

Interviews of the Margaret MacVicar Memorial AMITA Oral History Project, MC 356

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Roseanna Means – class of 1977

Interviewed by Madeleine Kline, class of 2020

June 2, 2017

Margaret MacVicar Memorial AMITA Oral History Project

Dr. Roseanna Means (SB Biology '76, SM Nutrition and Food Science '77) was interviewed on June 2, 2017 by Madeleine Kline (SB Biology and Chemistry '20) at Means's office at Boston's Brigham and Women's Hospital. Dr. Means is a primary care physician and the founder of Healthcare Without Walls, a 501(c)(3) non-profit dedicated to free medical care and care coordination for homeless women and children in Metro Boston.

KLING: Where did you grow up? Where were you born?

MEANS: I grew up in Massachusetts. The first seven years of my life, I was in Essex, Massachusetts with my mother and father, until they got divorced. Then I moved with my mother and spent the rest of my childhood in Milton, Massachusetts.

KLING: Was the divorce a formative experience for you?

MEANS: Yes, the divorce of my parents was extremely difficult. There were five of us children. My father remarried within a few months of the divorce and adopted his second wife's three children. So combined there were eight children, but we didn't "blend" easily.

My father was a very busy man and I never – almost never, from the time of the divorce until he died – had alone time with him ever again. He had a lot of issues. He was a veteran of World War II. He didn't talk about it. My mother struggled after the divorce. My older siblings chose to live with my father, so my mother was unhappy.

It was kind of the classic thing. Holidays were a nightmare. There would be a lot of tears and anger and frustration, and she took it out on us kids a lot. The divorce, I think, brought out the worst in our parents.

I think I ended up being kind of an overachiever because of some of the repercussions of that divorce. It was a tough thing. Both my parents have since passed away.

KLING: Were there other role model figures as you were growing up?

MEANS: I had a very privileged childhood: we were white, wealthy, upper middle class. I think when you grow up in a world of privilege, you're really living in a bubble; you don't see very much of the rest of the world. But from my perspective, lacking a father's presence, and my mother's struggles, made it very difficult for me to feel self-confident.

I learned a lot of coping skills – a lot of how to play the game that you do when you don't have a lot of self-confidence. I went to a private high school where the message for young girls was, "When you grow up, you're going to be a teacher, nurse, secretary, homemaker or wife." That was kind of what we were told to do. My mother didn't work. And she was a divorced single woman – there was a lot of stigma against women in her position. I didn't think of my teachers as role models at that time.

When I was 13, I decided to try candy striping. So I went to the Carney Hospital [in Dorchester, Massachusetts]. I was a candy striper for a few years, handling specimens, delivering magazines and mail to the patients, watering their flowers, and kind of feeling what it was like to be in a hospital. That's where I decided that I really liked health care, helping people. I'm one of these people that refers to themselves as a child of the 60s. And even though I actually was never really interested in drugs, never did drugs, I was very much influenced by President Kennedy, Robert Kennedy and Martin Luther King Jr. So I grew up with this idea that you should give back, and help people. The message we heard was, "To those to whom much is given, much is expected."

President Kennedy told us to ask "Not what your country can do for you, but what you can do for your country." And, you know, I just grew up thinking I just wanted to help people in some way. So being a candy striper, volunteering at a hospital, and in the summertime the school that I was going to – Milton Academy – they had a summer program for inner-city kids. I helped out with that.

Then, after high school, I spent a summer in Appalachia with the American Friends Service Committee, with the Quakers, helping out on a farm in coal country. I just started to gravitate toward kind of a service-oriented life for myself. But there was not a person in my life that I thought of as a role model for me, and so I just kind of learned by getting involved myself.

KLINE: That's great. So you went to Milton Academy, and you said that the message to women was not really empowering?

MEANS: I think it was empowering in the sense that that was typical for the times, which was, "We want you all to be successful young women. We want to give you a good solid education. We want you to be a lifelong learner." The motto of the school is 'Dare to be true' – so, stand up for your own personal philosophies and the things you believe in. And I think it is a good motto.

Back in the day, young women were taught to be responsible, and to be educated, and to be informed. But they were not being groomed to be the change agents, to be the ones in charge. They were being encouraged to play a supportive role. I chose to pursue an academic life and become a doctor, and I decided to run the Boston Marathon. I remember going back to my teachers at this school and telling them, "I'm going to be a doctor, I'm going to run the

marathon." I remember at least one of my teachers saying, "What in the world would a woman want to do that for?"

And I remember, even when I decided to apply to MIT, it was like, "Why would you want to do that?" It was so not the stereotypical role for a woman that they had been encouraging.

Now, having said that, when I got to college, I remembered my math teacher at Milton Academy – Alice Gregg was her name. She has since passed away, but when I finally started to study to go into medicine, I remember calling her up and saying, "I want to thank you for teaching me algebra." And she was just beside herself. I went back to visit one of her classes on the day that she was teaching, and she treated me like royalty. You know, "Here's my former student." I was not exactly the brightest student in algebra, but she was so excited that I recognized her, and gave her credit and thanked her for being a good teacher. She showed me off to all of her students. She wore the outfit that she would wear on parent visiting day. And she stayed in touch with me for many years, even until I had my first child. I remember she sent a baby present for my first child. She subsequently died, but it means a lot to a teacher to have a student go back and thank them for what they taught them.

So my impressions, in terms of my future career, were formed by public figures, and then again, this particular teacher who stood out for me. And though I had many wonderful teachers at Milton, they did not influence my career path. More important were the experiences that I kind of made for myself. I really wanted to find out what it was like to be out in the real world and help people and make a difference. I left high school with the thought that I had led a sheltered life and I wanted to know more about the rest of the world and how other people lived and worked and got by.

KLINE: You said people were surprised when you said you wanted to go to MIT, or when you said you wanted to apply. What made you want to apply?

MEANS: I graduated from high school in 1970. That was in the middle of the Vietnam War, and I had spent some of my time as a high school student, and then after high school, demonstrating against the war and against America's involvement in the war. And I had some issues with my mother.

I took a year off after high school to kind of sort things out, and worked. I got a job at Mass General Hospital as a secretary, although I didn't know how to type. I basically kind of fibbed my way through the interview. I started working as a secretary, and at night I would take typing classes.

This was of course before computers or keyboards. I had to use IBM Selectric typewriters. You had to use carbon paper to make a copy, and you had to use White Out on both copies if you made a mistake. It was hilarious in retrospect, but exceedingly tedious and time-consuming. Anyway, I took a typing class. I

became a secretary, did that for a year, and then I decided to apply to Bennington College, because I really wasn't sure what I wanted to do. That was the place that my high school principal thought was absolutely perfect for me. So I went off to Bennington College and I hated it.

It was – in my mind, at that time – full of dilettantes who thought the world of themselves. And so I stuck it out for two years. But it was while I was at Bennington that I was inspired to become a doctor. I just really felt that that was my calling and that's what I wanted to do. Bennington was a very liberal arts college and really did not have any premed courses.

So while I was at Bennington, I decided to transfer back to Boston. I applied to a bunch of schools in Boston. And it just so happened that I had been a babysitter for a family whose father was a professor at MIT. And he said, "Well, why don't you apply to MIT?" So I said, "I don't think I can get into MIT."

I did apply to MIT, and I actually got called by someone in the admissions office. His name was Bryce Leggett, and he invited me in for an interview. He said, "Now, tell me what you want to do." And I said, "Well, I'm at Bennington. I want to come to MIT because I want to study science and I want to go to medical school, and I can't get that kind of training at Bennington. I know I don't have all the prerequisites, so I'm willing to take extra classes. I really think MIT would be a great place for me." Bless him, he didn't laugh out loud at my presumptuousness.

And I remember very clearly saying, "I won't take up any room in the classes. I'll bring my own chair." And so we just had this kind of freewheeling conversation for about an hour. Then I spent a summer working in England, and I got a message from Mr. Leggett saying to meet him when I got back from England, so I did. And he said, "OK, well, we're going to let you come here on probation for one semester and see what you can do." Because my courses at Bennington were so flimsy by MIT standards, I lost a full year of credit. He said, "I want you to take—" He listed a bunch of courses that would be really easy to take. And I said, "Oh no, Mr. Leggett. I am going to come to MIT and I'm going to really do this." So I said, "I'm going to take organic chemistry and physics and biology." And I think I took some kind of really easy music class so I was guaranteed to pass something. Calculus, I took calculus. I mean, what was I thinking?

Anyway, he let me come in and do this for a probationary period. And then I said, "I also want to row crew." You know, I had never been in a crew shell in my life. I'd just seen the crew shells and I just thought this would be really cool. I wanted to be really athletic. He said, "No, you're going to be taking on more than you can handle." I said, "No, I really want to do this." So I ended up transferring to MIT, even though previously only one woman [from Milton Academy] had ever gone to MIT. It just was not what women from Milton did.

I have to finish this great story about how I got in, because I got in and it was impossibly hard for me. I didn't know until I got to college that I was dyslexic.

Nobody ever told me this. They didn't test you for this. They didn't look for this. There was no such thing as learning disabilities that they actually looked out for. But I also was way over my head. I had not had a lot of science classes. I had a general science class at Milton Academy, but they didn't give you anything hard – certainly not calculus. And the courses I took at Bennington hardly counted.

I had taken my algebra class. So I took organic chemistry, which was really impossible for me. I took physics, and I'm sure that the physics professor gifted me with a B. And I took calculus. Calculus was OK, because you had unit exams and you just had to do each unit exam and then you would pass. And I took a music appreciation class. But the organic chemistry class was just really impossible for me because I can't think in 3-D. I couldn't easily conceptualize the molecules and shift them around, stuff like that.

I remember the professor was Professor [Frederick] Greene. I really struggled. I got a TA. I really tried hard to do everything I could to try to get through this class, but I just did such a terrible job. I remember studying for my final exam. I studied really hard with my TA and doing everything I could. And I went in and I took the exam. It was my last exam. And then I had to go to meet with Mr. Leggett after exams were over to find out what the verdict was going to be about whether I was going to stay at MIT or not.

He sat me down and he said, "Well, you passed calculus, you passed your music class, [the physics professor] says he kind of gave you a B. And your organic chemistry professor, he says you really struggled with that organic chemistry. He says you didn't even pass the final exam." I said, "Really? I was so sure I aced it." And he said, "Well, Professor Greene is going to give you a pass, or a B, for the course, but he wants you to call his office when you leave here." And I said, "Well, what about me? What's going to happen with me?" He says, "Well, we decided that you have so much chutzpah that we're going to let you stay."

I remember being ecstatic about this. It was so exciting for me. I remember going out to the lobby of Building 10 and picking up the phone and calling Professor Greene's office.

The secretary says, "Oh, this is Roseanna Means? Professor Greene has a message for you. He doesn't want to talk to you." And I said, "OK, what's the message?" She said, "Well, he's going to give you a B for this class, he says, but you failed the exam. He says he's going to give you a B because we know what the circumstances are. But he has a message for you. He doesn't want you in any of his courses ever again."

KLINE: Oh no!

MEANS: I said, "OK, I won't take anymore. Believe me, I won't take anymore." And I remember thinking, "Yes!" So I was just so happy, so happy to be at MIT. I absolutely loved it.

I have to stop because you have to ask me your questions!

KLINE: I want to know what your experience was like on the rowing team, and where you lived and that sort of thing.

MEANS: They didn't give me housing, because I was a transfer student. There was graduate student housing that I think wasn't on campus. It was off campus on Mass Ave. where I stayed – Random Hall?

KLINE: Yeah, that's a dorm now. It's an undergraduate dorm.

MEANS: Yeah, Random Hall. I stayed there for a year. And then I got an apartment in Cambridge. And I signed up for crew.

Now crew-- Crew was men's crew for the longest time. I got to MIT in 1973, and there had been some women who had gone down there and borrowed equipment, but there was no formal women's crew team. When I came along, they had just given the women a coach so they could form their own team. Formerly, woman had just gone out on their own and borrowed the men's equipment and had been yelled at when they tried to use the men's locker room.

But Professor [Jim] "Ross" Smith was the Head of Athletics, and he was sympathetic to the fact that the women had nothing. So we had this guy, Dave Burns, who had been a coxswain on the men's team, and he decided to coach the women. So we kind of put together a women's team, and we used the leftover men's boats. We used leftover men's equipment. We used leftover men's sweats. There was no locker room for the women. The janitor had a closet that had a toilet in it. I think we might have used that.

Anyway, we were really excited and we were really enthusiastic. And Dave Burns was a great coach. We went out and we would crack the ice off the oars in February to get out there. We set up our races, and we raced Radcliffe and Wisconsin and Dartmouth and all those. We just had a blast doing all that stuff. And so we started the women's crew. I, being a very loud person and not afraid to speak my opinions, was the coxswain. Sometimes I also rowed in the bow and talked too much from the bow! But I was the one who became friends with Professor Smith in the Athletic Department.

We ultimately lobbied for and got a locker room made. The first women's locker room, next to the tank in the boathouse. A lot of that was from the effort I put in. Actually, my maternal grandmother was so caught up in my enthusiasm for the women's crew that she donated the first ever 8-oared crew shell to MIT Women's Crew. Her name was Mary Homans. Up until then, we had to use all the cast-offs from the men's team – equipment, sweats, boasts. What made this donation so significant for my grandmother's family was that all her forbearers among the men in her family had gone to Harvard. She got a kick out of that.

Also, later on, after the Friends of MIT Crew was up and running, the alumni created a Crew Shell Fund to purchase a fiberglass 8-oared shell named Roseanna Means.

More importantly, we started dating all the crew guys. So there were a lot of romances going on between the women's crew and the men's crew back then. Since I didn't have a living group, all my friends came from crew. And it was just a fantastic experience. I rowed all the time that I was at MIT. And in fact, for my first marriage, I got married at the MIT chapel, and my wedding reception was at the crew boathouse. That was really cool.

Some of those people are still my friends. So rowing became my life. Between rowing for crew and handling my course load at MIT, it was a pretty busy life.

KLING: Yeah. So were you there for four years?

MEANS: I did three years until I got my degree, my undergraduate degree. And when I applied to medical school, I did not get in. I applied to 28 schools and I didn't get into any of them.

So my story about medical school was that the only school that I had not heard from was Tufts. So I called up Tufts in the spring of 1976, and when I hadn't heard from them, I made myself an appointment in the admissions office. I went down there and talked to them and basically got a pretty hard lecture from the head of admissions there, who told me that my MCATs weren't good enough to get in. And it looked like I spent all my time rowing crew, and what in the world was that all about.

I ended up giving him a lecture saying, "You don't understand. First of all, I'm not really good at taking tests. I'm dyslexic." I actually didn't know that I was, but I said I just do really badly on tests. I said, "I just try really hard, but I struggle with that." And I said, "But I've done as well as I could possibly do. I've worked really hard." And I said, "And second of all, rowing crew is a sport of discipline and teamwork: you have to all get along. You have to put your oars in the water together, and you have to row together. You have to have your back swing together. It teaches you a lot about life, and about getting along, and about all the things you have to do to make something work as a team. That's really important. And third of all, I have a great personality!"

I said, "You can get anybody who's smart at MIT to do well on the tests and to give you all the right answers, but they don't have the personality I do. I've got great bedside manner. I'm really, really good with people. And you want me to be a doctor. You don't want somebody who has no personality."

Anyway, I talked the poor guy to death. Ultimately, he let me go [there]. He put me on the waiting list and said, "We want to see what you can do." So I reapplied to MIT for a Master's Program in Course 20.

KLINE: Why Course 20?

MEANS: That was nutrition.

KLINE: I saw that your undergraduate degree was Course 7, but then your master's was Course 20, and I was just curious why.

MEANS: Because that's the only place I could find somebody who would support my master's degree. I had to pay for that myself. I went to the people in biology, I went to people in nutrition, and I said, "where can I find somebody who can basically fund me for a year for my master's degree?" I got a woman to be my supervisor, who gave me a project that she would pay me so I could get my degree. And, actually, I ended up doing a two-year master's in one year, which is not unusual for an MIT student. That was unusual for me.

I did a project that I really did not like at all, but I did it. It was starving rats of protein in their diets and seeing what pregnant rats do when they aren't given enough protein throughout their pregnancy. And the answer is they eat their babies when they come out. So it was horrible. And I hated my thesis advisor.

I had to type out every single thing on my little IBM Selectric. Every single week I'd have to meet with her. She would have red pen across everything, and she'd be really, really critical. And then I would kind of slink back to my apartment and feel horrible and have to redo her draft again from scratch. You made one mistake, you had to pull the paper out and start again, you know-- So it was arduous and really, really hard on your self-esteem and your feelings of self-worth. But I got through it. I got my master's.

And I went and applied to Tufts again the following year. I got in right away. So that was really cool.

KLINE: You knew that was where you wanted to go?

MEANS: Well, since they were the only ones who gave me a chance but-- I loved it. I absolutely love Tufts, and I'm very proud to be a Tufts Medical graduate. And I should say it's Tufts University School of Medicine; that's the way they want you to say it. But I'm really proud to be a graduate. And by the time I got there, it was much easier for me.

Once I could do clinical, I was fine. I had to do the basic science again, but got through all that. And then once they put me in with patients, I was in my element. Incidentally, I graduated at the top of my class (1981) from Tufts Medical. So they took a chance on me, but I made them proud.

KLINE: I wanted to ask a few things more about MIT. What was it like being a woman, and how many other women were there? Was that difficult?

MEANS:

Yes. Being a woman at MIT 1973 to 1977 was a unique experience. The ratio was eight men to every one woman. You could be in a lecture hall like 10-250 and be one of maybe two or three women. After I left Random Hall, I moved into my own apartment and I had a dog. I had a little Shih Tzu, and I used to bring the dog to school in a basket on my bike.

The year that I graduated, they banned people from bringing pets to classes. But at the time, everybody knew me because everybody knew my dog. And he was like Toto, sitting in a basket on my bike, and I would just ride my bike to MIT. He would sit in the seat next to me, on my coat. It was really adorable, except for the days that I decided to skip a class, because the next lecture the professor would say at the beginning of lecture, "So, Roseanna. We see that you're here today because we missed your dog at the last lecture."

So that was a little bit of a problem. It was also true that I got invited to every cookout, every steak fry, everything by everybody that I did not want to be invited to because there were so few women. I actually had a professor say to me in the middle of a lecture, amongst everybody else in lecture hall, "Well, you're very good looking for a woman. Are you a Wellesley student?"

I mean, it was really amazing. So it was very different. At the time, I didn't say anything back to the professor. I didn't make a thing about it. I was so grateful to be there. I decided, you know, pick your battles. My battle was [that] I got there, and I was privileged to be in this incredible institution, to be able to have this course of study.

I really wanted to be a doctor. And I had all these wonderful male friends on the crew team. And again there were several boyfriends who were from the crew team. They were all like 6' 3", 6' 5", 6' 7". I didn't think too much about what the professors said. Women faced comments like this frequently in the 1970s. Crew was a place where women could really excel. And so you had a place as women. We were very tight as a crew team. We all got along and supported each other, so I didn't really feel unhappy as a woman. I felt really privileged.

It was a real stretch that I was there. There's no question about it. I felt so grateful to be at MIT under those circumstances that when I did graduate, I was one of the founding members of the Friends of MIT Crew. There were two other people. John Miller, who had been a heavyweight, Jim Bidigare, who had been on lightweight crew, and myself. And I think it was probably Professor Smith who had the idea, but we wanted to put together a Friends of Crew. Crew is one of the groups that gives most generously to MIT. Of all the sports and all the departments, the crew graduates go on and excel.

In the first few years, we raised a million dollars for the Institute. And for that I got the Alumni Association's Distinguished Service Award. I'm very proud of that, because I just really wanted to give back to the Institute that had taken me on under those circumstances where-- I was really not academically prepared, but they took a chance on me. I felt grateful for that opportunity, because it

changes your life to go to a place like MIT. Like I say, I showed you my Brass Rat. For the rest of your life, if you see a Brass Rat, that gives you permission to open a conversation with somebody. Absolutely.

The other thing that was really cool about my having gone to MIT was that Mr. Leggett – who took a chance on me, who went out on a limb, and against all of the recommendations of everybody else on the admissions committee let me come to MIT – was so proud of me when I graduated. [CRIES] A few years after I graduated from MIT, he died. I went to his funeral, because I wanted to pay my respects. He was the person who had made such a big difference in the whole trajectory of my life.

Ultimately, when I became a doctor and got established and started Women of Means – which became Health Care Without Walls [HCWW is a free medical care program for homeless women, founded by Dr. Means] – out of the blue one day, I got a letter and a notice that somebody had donated appreciated stocks to Women of Means. And it was from Mrs. Leggett, his widow. She was in assisted living, and she had made a wonderful donation to Women of Means. And she said, "Bryce would be so proud—"

KLINE: It's okay.

MEANS: "--so proud of you." The reason why that's so important to me is because, as I mentioned before, my parents had gotten divorced and it had an impact on my growing up. When I graduated from MIT, neither of my parents came to my graduation. They just had-- They were too tied up with their own problems that they didn't come to my MIT graduation, which was a really proud moment for me. But Mr. Leggett did. It was such a wonderful thing that he really kind of kept an eye out for me.

Anyway, the MIT story was one of those things where you never forget when you're given an opportunity or you get a lucky break or serendipity or something like that-- I was very fortunate.

I remember running around the track as I was training, and when I wasn't getting into medical school, or when I was feeling really uncertain about life, I would pray to God and say, "OK, God, you got me here. Like, what's the next step? Can you just reveal this to me because I know that I'm here for a purpose. I know that there's a reason why I'm doing this. And I just don't want this not to work out." So I feel like I've really benefited from all that.

KLINE: Coming out of that experience, what was medical school like? Were you married at that time? What was your life like?

MEANS: I married my boyfriend, the person that I met at MIT on the crew team. His name is Peter Beaman. He was on the heavyweight team and was the captain of the crew. We fell in love. We had a wonderful, absolutely wonderful romance.

You know, being part of the crew team, with all the guys was great. He was a member of SAE [Sigma Alpha Epsilon] fraternity. We used to go down there and hang out. All of his friends were from there, and my friends were from there. We had a great time, and as I said, we got married at the MIT chapel.

As I mentioned, we had the wedding reception at the MIT boathouse. It was magical and wonderful. I really did love him. We got married a week after we graduated with our master's degrees from MIT in 1977. And sadly, unfortunately, we got divorced in 2007, after 30 years. But we had a great marriage, and all through medical school he was very supportive.

We lived in Boston for a year. Then we bought a house, and then I got all the way through medical school and got into Brigham and Women's Hospital for residency. I was one of the first women ever to be admitted to the Brigham in medicine from Tufts. In the third year of my residency, I had my first child.

KLING: What was that like?

MEANS: Well, Brigham and Women's Hospital and Harvard Medical School did not have a maternity leave policy when I got pregnant – along with a classmate – during my residency. So we are the ones who actually formulated the Brigham Women's Hospital and Harvard Medical School maternity leave policy, by default. I loved being at the Brigham. I've been at the Brigham all this time, since 1981.

I'm really, really proud to be a Brigham doctor. I did my internal medicine residency there, and it was extremely hard. It was back in the days where you were on for 36 hours and off for 12 hours. And so, just to paint a picture, we were not using computers. Cell phones had not been invented, the CAT scan was the most recent technology, MRIs had not been invented. Ultrasound was there, nuclear medicine was there.

But I remember I was part of the group of people that were doing the first bone marrow transplants for cancer treatment. The whole world of chemotherapy was really new, and really toxic and really difficult. Many people died from cancer. But we felt so privileged to be part of being at the Brigham, being part of Harvard Medical School and being among some of the best academics in the world. It was just really an incredibly exciting and dynamic time.

One part of my journey at the Brigham was that, again, I was thinking of myself as wanting to do something that involved service to others. So in my second year of my residency, one of the faculty came to me to let me know that the International Rescue Committee was putting out a request for help to refugees that were streaming in from Cambodia to Thailand after the Vietnam War ended.

After the Vietnam War, after we pulled out of Vietnam, the North Vietnamese took over and the Vietnamese invaded Cambodia. Pol Pot came to power and there was a mass slaughter of innocent Cambodians. They all fled across the border to these refugee camps. And all the refugee camps were being helped by all these international organizations. The International Rescue Committee, International Red Cross, Doctors Without Borders, the American Red Cross, the American Rescue Committee, all those organizations were coming to help.

So I went to my residency director and said, "Can I please go and help?" And, of course, nobody had done this before – I mean, it was crazy. Here I was, one of the first women to go to the Brigham from Tufts medical school and there I was asking them a year and a half later, "Can I go away for three months and help refugees?"

I had a wonderful residency director, Dr. Marshall Wolf. He said, "Absolutely. Go help." And so I did. I was really scared. I went to this little town in Thailand on the border with Cambodia. IRC had gotten permission from all these families to give up their homes, and basically live in shacks so that the IRC workers could come in. I went in and lived with all these other health care workers, and this is somebody's house. Their daughter came in and cooked for us and cleaned. It was really quite amazing.

Every day we took these trucks and went into the frontier into the border where it was all handled by the Thai military. And they all carried M-16s and it was really scary. But we went to this refugee camp. There were 50,000 refugees. It was Khao I Dang refugee camp.

In the very first day that I arrived, we walked in and there was a little boy who was 12 years old. He had had his foot mutilated by a landmine coming over across the border. He was having his leg amputated with a guillotine and no anesthesia. That was the first thing I saw. It was horrific.

And there was a whole business of making prostheses out of old tires and old pieces of plywood. And this kid was going to have a piece of wood to kind of roll around on if he wanted it to. It was so eye-opening for me as a protected person coming from this tertiary care hospital with everything I could possibly ask for. Absolutely changed my life, this experience to be out there. The refugees had nothing.

It was like a MASH unit in the middle of the frontier, and you just did not have unlimited supplies. I mean, we had a small pharmacy. We had some antibiotics. We did have IVs but only if absolutely necessary. But the intensive care, the building that I worked in, was made out of bamboo. It was a big open room with plywood cots on it. Nothing as luxurious as sheets. And in the front entrance where people came in, we were the emergency room. They walked in and stated what they were there for and we did the best we could.

It could be everything from a urinary tract infection to some kind of infestation or worms or congenital heart disease or snake bites or anything. I mean, absolutely-- Diarrhea, malnutrition, dehydration, you know, all this stuff. We saw it all. And we had medical people who were volunteering from all over the world. The "patients" carried a piece of cardboard with their records on it. It was absolutely fascinating. But your interventions were whatever they could do. They were staying in bamboo huts, sleeping on the ground, so they couldn't boil water or choose a different diet from what they were fed. They could not get a whole bunch of supplies. We could get a few samples of things, but that was it.

That became the model for me for Women of Means. How do you help people who have nothing? People who are portable or mobile – who have nothing. No cabinets to put things in. They can't really elevate their leg, drink a lot of water, because of all the water was contaminated. They all had worms.

You know, it's just fascinating. It made me really think about medical care and how we deliver medical care. How we provide it, who we provide it to, what things are important, what aren't important.

My experience in Khao I Dang taught me, first of all, about the resiliency of the human spirit, and how strong these Cambodians were in the face of all this incredible adversity and the genocide. And also, it made me think what did I want to do with my life. I had thought I wanted to be a cardiologist at the Brigham, and I came back saying, "No, I just want to do something to help disenfranchised people." That's what made me think that I wanted to try to do something that was going to be different, and I ultimately decided that was taking care of homeless people.

KLINE: So at that point, you knew that was what you wanted to do?

MEANS: I knew at that point that I wanted to take care of people who were somehow disenfranchised or dispossessed in some way. So I finished my residency. I went into primary care. After we had our three children, my husband and I decided to look for an experience where we could take them out of Wellesley, Massachusetts – which is a wealthy community – to a different experience, and have them see that the world is not comprised of wealthy white people.

We ultimately decided to spend a year in Costa Rica. To prepare for that year, I closed down my primary care practice and took a job at Mass General in their walk-in unit. That's where I started seeing homeless people. And that's when the light went on. I said, "This is a group I want to work with. They're disenfranchised. They're dispossessed. They're like the refugees, kind of wandering from place to place with no possessions. I can adapt what I learned in the refugee camp to this population and try to help them." And so that's how that worked out.

KLINE: What year did you go to Costa Rica?

MEANS: We went from June of 1995 to July 1996.

KLINE: And what were you doing there?

MEANS: We moved into a house in Costa Rica. We put the kids in school there, so they all learned Spanish. And I, of course, found a clinic that did women's health. For a year I volunteered, both at the school with the kids and in their nurse office, and also several days a week in this clinic where we did women's health. I did gynecology and prenatal care for a year. It was so much fun.

We had a lot of young women who were having their second or third babies, and they weren't even twenty yet. And even though Costa Rica is a Catholic country, I was writing a lot of prescriptions for birth control pills for these women. I was uncovering a lot of as yet undiagnosed gonorrhea that these poor women were getting from their wandering husbands. I didn't do any deliveries, but I did all the prenatal care.

The women loved having this American doctor there. And I bought a fetal Doppler so they could listen to the heartbeats of their babies. At 10 o'clock in the morning, they'd always close down the clinic, and they'd bring me a little plate of gallo pinto, which was rice and chicken and cilantro, and a cup of coffee and a piece of bread. They said, "You have to take your break, doctor." Why doesn't this happen in America? I just had a blast doing that.

Also, I was working with a doctor in the country who ultimately became the Minister of Health. Several times a year we put together a crew and we'd go out into the mountains and we'd do a one-day clinic for the Bri Bri Indians – the indigenous peoples – and we'd bring them medical supplies, do blood pressure checks and treat whatever came along. At the end of the day, we'd leave a soccer ball for the community. It was just great to be able to do this. It was so wonderful and completely unfettered, and I could make up my own rules.

KLINE: That's amazing. Did your kids like it, too?

MEANS: Yes. My kids are all bilingual. And they were six, nine and 11 when we went. They went to Costa Rica Academy, and they learned Spanish. And they all excelled. And they were able to come back and integrate back into school just fine. It was probably a defining moment for our family. It was wonderful.

KLINE: So you came back in 1996 and then—

MEANS: I was recruited back by the Boston Health Care for the Homeless program, with which I had worked before I left. I had worked with them for a few years at that walk-in clinic at Mass General. So they brought me back to run their inpatient respite program, the Barbara McInnis House. And I ran that for three years. I became the medical director of the entire organization.

As much as I loved it and I loved being with homeless people, I learned a lot about homelessness. I also observed that there were about 3,000 homeless women in Boston and only about 350 were coming to the Health Care for the Homeless clinic. And it just puzzled me. What was it that was keeping them away? This is a program that was designed for homeless people – it had doctors and nurses that were clearly dedicated and compassionate about the cares and needs of the homeless. We had wrap-around services. We had exceptional resources. We had specialty clinics.

So even though they had put together this whole wonderful formula of care for homeless women, the women weren't coming. I ultimately learned from the women themselves that unfortunately – and this is not true of all homeless men – but the number one reason for women to stay away from the homeless clinics was because of being beaten up and being traumatized by homeless men. Not all of them. There are many wonderful homeless men that I met and took care of, but it didn't take much for the women to feel nervous and scared about going into a homeless clinic – being in the waiting room for hours among people who are perpetrators or potential perpetrators.

A lot of times the women wouldn't go into the clinic unless they were in pain. And so, if they were there, they were going to come out with a paper prescription. They'd walk down the street and somebody would see them walk out with a prescription, and they'd get jumped and the prescription would be stolen.

Some were women who were already escaping from domestic violence situations and didn't come to government clinics because they did not want to be identified. They might still be on their husband's insurance. And so in those days, things were very different. They didn't have the protections for women that we have now.

What I wanted to be able to incorporate was the concept that you can't do one-size-fits all care for women who are homeless and men who are homeless. Women have a different biology. They have different diseases. They react to different diseases and medications differently. And they need privacy. They need confidentiality. Their biology is such that from puberty onward they have issues that affect only them, and for which they need to have really kind of sensitive care. And the kind of care that is directed toward those needs.

I felt that the Health Care for the Homeless program was not going in the direction of understanding and acting on those differences, so I left there in 1998 and spent a year volunteering at Women's Lunch Place, a day shelter where I had already established myself. I was asking the women what it is that they wanted to have for medical care. "What if you could have a doctor come in like myself and offer care? What is it you need?" They told me, basically, what it is they needed, and they helped me kind of define the things that were most important to them.

I learned a lot of things that confirmed what I found, and also learned things that I took for granted that were not true according to the reality that they were living under. And so it took about a year of my working with the women and testing out these theories.

After a year, I realized there was something to this; that the women really needed to have medical care from someone who was going to see them on their turf, on their terms, and offering care that was competent, confidential and biologically appropriate. Care that was not time-constrained and that was appropriate to the context of their lives, which included a lot of trauma.

I put together a board of directors and we filed articles of incorporation to become a nonprofit organization. We got our 501(c)(3) status in 1999, so we could ask for donations. And it's been going ever since. So it was Women of Means in the beginning, and about two years ago, the board changed the name to Health Care Without Walls.

The name "Women of Means" was not my idea. I didn't come up with it, but because we were giving these women the 'means' to move forward with their lives and they were patients of Doctor Means, it worked. The double entendre worked for a while, but some potential donors and board members got confused. They thought the name implied that we were women of wealthy means – that we were a financial advising group or we were just sort of dilettantes; women of wealthy means that were only superficially helping poor people. I'm not so invested in it being my name as I have it be a success. We changed the name to Health Care Without Walls, but we're still doing the same work.

KLINE: Are there any other experiences you want to talk about?

MEANS: I could probably spend the rest of my life talking about specific experiences with Health Care Without Walls! We've never been a billing service, and we treat everything from sore throats and headaches to post-rape counseling and mental illness, substance abuse and everything in between. There are many relationships with the women that I have shared over the years that I will always treasure.

Just as I learned from the refugees that it makes you appreciate the resiliency of the human spirit, these women have gone through more in a week than in terms of stress and trauma and violence than most people can possibly even imagine. And yet they continue to have a wonderful sense of humor. They have faith in God. They help each other out. They will sacrifice to help their children or a friend or a family member, if there's somebody in their life that they care about.

They are contrary to what might be a certain stereotypical image of homeless women. These women do succeed. I have seen women overcome extraordinary

adversity to get their lives on track and try to shoot for a goal and make that goal – from finishing a degree program or losing weight or getting their diabetes under control to re-establishing contact with a family member they hadn't talked to for many years.

I have so many stories of the women being extraordinarily brave in the face of things like cancer or heart disease, or terrible other illnesses. I have been privileged to be with some of these women when they've died. And I've held their hands and prayed with them and been there for them when they had nobody else. I've actually paid for funerals. I've paid for graves.

I've held some of their newborn babies. It's just been such an amazingly rich and profoundly emotional journey for me that it really highlights for you how wonderful it is to be a doctor. You're invited into a very intimate part of people's lives. When you are a doctor, your patients tell you things that they wouldn't tell anybody else, especially when you are in a relationship with somebody who has been homeless. They share a part of their soul that nobody else is ever really allowed to see.

I feel like I have a responsibility as a person who represents these women to be able to tell their stories and to represent their needs and their successes, because they humble me. They are just so much better than I am in so many different realms. It makes me sad to see how people will put them down, or stereotype them, or put them into a category, or dismiss them, or not take the time to understand their issues.

KLINE: It's incredible, and I have so much respect for you.

So: Your career now, or what you do each week, is entirely Health Care Without Walls? Or do you still work at the Brigham?

MEANS: I was a primary care doctor at Brigham and Women's Hospital for 36 years. I have my 35-year pin on! I'm really proud to be at Brigham Women's Hospital. I've said that before. Then, this spring, the spring of 2017, I finally retired from being a primary care doctor. I said very, very many sad goodbyes to wonderful patients of mine who allowed me to be their doctor all that time. But it was time. Medical care has changed. The profession has changed.

At the same time, Health Care Without Walls has evolved into an organization that takes care of so many women and families. We take care of a subpopulation of elderly homeless and poor women. And now, for the past year and a half, we've been taking care of women who are homeless who come to the Brigham for obstetrical care.

That's a program that I started called Bridges to Moms, which is a partnership between the BWH and Health Care Without Walls. We're involved with about 50 women who either had babies at the BWH or are currently pregnant. I've

created a new position at Brigham and Women's Hospital as the Director of Bridges to Moms at the Brigham. What I needed to do was to separate from primary care so that I could devote my time to directing this program and building it up, because we want to expand it. We want to scale it up. We want to make it a national model.

It's a model that involves a hospital and community in partnership, where the community agency is Health Care Without Walls. We commit ourselves to working with these women throughout their pregnancy and postpartum period, until the baby is a year old. We've been able to address five social determinants of health in this project: housing, transportation, food security, personal safety and other community resources.

By focusing on those five areas, we were able to establish in the first year of this program an attendance rate of 76% at prenatal appointments, which is huge. It compares to between 0% and 10%, which they would normally get. And we had a postpartum clinic attendance of 73%, compared to about zero for homeless women otherwise. Those are the preliminary numbers.

And so what we're impacting is maternal health – births, birth outcomes, maternal bonding, the length of stays in the neonatal ICU. All of these things are actually saving costs to society, to the hospital, by improving the women's lives, the babies' lives. Also, the chances that the relationship with the mother and the baby will be stronger, and won't result in foster care.

I'm very excited about that, so now my energies are 100% with Health Care Without Walls. I also spend between 12 and 20 hours a week working on the Brigham part of this project. So it's still pretty busy, but it's all doing great stuff.

KLINE: I don't want to keep you too long, because I know how busy you are, but if there's anything that I haven't asked you about that you want to mention, you can think for a little bit.

MEANS: I think the only thing I would say would be I grew up in an era where women were still struggling to get into the kind of careers that were male dominated. Medicine was a career that was male dominated back when I was looking at it, and it's not anymore. Nearly half, if not more than half, of doctors now are women. The profession has evolved a lot.

There are many women physicians who are my age – and I'm 65 now – who had to put up with all the various challenges that we had to put up with. Gender discrimination and sexual harassment were the norm. It's amazing that I went to MIT without having been offered advanced science classes in high school. I wasn't even encouraged to take a class in calculus.

As a woman, if you got into MIT, you focused on succeeding. And I felt a responsibility – I did not feel this was a burden at all – a sort of a 'pay it forward'

kind of responsibility. So over the years, when women have contacted me about wanting to get advice or mentorship about getting into medical school, or getting into MIT, or getting on the crew team, or getting into residency, I take on that role of guidance, mentorship, advice. How can I help this person out? By writing a letter of reference or those kinds of things. People like me who have lived through that era do this. We feel like if only someone had been there for me, maybe that piece would have been easier. My guardian angel was Mr. Leggett. I'm sure he was more involved in my life than I knew at the time in terms of watching out for me, and I just am eternally grateful for that.

What I've tried to do through my entire career – which is now over three and a half decades – is try to be a mentor and to be available to women coming up who are looking to try to go to MIT, or row in the crew, or go to medical school, or start a nonprofit, or any of the things I've done. I think there is that sense from people in my generation that we do that because it was very hard for us. We don't do it grudgingly at all. We do it because it's just the thing that you do.

KLINE: I want to thank you so much for taking time for this.

MEANS: Thank you for asking me.