decided two days before school started that he would go to Howard. He eventually went crazy and dropped out of school about two weeks later. Amazing. But it opened up a space, and the dean called me up, and says, "Reed, do you want to go to medical school?" And I dropped in on the last space. There were five black students in a class of 205 kids at Georgetown. Five out of 205, and I was that fifth, and we went on in.

Mullan: Tell me about Georgetown.

Tuckson: Georgetown was a very intimidating experience. I really was not prepared for Georgetown's program. I had not taken biochemistry. Almost everybody in the class had. The pace was enormous, and I was terrified. I knew I had gotten in on the skin of my teeth, and I felt like I didn't deserve to be there. The first year was incredibly difficult for me, and it really was all about survival, not about learning. I was not in an environment where you learn.

I remember one of the anatomy lectures when the professor shows a picture of a black man being hung, to talk about cervical dysplasia. I remember sitting in the balcony, in the front row of the balcony, and I wanted to scream out, but I knew that my status there was so precarious, and for one the few times in life--and I've never been able to overcome my sense of shame--I just sat down, and just sat there.

Mullan: What was the possible relevance of black man being hung to cervical dysplasia?

Tuckson: Just to show neck strain, or whatever. I mean, it just was the worst moment. My sense of powerlessness, and sense of, you know, just precariousness at that school was such that I just said nothing. I barely got through the first year. In fact, had to take a course over in the summer, take an exam, an essay exam, in one of the courses. And so I didn't know whether I was actually into the second year until the last second. In fact, the day the second year started was the day they told me that I was now a second-year student. So, I mean, I barely hung on.

Meanwhile, I went back to my style of organizing. I was the president of the Student National Medical Association chapter. I was organizing the students. My music group was taking off, really taking off. The jazz group that I started with at Howard was becoming well known, traveling some, making records. We were very much <u>the</u> cultural African-American group for D.C. at that time.

We had started a school, a free school, my compatriots. We were all very close and worked well together. We started a free school for children that has now become an institution in Washington, called the Watto School. Basically it is an alternative African-oriented school. So we had just begun that, bought a house, renovated the house. Each of us had duties one night a week to do something. I did plumbing on Wednesday nights, cleaned up the place. I mean, we all had jobs to do.

Mullan: This was a collective house with spouses and children?

Tuckson: We didn't live together. The house was for the school. But we bought our food collectively through a food co-op. It was all of that sort of thing, back then. Very much into political reading, a lot of international readings. So we did a lot of things.

So I was trying to balance two parts of my life--the medical school experience and the social commitment, political part of my life--and it was a tough balancing act. And then having children. By then my first child was already here. I just had a lot going on, and I was overwhelmed.

Georgetown, back then, was one of those schools that had just started using the note taking services. So you had these very printed-out notes that you studied. Now, of course, they're sine qua non of all schools, but this was, I think, a fairly new thing. We really studied multiple-choice exams with a note service. So it was almost like, if you could figure out, read these notes, and keep up with it, then you could take the multiple-choice exam. And if you knew how to take tests, and you knew how to assimilate all this information, you could do fairly well.

What I did not do, I just didn't have the luxury, it didn't seem to be available, was to understand the purpose of what I was learning. It was, "You've got to pass these tests if you want to get to the third and fourth year." So I was engaged in a treadmill of just, "I gotta pass this test, I gotta pass this

test, I gotta pass this test." I wasn't in a treadmill of, "God, I'm learning a lot about exciting things and wonderful things, and just filled with discovery and scientific intellectual development."

It turns out that, thankfully, I did not pass the second year. I failed a course, pharmacology, which they said I passed, and I did pass. Now, again, the details aren't important, but it just used to drive me nuts, because I missed an exam. A lot of people missed the exam. Everybody saw the exam, those that missed it. They asked us did we want to take the exam. I said, "I already know what's on the test." And they said, "Therefore, you take an essay." Well, a lot of my classmates took that test. I took an essay, and got the worst score in the universe on this essay exam.

Then at the end of the course, the guy says, "You didn't get the Nobel Prize in pharmacology, but you barely passed. Thank you. Good luck." Well, then, months later, they come around and tell me I didn't pass the test, the course. I was just upset. So I didn't pass.

It's a debate, and everybody's upset. So they offered me a choice at the end of the second year. "Take the courses in the beginning of the first semester of the third year. Take those courses. And then the second semester of your third year, you can go into the clinics and try to catch up with your class. You may graduate a few months later. But it's something. We'll try to work it out."

For some reason, I said, "No, I'm going to take the second year again." But this time what I did was, I went up to the pharmacology department and I asked to do research in pharmacology that summer, as a pharm grad student, honorary pharm grad student. I said, "If I fail this course, I'm going to take it again. I'm going to be a pharm grad student." Best luckiest break of my life.

And the result of it, quickly, was that I became an honorary grad student. I divorced myself from every friend I had. I started doing research, and I got a research grant. The project required that I inject rats twice a day, seven days a week, which meant they had to give me a key to the building, and I had to live in that pharmacology department. The research was fun, and all of a sudden, I got around these grad students, who were really interested in science, and these really smart faculty members. All of a sudden, I started reading science, and reading articles, and reading physiology and pharmacology, and I got turned on. I said, "Hey, this is for me."

So I never once saw one of my friends for a year. That third year, I never saw another person that I knew. I never went to the lounge. Nobody knew Reed Tuckson. I was in the pharm department. That's all I was. And Christmas, New Year's Day, New Year's Eve, I was in the lab. I published, and I did work, and then I finally got into cardiovascular pharm, which really got exciting to me.

I got a Heart Association fellowship, and through that, I met the smartest clinicians at Georgetown, because the hot people

at Georgetown then were the cardiologists, because it was a really good cardiovascular pharm, and so there was this union of the cardiologists and the cardiovascular pharm department. Well, I got in with the cardiologists and we really hit it off. These guys were so arrogant, so confident, so cocky. I said, "Man, I want be just like these guys." And I went under their wing, and I just made them adopt me.

Because of that, by the time I got to the third year, the real third year, the clinical years, I really knew cardiology inside and out. I really knew it. We had the best teachers, and I had humanistic teachers. I knew the art of the clinical exam. I was taught by this old Southern man named W. Procter Harvey, who built a stethoscope called the Harvey stethoscope, which I use still to this day. Harvey knew more about feeling the pulse, about examining the pericardium, about all the physical signs. Which part of your hands do you use to feel what event? Such that by the time I got to the third and fourth years, I really was very well trained. As a result, I smashed the third and fourth years out.

Of my classmates, I was more responsible than almost any, more enthusiastic, more aggressive, more confident. Eventually, I became, like, during my third year, after my medicine rotation at D.C. General--and that was everything very quickly. We used D.C. General a lot, and D.C. General was, for me, one giant playground, because the university hospital was one thing, but the general hospital was the other. I loved the patients,

because they were my people. I loved the problems. They were all the things I cared about. I got turned on completely.

Eventually, what happened was that while I was in my radiology elective back at the university hospital, one of the interns in medicine at the general hospital went home to India, unexpectedly, for a month, for some crisis, and they asked me, the department, would I be willing to go be an intern for a month. They got me out of radiology, a third-year student. I became an intern for a month, and that taught me every lesson I needed to learn.

Mullan: What were you thinking in terms of career?

Tuckson: I was going to be a cardiologist, completely, and that's what I wanted to be. I wanted to do all of it, from the technology to the personal.

Mullan: That's when you went to Penn?

Tuckson: That's what I went to Penn for. It was amazing that I got into Penn, and nobody believed that I could, and that's why I applied there, and I did. So I was going to be there. When I got to Penn, and to bring this to closure, I really wanted to be a cardiologist, and my junior year, I was the admitting resident in the VA Hospital. It seems like all my best experiences are at those kinds of hospitals. I was the admitting resident, and I admitted five people in end-stage heart disease, hypertensive-

based, with tremendous congestive heart failure. Five-year mortalities worse than cancers that we were going to see. I went to my advisors. I was in the internal medicine track, the traditional track.

Mullan: This was your second year at Penn?

Tuckson: Second year at Penn. I went to my advisors, who happened to have been two very interesting guys, one named John Eisenberg, and the other named Sanky Williams. These guys were the first cutting edge of Robert Wood Johnson Clinical Scholars. They had gone to the Wharton Business School. They were policy guys. They were general internal medicine guys, and they had the hottest intellectual center at Penn. They were really running fast.

I had just sort of gotten to know those guys, and I asked them, why did I admit five people in end-stage heart disease, from preventable disease, and why did it have to be this way, and what was I really going to be able to do for them as a cardiologist? I was going to have a lot of fun floating Swan-Gantz catheters and measuring pulmonary capillary wedge pressures, and tuning them up with a few inotropes and chronotropes, but really was I going to do anything in the real scheme of things? No. And they said, "Hey, you're one of us." And they brought me into the club, and the next thing I know, I'm in the general internal medicine track. I'm under their tutelage full time, and they gave me complete religion as a generalist.

Eventually, I wound up being a Robert Wood Johnson Clinical Scholar, and staying at Penn, becoming a general medicine fellow, going to the Wharton School of Business, to learn policy issues, and those guys are the ones that made me a primary care generalist.

Mullan: Tell me a little about the Wharton Clinical Scholar year. With your roots in the community, your run of the rapids of cardiology here, hitting bottom a few times, and then your diversion into the stream of generalism, what was that conversion like, beyond the power of Eisenberg and Williams?

Tuckson: The experience was that just as at Howard, they said to me, and also Sam Martin, by the way, who was the guy that ran that program, now dead, but Sam Martin was one of them. Sam Martin said the most important thing in the world to me, and he said this, "You were chosen for this program because we believe in who you are. You don't have to do anything other than for the next two years to follow your heart and your mind. Whatever you're interested in, do it. You don't have to come report to me about anything. You don't have to tell me anything. You were chosen because you, Reed Tuckson, we believe in. We believe in you. Go for it. See you later. Have a good time."

And he opened the door, and I wound up then doing everything I was interested in. So I became a consultant to sickle cell disease, because I was infuriated with the way that the poor black kids were being treated in the emergency room and how inept

we were at managing this disease. It taught me a tremendous amount about the interface between behavioral, social conditions and the clinical manifestation of disease and the expression of pain. I got very immersed into that work. I was the medical director of a skilled nursing home in the inner city. I basically was the founding medical director, and that got me into--

Mullan: This is the Jeffries Nursing Home?

Tuckson: Yeah, the Elmira Jeffries Nursing Home. This was a lot of responsibility for a young physician in training, and it taught me a lot about the organization of health services, the financing of health services, but also how you deliver health services out of the real world. That was seminal.

I was in charge of the Student Health Service, the night service for student health, and so that gave me a whole experience in student health, in college health, in adolescent health, and again, how do you organize systems of care.

Most of my passion, though, was in a preventive medicine radio show that I did on the jazz station in Philadelphia. Philadelphia had a very popular jazz station called WRTI, The Point, 90.1 FM. I created a radio show with one of my attendings, who was a great guy, and that radio show we did every week, but we did it using theater, drama and comedy.

One of my best friends was a playwright, so we used to do skits on the radio, and we had actors that would come in with us

and do it. So it was hilarious or it was sad, but it dealt with topical issues, and it would start out with, "No, you're not putting my mother in a nursing home."

"But dear, she left the door open and walked out three times, and she left a pot on the stove, and it was boiling, and I'm worried about her."

"Yeah, but my mother was there for me, and I'm not giving up."

"But dear, we can't manage your mother. She's in danger. I know we love her, but we got to do the right thing."

"But that's my mother."

And they'd go back and forth, and then we'd say, "Welcome to The Point, 90.1 FM. How do you make a decision about your mother and a nursing home? Well, with us today is an expert on so and so, and now let's talk about the issues that came up in this drama today." And then we would go into it.

So we would do these things, and it taught me all the lessons that I still use every day about communicating preventive medicine issues to constituencies of people. So all that stuff. And, then, of course, I had my panel of patients that I was seeing, and all the experiences clinically. And so all that gamisch came together.

Mullan: How did that translate for coming back to D.C. and jumping back into the public sector?

Tuckson: I was fortunate that some of my oldest advisors and mentors in Washington, D.C. were tracking my career, and a guy that I call my coach, who now must be seventy-five years old, a neurosurgeon who is now the professor of social policy at Howard University School of Medicine, Dr. Jesse Barber, Dr. Barber called me in the spring of my second year, and Dr. Barber said, "Reed, it's time for you to come home. There's a job for you to be the special assistant for medical affairs to the Commissioner of Health here in Washington, D.C. Your city needs you. This is what you've been trained to do all your life, and this is what you're to do . It's time to come home."

So I looked to my professors, and I said, "I've got to leave the fellowship early. What do you think?" And, to a man, Sanky, John, Sam Martin, they all said, "This is what you were trained to do. This is why you're here. Go. This is exactly what's supposed to happen." I thought they were going to be angry. I was scared. "Everything is unfolding as it should. Leave." I can't believe how wise those people were, how they understood.

So I left, and I became special assistant for medical affairs. And, of course, all of those years at my father's home, and the sense of--and that's what all that earlier conversation--that's why, I guess, it was about. It turned out to be a terrible experience. The Commissioner of Health was an idiot, as far as I was concerned, not interested in health.

Mullan: Who was commissioner then?

Tuckson: I'd rather not. But just to say that I did not enjoy working for him. He was anti-intellectual. It was an unexciting place. Coming out of Penn, with this sense of enthusiasm and knowledge, the use of data and studies and analysis and applied theory and all of that, to a place that was really a stuck bureaucracy, a government bureaucracy, with no vision, no passion, just a real political Machiavellian-ness, where the whole subject of every conversation was, "Who's in power? Who's on first? Who's on second?" as opposed to, "Who's sick and who's dying?" I just was furious.

And also, the guy that was the commissioner really had reason to be scared of me. I mean, I was well trained, enthusiastic, and he was fearing for his job. So I got sent to suburbia in this job, and essentially what he did was to make me do things that were finance-related and business-related, which was just perfect, because I then really got to understand the financial underpinnings of this modern public health system, and I really got pretty good at knowing that stuff. I quit, though, after about four months. We had a terrible falling-out. I screamed and hollered at him, and he screamed and hollered at me. I said, "I'm outta here."

Very luckily for me, people had noticed me in the four months I'd been there, and so I got a call from a guy that ran the Department of Human Services, said, "The mayor and I don't want you to leave government. Come over."

Mullan: This was the mayor of Washington?

Tuckson: Marion Barry. who I had a great deal of respect for at that point, because he was very active and very interested in things I cared about. We don't have time to do Marion Barry in this interview. A very complicated man, but not all the unidimensional figure that he is portrayed to be in public, even though he and I had a falling-out as well. This is a very complex man, not at all easy. He's not black and white, as he was made to be in public.

Anyway, the result was, though, that they offered me a job in the Commission of Social Services as the administrator of the Mental Retardation/Developmental Disabilities Administration. I could not have been luckier to have gotten a position like that. First of all, it was administratively the worst-run and most troubled administration, probably, in the system, so I had real problems to fix. And so I had all this theoretical knowledge, but I'd never really run anything. So now I learned to run something.

The thing about the Mental Retardation/Developmental Disabilities Administration that was good, were two things. One was, it was run on the developmental model, which is antithetical to the medical model, that the clients that we were serving were not medically ill, and they and their advocates adamantly advocated that these were not ill people. They were developmentally disabled, which meant that they hated physicians. They absolutely distrusted completely the medical establishment. They believed in this whole developmental model which dealt with the entire human being. So I had to put my "M.D." in my back

pocket. Not only did it not mean anything to be a physician to them, it was a liability, which was a risky thing at that moment in my career.

What I then became enamored by was a system that assessed the individual's mental, physical, dental, social, recreational, economic, every element of that person was part of the individual treatment plan for that individual person. And the second part that was so exciting about being in the mental retardation system was that it was at the height of the moment of depopulating and closing the institutions, and placing these folks in the community, in small group homes. So my job was to create a system of care and housing for developmentally disabled people in the community.

Well, politically, the lessons to be learned were the most intense lessons as you can learn anywhere, because property value politics, "not in my neighborhood," is the most intense politics you can ever get. It didn't matter whether you were putting these group homes in a poor community, or the richest community. You had a hell of a battle on your hands to do it. And so I got a really great education in how do you go out there and deal with people in a community environment, and talk to them about things that they do not want to talk about, and survive. By the way, we were number one in the country at our success rate at creating group homes during the time I was there. That's not just because of me, but because of the advocates that we had, and so forth and so on. I also learned a lot about advocates. I learned a lot about advocates.

Mullan: Strong advocates.

Tuckson: Strong, boy. And they were on our case. I learned a lot about what it means to work with advocates and to determine why is it that you're arguing with each other. If you both want the same things, is it a question of technique, style, pace? I had a very good relationship with the advocacy community, and it turned out, again, to be an important lesson.

So at the end of the day, what you began to realize was that as we study this from a population health perspective, if you think about it, the people that you see homeless on the streets are not the mentally retarded, they're the mentally ill. The mentally retarded system, and especially the developmental disabilities system, was able to depopulate their institutions, close them down, to a great extent, but not have people lost.

Mullan: The group home movement was much more effective.

Tuckson: It was extremely effective. And, again, what it was all based around was this individual treatment plan that looked at the comprehensive needs of the whole person. So I have seen it work, I know it works, and I know the value of it, and those lessons are critical to me in terms of my interest in primary care.

Mullan: The end of that, you went back to Public Health.

Tuckson: The Public Health Commission was not doing well. They had, by that point, another Commissioner of Health, who was a good man, struggling a little bit. The mayor asked me to go over as the Deputy Commissioner of Health, to help with some of the infrastructure and the business-side issues. I had really learned a lot about managing in the public sector by this point, and knew a little bit about it, and knew a little bit about what to do, and knew the players in the system enough to be able to make a difference. Had a fairly good reputation.

So I went over as the deputy commissioner. I was glad it was a step up, and enjoyed that experience somewhat. Still had some differences of opinion with the people I worked for, still an impatience to get some things done, but still good.

At that point, a job opened up, I became aware of a job in the private sector for a major pharmaceutical house in New York, to work there. I had been to business school, I had done the public sector stuff. I thought I would have fun and go do that. I interviewed for that process, but realized that the job they offered just wasn't exciting enough, and said to them, "No," and I told them I didn't really have confidence in the people that I would have been working for in their system, didn't think they were very good, told them why.

Came back home, spent some more time as deputy commissioner. Got called again by the drug company, that said, "We'll hire you as the medical director of this division." It's a fairly popular name--I can say it now--it's the people that make Bayer aspirin and a few other products in that field. That was just at the

moment when Bayer aspirin was getting ready to be marketed as an anti--to be used in prevention of myocardial infarction because of the effect of aspirin, in terms what it does in terms of clotting. It would have been a very exciting moment for a non-prescription drug, over-the-counter, to be marketed this way, and it was a tremendous exciting opportunity, and I'd make a lot of money. I was making diddly-squat in public service. And I'd be on 90 Park Avenue, in New York. I mean, it was just the most exciting thing in the world.

I was really revved up, and I sat down with the mayor and said, "Mr. Mayor, I enjoyed working for you. This was just great. I'm outta here."

Then he says, "Well, look, how much money is it going to pay?"

I said, "Well..."

He says, "That's pretty nice. I can't pay you anything. You can't make money here. But I don't know how long our commissioner's going to last here. I think he has other interests he wants to pursue, and I'll tell you this, you'll be the next Commissioner of Health if you stay, and you know what your commitment is. You know how you care about this city." Anyway, a long story short, the hardest phone call I've ever made was to say to those folks I wasn't coming to New York, and I hung around, and the mayor was good to his word.

Mullan: How long was it?

Tuckson: I guess it must have been another three months or so later, and I did become--

Mullan: Took over as Health Commissioner in 1986.

Tuckson: I took over as Health Commissioner.

Mullan: Four-year run.

Tuckson: Four-year run.

Mullan: What was it like?

Tuckson: Oh, just tremendously exhilarating and frightening. We were in the midst of the mayor being investigated, and the department that I was in, Health was not a separate department. It was part of the Department of Human Services. There was a lot of scandal, or alleged scandal, in that department, contracting. The lions were out, the media was all over the place. The U.S. Attorney's Office investigated everything, so that I was terrified all the time, because I had no idea about what was going on. I didn't know where the problems were. I didn't know if I was in any of it, unwittingly. I didn't know if a contract that we had signed was inappropriate. Just fearfulness about this scrutiny. I had a full-time reporter from the *Washington Post* basically assigned to me, for my department, so that we were in the newspaper every day. Our issues were there.

And then to be frank, I pushed our issues onto the newspaper, because I very clearly understood the role and the potential of the bully pulpit as the Commissioner of Health, and I really did make love to the media. We were very aggressive. If there was any slow day in the news, we told them, "Come see us. We will always have a story." Heat stroke alert, you know. We would go out and we would do all that stuff that I learned from my preventive medicine radio show. We applied it every chance we could get. We talked health 'til we were blue in the face. We would go anywhere, anytime, and educate. We had no money to do health education, so we used the public service time.

We had such good relationships with people like the NBC affiliate, WRC-TV, because we were so prepared and so eager. We would go in and do public service announcements constantly. We usually could get it done in one take, so we didn't tie up the technician. We really were ready. We'd go in and we would do it, and they were good. They were good PSAs, and they would put them on, and so we just had all this free--so you could not go anywhere without encountering Reed Tuckson, in your face, talking about health. And we did the health fairs, and we were just tireless.

Mullan: What about the frustration working for a decrepit government in a down phase?

Tuckson: It was very frustrating because the budgets were cut every year that we were there, and every year I was there we lost

people and had to downsize. Most of the time we were there, the budgets were frozen, so even when they weren't cut, we were not allowed to spend money, even federal money, because everybody was terrified about being able to balance the books. Then they would let you spend money for like a month. You could only get it out for a moment. So then you had people saying, "Well, you're not spending enough money on AIDS." And you're screaming and hollering trying to expend your AIDS money, but they locked the books up, across the D.C. government. You couldn't get your money out, you couldn't get your people hired.

It was a tense experience. Very difficult, so much so that the best example that I can capsulize it was, of the bad and the good of what happened to us then, after a number of budget cuts, we had lowered--one of the major priorities we had was infant mortality. We decided that the health of babies and mothers, on the scale of civilizing values, this was at the top, that and HIV disease, because that was at the height of the HIV emergence. So we said, "Look, the Children's Defense Fund--" My experience with advocates was, again, I embraced the advocates. Bring the advocates into the process. Bring the community into the process. That has always been my learning, from my mental retardation days. So the Children's Defense Fund was critical as hell of the D.C. government and their mortality, and our statistics were the worst in the world. So we said, "Look, come in and tell me everything that's wrong with our system." And they gave us, "This is wrong, this is wrong, this is wrong, this is wrong, this is wrong."

We said, "Fine. We're going to do the opposite of everything we're doing wrong." So we guaranteed any woman would be seen within two weeks of the date of their call, for a first trimester visit. We guaranteed that there will be no more block appointments, but individual, scheduled appointments, no herd mentality. We guaranteed clinics would be open on Wednesday nights from five until nine, for those that were the working poor. We guaranteed on and on and on.

Mullan: Could you deliver on those?

Tuckson: We absolutely did. And the *Washington Post* didn't believe it, and they said, "We don't believe you're doing it."

I said, "If I do it, you have to write the editorial that says we did it. And if we don't, you're going to beat the hell out of me, anyway. But I want that commitment." They had all the women in the "Metro" section, what I learned later--at least I was told--to call in for appointments, and they got their appointments.

Now, by the way, and one of the lessons I learned, that I use to this day, is the importance of the receptionists and the people that answer the telephones. I trained those people personally, personally went out and trained those people, and I told them, "You're the most important people in this whole damn Department of Health."

Mullan: Did you get your editorial?

Tuckson: I got my editorial. I got my editorial. I was right. The *Washington Post* made it possible for me to be successful as the Health Commissioner. I'll say that unequivocally. Somewhere in that system, they made a decision to let me be successful. They could have made a decision for me to fail. They have that kind of power. Somebody in there--I don't know who it was, and to this day I don't know--I don't know how it works, but they said they were going to give me a chance. They had watched me all through my career. The first week I was at the Mental Retardation/Developmental Disabilities Administration, there was an editorial. The first decision that I had to make was very controversial, and the *Post* wrote the editorial. I still keep it to this day. "And if you think it through like Dr. Tuckson, you'll agree with him, as we do." They validated me that moment, and from that moment on, they validated me, throughout it. And so I was lucky.

Mullan: What was it like, personally, to come back to home town?

Tuckson: Pressure, pressure, pressure, pressure, pressure, pressure, pressure, because everything about my operating was in the climate of "Black people can't run anything. You guys aren't smart. You don't know how to it. You'll fail." And now everything you'll say about the government was, "You'll fail." And my parents and everyone--

[Begin Tape 2, Side 1]

Mullan: This is Dr. Tuckson, tape two, side one.

You were saying about pressure.

Tuckson: Yeah, the pressure was that, again, having been raised as I had been raised, with all those figures in my home, and all that frustration and expectations from my parents, I could not afford to fail in this job, and I certainly could not let down all those people that believed in me. And each day that we used the bully pulpit and went out there, and the people in the city really liked what we were saying, and they really identified with me, so that everywhere I went, cab drivers, doormen at the hotels, every time I'd go to a conference, I mean, everyone I would meet would say these nice things about me.

So every nice thing that was said turned the pressure up another notch every day. So I felt like I was carrying the weight of the world on my shoulders, and so if there was a bad article that was going to come out, I lived in just agony that I would embarrass myself or let down the people that believed in me. And then, my mother and my grandmother and my father lived there, and so they were getting phone calls every night about their son, or grandson. And so, any bad story--so I fought every article until that article went to bed. I called in to the editors. I had that really intense relationship with the *Post*. I mean, so that if they said something, I would argue every point until the paper went to bed. I mean, I was a real pain in the butt to them. I fought every line.

And then the radio stations had my beeper number, and that was fine, because any article that came out that morning, they called me 6 a.m., and I got on the radio, on "Drive Time." I would be interviewed, all the time, regularly, which gave me the chance to get the health message and the political spin that I needed out on every air show, because we also had the *Washington Times* newspaper, which was the Moonie paper, and those people were rabid racists. They were crazy, and they did anything they could to kill you, to destroy you.

And so, anyway, the bottom line was that at the end of all this, one of the best things to happen to us was, they cut my budget, which meant that we had to stop most of the things that we were doing for prenatal care, especially our flagship program, which was the evening clinics, which we were supporting on overtime. And all the overtime in our department went to the police department, for the crime wave, and to the corrections department, to take care of all those people that got locked up. So I watched them take away the money from babies and poor people's health, and put it into the criminal justice system, and I went berserk with anger.

I remember having a staff meeting with my staff, my senior executive staff, and we were depressed, because the crack cocaine epidemic had just started to really hit, and our infant mortality rate, which we had really brought down, started going back up. Then they canceled out my programs because of the money problems. We were so glum, and we were just so crestfallen, and nobody could speak in the staff meeting. And just like at some of the

moments in my life when you're just completely down, all of a sudden, you just throw something out, you just say something, like, "Everybody come outside. Come outside, follow me. I don't know what I'm going to do." And I said, "You know, let's open the clinics ourselves, the executive staff. We will run the clinic every Wednesday night. I'll be the doc, and Marc Rivo (my deputy for prevention services), Marc, you'll be a doc, and my chief nurse advisor, you be the nurse." And my Deputy Commissioner of Health was a social worker. "You be the social worker. And the budget guy, the finance guy, you are the receptionist. And the health policy guy, you are a receptionist." And we created a whole team. "And the guy that runs the drug program, you come be the drug counselor. And the nutritionist lady, you give out the WIC program stuff. We won't answer any more memos from stupid politicians. We're not doing any stupid bureaucracy work. We're just not going to comply. We're going to take the time we would do that and we're going to go out on Wednesday nights, from five to nine, and we're going to run this clinic."

And that became the best thing we've ever done, that I've ever done. It made the most sense, and we really learned how, then, to be good administrators and public policy people, because we were doing it every day. The guy who did the procurement saw, in real life, what happens when the medicine runs out at the pharmacy. He now knew what it meant to move that paper and get those drugs out of the warehouse. Everybody learned a whole

other level of how do you do your job, and, spiritually, it was great.

Then what we did, just to really have fun, was then we played tennis every night at the tennis center from ten to midnight. It turned out to be Wednesday night was the highlight of our lives. We did the best work, learned the most, gave the most back to the citizens, and we became heroes. That clinic went on for years, and I think it's still going on.

Mullan: Marc was still staffing it, I know, for a long time. Any problem running out in front of the mayor, in terms of your publicity?

Tuckson: Yeah, I was hated, distrusted.

Mullan: In the mayor's office? By the mayor himself, or by his handlers?

Tuckson: By his handlers and other people in the system who were jealous that I was successful. Basically, there were only a few of us that were successful, and I was distrusted, and people wondered what my motivations were, and there were people that really would like to have seen me fail, and I can understand that, and I didn't care one bit, because we pushed hard.

Mullan: You were there when the mayor got busted?

Tuckson: Right before. The upshot of your last question, the upshot of being out in front, the mayor said to me, "For the fourth budget cycle, we're going to cut you even more, and you can go out there and sell it, because those people believe you."

And I said, "No, Mr. Mayor, I'm not going to do that. I can't do that. It's already too far. No."

We had a big meeting in his office, with all of his senior staff, with his budget people, and I said, "Mr. Mayor, you're being poorly served by these people." I really got upset. "I mean, these people don't know what they're doing. They are terribly advising you, and I know you would not make these decisions if you could hear what I am saying. Listen to what I am saying to you." I got very upset. It was at Christmas time, right before Christmas, and I stormed out, pretty much.

The mayor yells back at me, you know, something like, "Dr. Tuckson, keep hope alive," or something like that.

And I basically made an obscene gesture and walked out. Well, I knew it wasn't going to take long before the security detail kind of asked me to step into another room, and the mayor walked in, and we had a one-on-one. I told him I was quitting, that I was through, that I'd had it. He asked me to think about it over the Christmas holidays. I said I would.

Well, the way it works in real life, and I learned a lot is, I'm driving to work on January 2nd, in my car, and I'm tuned to the radio, and the radio says, "Rumors are that Dr. Tuckson is planning to leave, is going to leave, and is leaving as Health Commissioner."

Well, my God, I pick up the phone, I call the mayor's office, I said, "I've got to get to the mayor immediately. I didn't say a word, Mr. Mayor, to anybody. This has been completely--I mean, there's a story out. I don't understand what's going on. I know I didn't do it. I don't want you to think that I'm playing this kind of game with you," and so forth and so on. Well, clearly, it came from him and his people, and they did it.

Next thing I know, there is a flood of activity all over the department. The news media is now coming out, basically saying, "We're concerned that Dr. Tuckson is leaving." An editorial in the *Washington Post* that says, "Don't go," which really pissed them off at that point. [Laughter] So I was in trouble, and friends of mine in the system said to me, "There are people down here looking at every contract you've ever signed," and I got terrified.

It turned out, by serendipity, that about two months before, I gave a talk to the March of Dimes in some regional meeting of theirs. I don't know how I got invited. I didn't really feel like going. It was up in Connecticut. I had to go on a plane, a Saturday afternoon, I was tired and didn't want to go. But anyway, I had to go, so I went. In the audience was the new incoming czar of the March of Dimes, president of the March of Dimes. She was in her training year, learning the March of Dimes. She hadn't really taken over yet, and she was in the audience for this talk.

One day, about a month after I gave the talk, she appears in my office. They said, "Dr. Tuckson, the president of the March of Dimes is here."

I said, "Oh, hi, what are you doing here?"

She said, "Listen, I just want you to know that I really respect you, and I'm interested in what your ideas are. I know you have no plans on leaving your job, but I just want you to know that if you ever thought of leaving, there are people out here who really care about you, and would be interested in talking to you, and I'm one of them. I just wanted you to know that." And she left.

I'm sitting there, dumbfounded. Again, I can't believe that anybody has taken this time to validate me. I have no sense of who I am, in the scheme of things, and not overwhelmingly confident, really, about what I'm doing. I mean, there's a crisis all the time. And this person drops out of the sky.

Well, end of the story is that they tell me that there are people looking at contracts and doing stuff, and I don't know. They said, "Reed, we're really scared that people are really trying to embarrass you. They're going to try to humiliate you and tarnish you."

I immediately picked up the phone, called this lady, Jennifer Howse, president of the March of Dimes. I said, "Are you still interested in talking to me?"

And she says, "Yes."

I said, "Well, look, I'm prepared to get on a plane in another hour and be in New York."

She said, "We'll have a car waiting."

I go up there, we have this conversation, she hands me a piece of paper, handwritten, with the terms of a contract, the most unbelievably wonderful contract I have ever seen, giving me responsibility for all the community-based programs of the March of Dimes, in 140 chapters around the country, some real community-based public health and primary care-oriented services. I'm like, "Whoa!" Giving me responsibility for the political agenda and the Washington political office, responsibility for one the world's most aggressive research agendas in molecular biology and immunogenetics, responsibility for a public policy think tank. Wow, unbelievable! And a great corporate culture to be in. And before you know it, I'm doing this job.

Mullan: And that was Connecticut-based?

Tuckson: No, it's actually in White Plains, New York.

Mullan: So you had to move? [Tape recorder turned off]

Tuckson: So, yeah, March of Dimes was a great experience. I told you the things that I was able to manage. I learned a great deal about American communities in a way that I had not learned before. My experience had been in poor communities. Now I'm falling into a national agenda, and I'm travelling all around the country, working with many cultures in different, diverse communities, with suburban communities, as well as inner city

communities and rural communities. I'm in Minnesota and Wyoming and Montana. You name it, I'm out there, all over the country.

I learned a great deal, again, about the American experience, how Americans are organized, and the goodness of Americans, and how Americans are really trying to form a sense of community, and how those issues relate to whether babies will live or die. The last thing I learned a great deal about was a re-invigoration of my sense of appreciation for the American molecular, biological, and scientific establishment. The incredible intensity of that experience, the genius of American science, and the enormous pace with which American research is conducted, the half-life of ideas, that brought me right back to the beauty of when I had been doing my research in the Department of Pharmacology, and I really was appreciative of that.

Mullan: So where did the Drew idea come from?

Tuckson: Dr. Louis Sullivan was the Secretary of Health, and called me one day to tell me that, in his opinion, there was an American tragedy unfolding. At Charles Drew University, one of four black medical centers in the country, their president, a wonderful man, had suffered a terrible car accident at a moment when he was just starting to get Drew to be what it was destined to become. He was incapacitated for years. While they were trying to see whether he would be able to return to his position, an interim president--eventually, the board made a decision that they had to move forward with new leadership, and Lou Sullivan

told me that I needed to go and experience and see it, check it out, and let them see me. Again, a very validating experience.

I had no sense that Lou Sullivan would ever pick up the phone and call Reed Tuckson and say anything. I had no idea that anyone thought of me in that stature. I was amazed. It never even came to my mind, being a president of a university, doing this. It just wasn't even in the scheme of things.

And I came out, and once having seen it, my father's legacy smacks me square in the mouth, building an institution. The institution was in some need, and I felt like maybe I had something to offer. The board did, and so I wind off jumping off the edge of the Earth, again just complete risk. I didn't know a soul in California. I had been divorced since this time. I had just met a new person only months before, in Atlanta, Georgia, on a trip to Atlanta. Having a relationship, trying to build a relationship with this lady and her son, who was twelve at that time, from New York to Atlanta, only a few months, and now all of a sudden having to decide whether I would take this job, yes or no. And so she decided to enlist with me. Our son decided to enlist. And we just jumped off the edge of the Earth into the great unknown, all the way across the country, without knowing a soul. And so I became president.

Mullan: And you had been divorced in Washington or in New York?

Tuckson: Washington.

Mullan: So an awful lot's gone on in these six years. I'm sure we could spend a morning on that alone. Why don't you encapsulate for me what the principal issues have been for you here.

Tuckson: The issues here have been, first, trying to create an infrastructure that can sustain the vision of the school. The vision of the school is completely perfect for our times. It is a vision of population-based medicine. Because we'd come out of a community ethos, the people that died, or the relatives of the people that died, and the leaders of the movement to create the medical center are still alive and are actively involved in a daily basis in the life of the school. They are on this campus every day. It is an extremely intense relationship with the community. This is not theoretical in any way, and it's a very dynamic community that is extremely intense.

Mullan: It's like having your parents watch you be Health Commissioner.

Tuckson: Exactly right. Thank you. Very much that. And so the population-based principles are very clear for us. So the notion was to take the university and build an infrastructure that was not as focused or preoccupied, only in service to underserved communities, but to develop new knowledge in a context of service, to put an intellectual, academic dimension to our training.

Mullan: Which had been lagging?

Tuckson: I think so, yes. It had been lagging. Very dedicated to that.

Mullan: How many years into the school's life? What year did the school actually start?

Tuckson: Let me give that to you, just because I always block on these numbers. The beginning origin--thirty years ago. Basically, when I got here, it was the twenty-sixth year.

Mullan: We're talking mid-sixties when it started.

Tuckson: Yeah, right, 31 years. Technically, and then really getting in, in the seventies, through the medical school building being built in the middle seventies, early eighties. But, again, like I said, thirteen, fourteen classes in the medical school having graduated now gives you a sense, but the real thing of it is, that it was really based around a county hospital. Everything here was based around a county hospital.

The lovely people, the lovely, dedicated, heroic faculty are people who really went to work in a county hospital, to serve those that needed service. These are wonderful people. But what they were not here as so much for was the academic purposes, more for the service purposes. The academics were really sort of an add-on. And so we've had to spend a lot of energy putting the

academics now before the service or as part of the service, so that they're all related, bringing in a new kind of faculty that really is committed to teaching.

A lot of that was that we had a deficit here when I got here of $3.5 million cash, so that was a big issue for us. And then we were a school that was going through the final stages of accreditation. It was not fully accredited as a university, and so my major task coming in was to get the school accredited as a university. So we've been able to get all those things done, retire the deficit and get those things done.

But that's not the interest in terms of your interview. The interest is more on the curriculum and intellectual side, and I was intensely involved with our faculty in redesigning some of our curriculum and getting much more of the clinical epidemiology, the population-based medical kind of issues, into the curriculum. We've got a ways to go, still, but we're trying harder, and then trying harder to integrate more now the life of the community and its pressures into the intellectual life of the school, such that we don't now have, as I had when we first got here, community protest, because the community gets what it wants through protest and acting-out.

Now what we've been able to do is to create a shared vision of health between the university and the community, that is collaborative from its initial onset and design. We now have the community proactively bringing to us its resources, its ideas, and we then must mold to fit those ideas, and vice versa.

Mullan: What is the community of Drew-King now? Is it changing? Watts was its birth.

Tuckson: We are going through--and, again, this is one of the reasons why I'm so pleased with all the experiences I've had at the community-based level--politics and so forth, because I have no illusions about what has to occur now. This community, when it first started the school, was 70 percent, or more, African-American. Now, it's 60 percent Latino, 40 percent African-American.

Mullan: And when you say, "this community," it's the Watts--

Tuckson: The south Central Los Angeles. Watts, Willowbrook, Compton, part of it. And so it's a changing community. And this is not an easy transition. People that are poor do not get into very intellectual conversations about diversity. When you're fighting for the scraps at the bottom of the table, those are not erudite, intellectual discussions. Those are survival discussions, and people are being very skillfully pitted against each other in communities like this, and there is an appalling lack of advocacy or leadership that says, "We must forge some common shared visions about what life can really be like here in Southern California, in south central Los Angeles, in Watts and Willowbrook." There really is no political figure who is able or willing or interested in saying, "Let's figure out we come together in our diversity." We have great opportunities as an

academic center here, because, you know, the Latino first-generation mother has a better infant mortality rate than white women in this country, coming from poor places in Central and South America. What's going on here? The third-generation Latino mother has outcomes that look like African-Americans'. Being in America is not helpful to them. What's going on here? What are the population-based social contributors to death and disease here? The issues of violence, the abused Latino girl presents with a different history than the African-American abused girl. There are different ways in which people are raised. What do we learn? How do we apply what we learn from these differences? This is an absolute gold mine of intellectual material for those of us who care about primary care and population-based medicine.

Mullan: What has been the drift of the student body? I gather now it's heavily Latino, or more Latino?

Tuckson: We are reflecting more and more our community of people. This is an ongoing tension here. Johns Hopkins sits in the middle of an African-American community, but very few African-Americans are medical students there. They don't feel a need to change. Out here, at our school, we're wondering about what should be the relationship. This year's medical school class, in our freshmen class, ten of our twenty-four students were African-American, ten were Latino, four were other. This is the first time we've had that many Latino students in our class.

Will it be a trend? I don't know. We're all looking at those issues, and it's an active area of inquiry here.

There's no question, we celebrate diversity. This is, by far, the most ethnically diverse faculty and medical school leadership in any university in the country. We are very proud of that. We represent something that really will become, I think, something of the America of the future. We look like the United Nations when we convene our faculty. It's an extraordinary experience. Now, that presents new challenges other schools don't have, and we are going through great tensions in the media here, in Los Angeles. Somebody tried to say that we were a racist school, because we had some tensions between an East Indian physician and African-American physicians, and because there was tension, they wanted to say that we were somehow racist.

Ninety-five percent of the faculty at USC is white. They don't have much tension, I guess. So it's a very interesting issue. All of their chairmen are white. It's a very interesting way in which the media plays out. There's a real sense to the media in this community, as opposed to my experience with the *Washington Post*. There's a real clear sense here that this *L.A. Times* media is not interested in having a shared vision of what L.A. County can be. It's very much interested in setting up tensions and divisions, and I find that frustrating, even after having gone and spoken to their editorial board. And I have direct, first-hand experience as to what their agenda is, and it's painful. There's an absence of leadership at the level of

the governor on this point. I mean, there's just nobody that seems to be interested in trying to create an environment that allows us to come together.

Mullan: Is the principal tension Latino-Black?

Tuckson: Well, no, because now it's getting even more complicated, because now it's Latino against--you know, the whites don't like the Latinos either, and, of course, all these immigration issues, and all that sort of thing. And there's, of course, tensions with the Asian-Pacific Islander community coming in, and then, by the way, one of things we understand from a population-based primary care point of view, is that there is no such thing as a Latino community, that there are very important differences at the clinical level, as well as at the public policy level. But at the clinical level that you and I care about, the social determinants of disease for the El Salvadorean may be very different than the Mexican ones, and they don't see themselves as the same, either. And, of course, the Puerto Rican community is very different, again, from what happens in Central and South America. So that there are very important insights that we must derive, and that's what I think the ultimate purpose of what Drew is, at least here.

Mullan: Do you get pressures from the African-American community, either nationally or locally, since this was established in that tradition, to hold the line?

Tuckson: Yes. Yes. There are many people that are very concerned about that. And I'm coming out of the Howard University experience, and understanding that, I have questions of my own. But on the other hand, I'm completely aware of the importance of what it means to serve a population of people, and the diversity of that, and the strengths and benefits of that. I am certainly someone who sees that the future of America is going to be a multi-dimensional, multi-cultural, multi-colored future, and I am particularly excited about the opportunities of seeing how we discover now the added value of the intermixture of all of that, without losing the essence of your soul and your family purposes and principles. I think that there is a compatibility there.

Mullan: What about the difficulty of running a medical school in this day and age? Are you getting all the chat about downsizing, etc.?

Tuckson: This is the worse time to be in academic medicine, I'm sure, in the history of American medical education. Everything is turned upside down and on its ear. Academic health centers will undergo some of the most important revolutions imaginable. The financial base is clearly at risk, at every level, both at the federal government level, at the state government level, at the local government level, and then, of course, the ability for the faculties to generate clinical practice revenue to offset the

costs of the academic enterprise are extremely threatened now that we're in the competitive environment.

The patient base necessary for clinical education and clinical research is threatened because of the competition. It used to be that medical centers, ours included, had a guaranteed population by not only mission, but by default. Now the publicly insured patient is being competed heavily by everybody else, and it seems that the only people that we have left that are ours are those that don't have any money at all to pay for their care, which, of course, is incompatible with survival, as well as a patient mix necessary for your residency programs to be certified.

So these are tough times in every way. It means that there will be a re-invention of our schools, and what Drew is in the process of doing now is very aggressively re-discovering itself. I just, over the weekend, had a board retreat, with my board, and I pretty much let our board know that even though we're at the strongest point in our history, that everything is going fairly well for us, that we must take this beautiful model that we've created, take a hammer, smash it all to bits, and reassemble it in an entirely different way, that we have to be very aggressive about creating a whole new idea of what an academic medical center is, new partnerships, new collaborations, that are going to be intensely community-oriented, but that will involve us with partners that we never thought we would have before, and we're aggressively about the business of doing that now.

Mullan: How did the board take it?

Tuckson: They loved it. I have a very good board. I have a board that isn't afraid. Any board, first of all, when you lay out the equation of reality, you say, "Listen, here are all the phenomena, the environmental threats arrayed against us. Now, if you keep doing what you're doing, we're going to drive this car right into a wall." And everybody kind of realizes you'd better go around the wall.

Mullan: Question about primary care, back to our theme. Both in terms of your life and preparation as a generalist, how has that played out, having wandered, one could argue, a long way from the generalist laying-on of hands, but nonetheless, applicable, I'm sure, to what you're doing, and how is generalism playing out, in terms of the life of Drew and as you see the future of health care?

Tuckson: First, the training that I got as a generalist is the training I use almost in everything that I do. First, I believe that the way in which I was taught to take a history, the way in which I was taught to listen to people, to interview the patient, to listen to the progression of symptoms, is the management tool that I use the most. The ability to formulate an impression based on data, and to develop a treatment plan, with specific steps that take into account all of the issues that are going on at any one time, and then the willingness and the demand to

monitor the success of your treatment plan, and then moderate it and modify it, as you go along, becomes to me the logic that I use in everything I do.

Mullan: It sounds like dealing with uncertainty has got a lot in common with training and your job.

Tuckson: Absolutely, absolutely. Second thing, as a generalist, my appreciation that the one thing that I am, no matter what role I play, is I'm a physician, that I am, first and foremost, a physician. That's my purpose, and that the larger purposes of being a physician, and particularly a generalist physician, is that we care about whether the patient lives or whether they die, and the quality of health of that individual. I'm not interested in just the arm or the toenail. I'm interested in the whole person, and the quality of life for that person. Because, as a physician, I have that philosophical, moral and ethical mandate, the things that I do as an administrator are in service to the possibilities of health for that person and their family and the community in which they live. That's the *raison d'être* why you get up in the morning and why you do what you do. That's because I'm a generalist. I am practicing as a generalist.

[Begin Tape 2, Side 2]

Mullan: Dr. Tuckson, tape two, side two.

Tuckson: I understand, thoroughly understand, that the possibilities for health of the person is very much intertwined with the social forces in which that person lives, and I know that the chances for prevention of disease, as well as to the expression of the natural history of disease, is intimately tied to a larger set of forces beyond what we do in the therapeutic arena as one-on-one, doctor-patient relationship. And so every decision that I make as an administrator ultimately deals with those larger sets of issues, and I see that as being as therapeutic as writing a prescription for penicillin or Keflex. I think that does capsulate it in terms of how I view it. I mean, it really is all those phenomena.

Mullan: How do you see generalism playing, in terms of the school, its enterprise, and the country as a whole?

Tuckson: I think it's going to be interesting, because we're going to redefine the nature of what a generalist is. I'm not sure we know now anymore who's supposed to do what, and what the value is of what each of us do. The advanced practice nurse can do 70 percent to 80 percent of what a family practitioner can do. That's what they say, and I think they may be right.

Because I have responsibility for a College of Allied Health, I think very much about what our physician assistants are learning, vis-a-vis what our family practitioners are learning. What's the difference between the two, and how do you express the

difference? What is the value, financially and intellectually, of what they do?

I am very much interested in what the health care team is about, the comprehensive health team, and I understand that the physician general is probably outdated, while we go to the physician generalists, who functions as a member of an integrated, health delivery network that has a lot of people in it that do valuable and important things.

So I think we have a lot to discover about who does what. Now, while I say that, and given that now we want the primary care physician to be very knowledgeable about population-based medicine, to understand clinical epidemiology, and the application of clinical epidemiology in service to very cost-effective diagnostic judgments and very precise therapeutic decisions, we're expecting that physician to understand population dynamics, family issues, expecting him to understand psychology and sociology, medical economics. We're expecting him to understand a whole lot of things which are going to be very important, which stretches them out very much.

While that's going on, we're about to undergo the real dawning of the molecular biological revolution, because what we've seen before ain't nothing compared to what we're about to see. And so, we're going to have the surgery done with enzymes, before long. You know, the use of robotics, distance surgery, telemedicine, with all of those implications.

And so the notion becomes then, who's going to be the manager of the science-based interventions, and who's going to

make the cost-effectiveness decisions for that, and who's going to integrate those into the clinical practice guidelines, and into the quality outcome measurements? And so it just seems to me that we're asking a whole lot of this generalist physician.

Meanwhile, the patient that comes to the generalist comes now having been addicted to the Internet, having access to the entire information base that we have. So the patient's expectations and demands are going to be enormous in this new moment. And so you're going to have expect this generalist to be up to date on all the science, which is growing at such a rapid rate, be up to date on all the population-based social dynamic issues, which are so critical to the work they do, be a member of the team and know how to fit into the team, and then be able to deal with the patient who is coming in, demanding an enormous amount of time and intellectual energy, and will know more about their disease than we will know. Boy, what a load for the generalist to have to deal with.

And so I think we're going to come to some new understandings, I think, in the future, about this. I see this as being a very exciting time. I don't see this as being problematic in the least. I see it as being dynamic. And, of course, by the way, we also expect the generalist to be integrating their work with the community, in a way in which creates the social conditions and the environment that promotes health and prevents disease. Dynamic. I'm excited.

Mullan: What's the future hold for Reed Tuckson?

Tuckson: You know, I have no idea. I don't know what I want to be when I grow up. I am now forty-five years old, and I do not know what happens next. My learning curve is faster than it's ever been. I am involved in corporate America. I serve, for the first time in my life, on a corporate board. I am fascinated by that experience and opportunity. I really am beginning to think much more about the role of corporate America in the solution to these problems. I am very concerned about the role of government in the solution of these problems, and I'm trying now to really think through and understand in different ways how you put together community initiative with corporate initiative, with public initiative, and create something that is sustainable and makes sense, but I just don't know, Fitzhugh, what's next. And I don't know whether or not it means going ever upward and onward.

I may decide to take a more focused approach, for the first time in my life. I would like to become very smart about a smaller set of things. There's a part of me that seems to be going in the direction of going back to school and learning a lot more about theology and medical ethics. I'm finding a pull in that direction. I'm not sure where it's coming from. I don't know what it's all about, but I'm thinking a lot about it. So, we'll see.

Mullan: Has your level of creativity and productivity worked hard on your first marriage? How does your work and your person intersect around that?

Tuckson: I learned a lot of lessons from my failures in my first marriage, and, yes, I was completely and totally preoccupied with my work and my career and the pressures and being successful, and having my child born the day medical school just about started. Being in the intensive care unit the day school started. I left the intensive care unit--thank God my son is fine now--but leaving the intensive care unit and then walking into my first day at school really made it pretty tough.

I was a young person as well. I was very young, with all that pressure. My daughter was born in the middle of my second year, when I wasn't doing well, and so it was a lot to carry. And then, you know, trying to live up to the expectations that so many people had for me. I was really focused on work. And the other thing was, of course, that I had not even begun to grow as a person by the time I got married. The person that married my first wife was not the person that didn't stay married to her. It was another human being, someone who had a whole different way of viewing the world, much broader, much more expansive, someone that's really very different.

Now, absolutely, I understand in a way that I never understood, the need for a complete life. If you're going to be able to be of any service to people, you must have integrity as a human being. You must be solid as a person. We make too many decisions in medicine and in the jobs that I've had, we make too many decisions that really require an integrated, mature, and complete human being. That means a person who is able to receive love and give love; someone who's able to fulfill their

commitments to other people on a personal level; someone whose world view is informed by the passions of other people that are loving, and that love you and care; a person who is connected to their spiritual side, their religious side; someone who reads, is thoughtful; someone who, when you have to make decisions, it comes from a very deep and informed place, from a very special and protected place from within; someone who cannot be easily manipulated or pushed around by the passing fancy or by the political or psychological pressures of the moment. This requires an integrated human being, and I'm just starting to get there.

Mullan: That's a good place to stop.

[End of interview]