

**MC.0356**

**Interviews of the Margaret MacVicar Memorial AMITA Oral History Project**

**Lena Sun** – Class of 1975  
(interviewed by Tiffany K. Cheng)

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**TC:** I guess we can start off with [the question], what were the circumstances surrounding your decision to go to MIT? What was it like growing up? What made you decide to go to MIT?

**LS:** Well, actually I was always very interested in science and in high school in those days, I had gone to Jamaica High School. In those days we had special groups of students who were put in what was called science core in our high school, for people who do well in science. I was in science core and I actually participated in Westinghouse. That year actually Jamaica High School had nineteen semifinalists. We had more semifinalists that year at Jamaica high school than Bronx Science. It was the peak! I was one of the nineteen, I never made it into the finals. There were 40 and I was number 41. So we could say that I was interested in science and I think sometimes you like something because you do well, and you do well because you like it, and so on. So that's the bottom line. One of my very distant cousins, my mother's distant cousin's [daughter], her daughter was going to MIT as a graduate student in mathematics and even though we were very distant relatives, we were pretty close. When I was growing up, I always looked up to her as someone that I admired. She was going to MIT and I thought that would be a nice place for me to go. But we weren't very well off in those days and we didn't have the luxury in those days to visit the campus. So to me, MIT was some kind of fanciful place that had really really smart people. When I was applying to college, for the most part, I was considering Cooper Union in new York City, you know, it had a very good reputation and was free. And I was also thinking of applying to MIT, but I had a very interesting story because I had two high school counselors, one was a man and the other was a woman. And the male counselor said to me, even though I was doing well in school, you know, it's really hard to get into MIT and basically you shouldn't try. The woman counselor on the other hand, I still remember her name, her name is Mrs. Young, and she said, you know, if you are really interested you should never not try. You should try. So I did, and I applied for early decision, and I think I had gotten the Westinghouse before the decision was made and I got in early decision. I was very happy and I went to MIT. When we got there, my uncle was living in Connecticut. He drove me to school and fortunately, about two or three days after I got to MIT, I was assigned to McCormick. I lived there, and I think McCormick in those days, maybe now it isn't the case, only the corner rooms had roommates, and the rest of the rooms were singles. I was in a single. Unfortunately, after I got to MIT, a couple of days after I got

there, I was crossing the street from Amherst Street, right off the area around East Campus, across from Kendall, I was crossing the street and there was a big car coming from the left, and I couldn't see and when I was crossing the street, I got hit by the car. Fortunately, I wasn't terribly injured. A few teeth got knocked out and I was knocked down. To this day, you can see my MIT ID, I was black and blue, my jaw area was kind of swollen. So it kind of ruined my story with college but I eventually recovered.

**TC:** So was McCormick just recently built when you got to MIT?

**LS:** No, it had been there for a while already. But I remember the number of women there was very limited. In fact, it's embarrassing, I can't remember her name. We had a dean at that time who, because there were so few women, we had a seminar on women. I can't remember what the name of the seminar was, and there were so few of us. You know, women at MIT, women in higher education, it was a very small group of us. I think she was in psychology or psychiatry, and her husband was a physician at Harvard Medical School and we went to her house and - so it was, being a woman at MIT in those days was still kind of novel, I guess, and we were still very much a minority. Although going to class and so forth you never felt that you were different, it was just very few women.

**TC:** So did a lot of women live in McCormick or did they live in co-ed housing?

**LS:** No, my best friend lived at the Burton House. That was pretty new in those days. It was a suite. It was obviously co-ed, some of them were all-women suites, others were all-men suites. So you had Burton House and I think East Campus and Senior House were also co-ed. MacGregor and Baker were still all men.

**TC:** I wonder when they got rid of the male-only dorms.

**LS:** I don't know. So, it might have become co-ed towards the end of my time but I can't remember now. There weren't that many of us so they only had to accommodate the women a little bit more but now they probably can't have since we now make up half.

**TC:** All the dorms are co-ed except for McCormick and if you want to live with all boys, you have to go join a fraternity.

**LS:** And I don't think there were any sororities or any fraternity that had women. I just wasn't aware of them.

**TC:** There are a few sororities on campus but they are not as big or

as popular as the fraternities.

**LS:** I graduated from MIT in 1975 so that was about 30 years ago, that was a long time ago.

**TC:** I think your profile said that you majored in biology.

**LS:** Yes, I did major in biology, I guess it was Course 7, but it was sort of - I can't remember, do you still have course 20?

**TC:** Yes.

**LS:** Course 20 was Nutrition, I think. I did a lot in nutrition.

**TC:** Course 20 is now Bioengineering, so maybe nutrition is a subset in the department?

**LS:** Actually I had thought about doing a double major in biology and chemistry, which was Course 5, but it just didn't seem like it was worth it. I didn't have to go into the lab class for that then.

**TC:** So during your time at MIT, what clubs or activities were you involved in?

**LS:** I was very involved with the Chinese American community in Boston so I don't remember if that was a club on campus, it was an out-of-school club. I used to teach Mandarin Chinese at a Saturday school and I worked at the senior center in Chinatown. I think my freshman year, which is the equivalent of what you are doing now, I did a UROP project. We repainted a building in Chinatown. That was very physical and very strenuous but it was a lot of fun. I didn't really do any of the geeky club stuff, I decided to go into pre-med in my second or third year. Sophomore year, actually. I guess it's still true, that the first year was generally pass/fail. Everything was pass/fail, is it still that?

**TC:** Only the first semester.

**LS:** Oh really, they changed that? That really made the transition a lot smoother, since I had my little accident. You feel less pressure. It was good, it was nice. I guess the only drawback was, when we started to apply to medical school, and you just don't have that first year of grades. I did a UROP project with one of the professors, I forget which department he was in, I think he was in nutrition. I did a nutritional survey on children's eating behaviors with him. I used to go around and interview parents about how their children ate, what kind of food they liked. Unfortunately, it never

came to - it never resulted in a publication. I just did a lot of data collection and I don't know what ended up happening with that. Anyway, that was a very interesting experiment and nothing else exciting, I guess. The first summer I stayed and did that project and the other summers, I was working in these UROP projects, doing interviews and so forth.

**TC:** So, when you were a senior, did you have to do a senior thesis?

**LS:** No, I didn't do a senior thesis. I got into medical school my senior year.

**TC:** I feel like the requirement of a senior thesis was added on to the undergraduate program.

**LS:** Yeah, there was not even a suggestion [of that] even. I don't think that topic was ever broached. The other thing I did was I worked at the music library at MIT. I worked at Lewis and that was very nice. It was calming, relaxing work and it was in the music library and it was nice on-campus work. You didn't have to work for the student services or do anything physically demanding.

**TC:** Do you remember any of the academic requirements that MIT had? For example, MIT requires that freshmen take all the core classes before they move into their major program?

**LS:** Yes, I do. I remember I got placed out of calculus. I had to take an exam for that. There were certain core requirements like chemistry, biology, physics and some kind of math, I believe. The only thing was there was no language requirement. You had to do one humanities course.

**TC:** That's very different from now. Now we have eight humanities courses that we have to take throughout the four [undergraduate] years. The language requirement is mandatory now.

**LS:** In many ways, I wish we had more of a humanities requirement. I think it allows you to be more broadly educated. And I always said, looking back, I wish - my son is at college now, and there are just so many more courses in writing and so on. There was none of that [at MIT]. Looking back, I wish there were more because that would certainly have been very helpful. But anyway, you get to where you [want to] go, eventually.

**TC:** They now have a writing requirement where you have to submit a writing sample and if it is not adequate, you have to take a writing course and they lead you through the classes.

**LS:** I think that's right. I think that's [what they should do].

**TC:** Were there any cross-registration programs at Harvard, Wellesley, or BU?

**LS:** I knew there were cross-registration programs with Wellesley students over at MIT. Because we had so few women, there was a natural need to they do come to our campus and take a lot of classes at MIT. I know Harvard students can come and take MIT classes. I never thought about taking classes at Harvard. It never occurred to me to want to do that.

**TC:** The program exists but I feel like a lot of people don't take advantage of it because it's inconvenient to just go to Harvard and come back.

**LS:** Yes, even though they're both in the same town, it's still a long bus ride, right?

**TC:** So after MIT, you went to medical school.

**LS:** Yes, I went to Buffalo Medical School in new York. I had gotten married while in college in my sophomore year. Then I moved off-campus when I was married so I lived on Massachusetts Avenue. And towards the end of my time at MIT, I actually moved to the suburbs. So I sort of wasn't as on top of things on campus when I moved that far away.

**TC:** Did you meet your husband at college?

**LS:** My husband was a graduate student at Harvard, so that's how we met. He was also involved in the Chinese community that I was talking to you about. So I went to Buffalo and it was a period when the economy was, not as bad as now, but it was pretty bad. My husband was already working in Boston and when I started medical school, he came with me. But Buffalo was very depressing and he could not find his line of work. He was a software engineer - he's now retired. So he came to new York City to work here and because he was here, I transferred to Mt. Sinai.

**TC:** Mt. Sinai hospital?

**LS:** Yes, Mt. Sinai School of Medicine. Yes, they have a hospital there.

**TC:** Oh wow! I was born there.

**LS:** Really?

**TC:** Isn't it right next to Central Park West?

**LS:** Absolutely. There you go, six degrees of separation! But I have to say though, Buffalo was a really nice time. It was very different from [MIT]. It was a much smaller community and even though it was a city, the folks there are less cosmopolitan and the student class was very close to each other. It was a very nice [time].

**TC:** How big was the student class?

**LS:** Around 120? So you go to all the same classes together and it was a sort of camaraderie. Then I transferred and it's always tough for a transfer student but it was particularly difficult, coming to New York City. So by contrast, I really enjoyed the first two years in medical school and "survived" the second two years. Then I went on to my pediatric residency training at Long Island Jewish. And because of that feeling of wanting to be in a smaller community that I had at Buffalo, I decided not to actually go to some big program. I went to a suburban program at Long Island Jewish. And I got really good training and it was really nice but it certainly was not an academic program. But I had to take a public health service scholarship in order to transfer to Mt. Sinai because I had to pay some of my medical school tuition. I had to pay back the commitment in the time of two years. I worked first at a center in the city and later in a health clinic outside of New York City.

**TC:** Was your family happy that you moved back and was closer to them?

**LS:** Of course, absolutely. My parents were still, at that time, in Queens. So I finished my practice in pediatrics in the community in two years and I think it allowed me to realize that that was not where my affinity was. I [wanted] to do more academic-oriented medicine, more rapid-paced field of study. So I wanted to do more anesthesia because there was so much overlap. Doing anesthesia gives you more flexibility, some in critical care but more acute critical care. Frankly, I fell into it really deeply. When I was going through medical school, anesthesiology was not a field that was very popular and we didn't have that much exposure. Realizing I had a good appreciation of what it was. After I came into anesthesiology, I realized it was such a match for me. I just loved it and I stayed on at Columbia [University] and did a research fellowship in pharmacology - and never left!

**TC:** Do you think the field of anesthesiology has grown since you've

been in school?

**LS:** It's certainly - It had gone through peaks and trials but it's in a very good place right now. It's very academic - it touches with other stuff, it interacts with oral surgery specialties [for example]. So you sort of become the quarterback for a lot of the patients that require [anesthesia], especially in this environment, we have a lot of complex patients and medical problems. You end up being the quarterback [as in] you see the whole picture and that's very rewarding, especially when you are doing that for a child. I think I really have the best of both worlds because I do love caring for children but I like to take care of them in this context, in an acute pace and get to work with very bright young people, residents, and students, and have a lot of resources in terms of research. So for me, this is - people always say if you like what you do, then you like getting up in the morning to come to work. You are a much happier person. I strongly feel that I am a very happy person because I do what I do and I like what I do.

**TC:** What are some of the challenges in the field of anesthesiology?

**LS:** I guess if you asked me this five years ago, I wouldn't even know how it works. But I feel that I am beginning to understand how it works. For me, the challenge in anesthesiology is still the personalized way of how each person will respond to drugs and also, my personal research right now is looking at what the long-term neuro developmental outcomes in a trial. I think there are still a lot of questions and we don't know in terms of - we may know how it works at the cellular level but we don't really understand a lot of the development in physiology and pharmacology in general and certainly with anesthesia and drugs we use as anesthesiologists in particular, both in the short term as well as the long term effects. That's just my own area but in terms of anesthesiology, certainly we are beginning to understand that we as anesthesiologists have a way to impact a person's health not just in terms of what we do in the operating room but for example, there are some data that suggests that anesthetics may reduce recurrence of breast cancer. For example, there are - some of my colleagues are doing some studies that look at perioperative smoking cessation and anesthesia - as a way to get a hold of a patient at a teachable moment. So I think that the role of anesthesiologists has expanded as in how we can impact people's health. Those are challenges and opportunities.

**TC:** So for your personal research, you work with medical students?

**LS:** Well, no. Actually, I work with - I do both clinical and bench research. Bench research, I work with postdocs and experienced

research associates. Clinical research, I usually work with pediatrics, research fellows, and graduate students, public health graduate students and other colleagues who are at a much more - either junior faculty or more seasoned senior faculty.

**TC:** Can you describe a typical work day for me?

**LS:** It varies day to day. Depends on whether or not I'm in the operating room. On a day that I work in the OR, I probably get up around 5:30 or earlier in the morning. I don't live that far so I drive into work and get here into the operating room around 6:30. I give anesthesia to children coming in for cardiac surgery or do what we call, running the board. I usually do that with a resident or fellow. I finish- for example, this past Wednesday, I finished around nine o'clock and then I went home. That's usually a clinical day. Today, for example, I'm not in the operating room so I'm not taking care of patients directly. I came in a little later today. We had a conference today at seven, so I did that, and then I did - I spoke to some colleagues on the phone in terms of some collaborations that we had. I did some reading and working on the grant that I am planning to submit, review some data that my assistant sent me from the lab, did some analysis. I went out to lunch with a couple of my fellows who are coming in to talk about some of the clinical research projects that I am going to assign them. What was I doing before you came? Probably answering some emails. This afternoon, we're having a colleague who is going to be leaving very soon so we are having little bit of goodbye cake, tea, coffee, that's it!

**TC:** Can you tell me more about your family life?

**LS:** Yeah, well, I have been married since I was in college. My husband is retired. I have one son, he is actually a junior at Brown. So when he's home, weekdays are always very busy so I don't usually get home until- well, this Wednesday, I got back around nine, so it's not really normal. I usually get home around six to seven in the evening. My husband is very good about making dinner. We relax, sometimes I do a little bit more work and then go to bed. Weekdays are mostly just work, dinner, and bed. On the weekends, we try to do some things together, go see friends, see a movie, go visit my parents, and I usually - about once every year - I go back to China for a couple of weeks because I work with a group [over there]. I would also say I travel quite a bit because I have to present at meetings and I get invited to different lectures. So I'd say, I am away from home two to three months out of a year because of various things. But family life is pretty sedate.

**TC:** Do you like traveling?

**LS:** I don't mind traveling. I enjoy visiting people I usually don't see, see other places, see how they function. And I don't mind the airport and plane ride and things like that. I don't enjoy the packing and unpacking but that's okay.

**TC:** So when you go to the conferences, do you go with colleagues or by yourself?

**LS:** By myself, usually. Depends on the conference, there could be many others going or it could be just me. I would say three-fourths of the time, someone from work will be there. Sometimes you get to talk to other people more from your own institution at the conference rather than here because here you're all busy with your own work.

**TC:** You are a professor in anesthesiology. Do you teach any classes in the subject?

**LS:** The teaching I do is more in conferences and seminars. We don't do classroom teaching although there are people in my department that do with medical students. In this stage of training, most of the people I am teaching are already either residents or fellows. They do get lectures but I don't - I'm usually not the one [teaching them]- those are much more basic lectures. I usually do more graduate seminar type of [classes], case discussions, journal clubs, a more graduate seminar kind of format.

**TC:** What is the most favorite thing of your career?

**LS:** Seeing young people start until the time that they finish. You can get someone really interesting and see that they get really turned on by [the subject] and that they do well and prosper. It's very rewarding.

**TC:** And the most difficult thing?

**LS:** Dealing with people. You might think anesthesiologists are pretty isolated but we have to deal with so many different kinds of people. But then again I'm also an administrator- I am the chief of the division. The most difficult thing is to deal with a whole bunch of personalities, bring everyone together and have them recognize the common goal and some people are just very unreasonable.

**TC:** So it definitely exposes you to a variety of situations and learn how to handle them.

**LS:** Yes, definitely.

**TC:** Looking back, what advice can you give to medical students now?

**LS:** I alluded to this before - I think that when I signed up for medicine, I have to "bone up" on my sciences. I think you can't help getting a good science education at MIT but I think we should have more writing and exposure to arts and music and make it a more broad education in terms of the humanistic part. Medicine is really a science and an art - it's a craft.

**TC:** That's interesting because I definitely think that MIT has expanded its humanistic studies and its repertoire of classes. But it's weird that the students themselves have a mentality, they're like "Oh, I don't have to take all these courses" but when they graduate they think "Oh, I kind of wish I should have taken a class for fun."

**LS:** I think we tend to be much too serious and if there is one piece of advice I could give to students now in college is to enjoy your college years because you will never be able to have that time again. You just learn for the joy of learning and you can pick whatever you want to do. That's an opportunity that you shouldn't let go.

**TC:** Now I'm just curious, when you went to MIT, there weren't many women there but in terms of diversity, what was it like?

**LS:** It was pretty diverse. There were a lot of Asian Americans, a lot of Asian Asians. In terms of African Americans, there were some but I hope there are more now. You don't really get the feeling that you stand out that perhaps - you stand out more as a woman than anything else.

**TC:** I was just wondering if there was the Office of Minority Education (OME) like there is now.

**LS:** No, I don't think so. If there were, then I wasn't aware of it.

**TC:** They have a whole host of programs now, like a summer program called Interphase for African American and Hispanic American incoming students.

**LS:** I took an intern here actually, I think she was originally from Africa.

**TC:** Yeah, I would think it's definitely more diverse now. We have a lot of cultural houses like Spanish House, German House, French House. You can live wherever [you want].

