Interviewee: Lynda Young, M.D.
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Abstract: Lynda Young was born in in 1947 in Buffalo, New York where she grew up with her parents and older sister. She learned to play the flute and her love of music was inspired by her mother who was a piano teacher. She graduated from State University of New York Buffalo and went on to medical school at SUNY Buffalo Medical School where she was one of six women in a class of 105. In this interview, Dr. Young describes her experiences as a medical student, her residency, the decision to practice pediatric medicine, teaching at UMass Medical School, and starting her own practice in Worcester, Massachusetts. She also recalls balancing responsibilities at home with her career as well as her increasing involvement with the Worcester District Medical Society where she was the first female President and the Massachusetts Medical Society where she is President-Elect.

MRD: We are completing a citywide oral history of the lives of Worcester women aiming to collect stories of a broad range of experiences based on the goals of the 1850 National Woman's Rights Convention held right here in Worcester. We are focusing on the areas of women's education, work, health, and politics/community involvement. We want to thank you for your help with this project and today is January 13, 2011. Dr. Lynda Young, we'd like your permission to record your oral history.

LY: That's fine with me.

MRD: We'd like to begin with background information. Could you tell us about your childhood – when and where you were born, talk to us a bit about your parents.

LY: OK, I was born at Millard Fillmore Hospital [laughs] in Buffalo, New York, which is where I grew up. I have an older sister. My Dad was an insurance salesman. He passed away in his 60s with amyotrophic lateral sclerosis which is Lou Gehrig's disease. His illness played a role in where I stayed to go to school. So, that's going into the future a little bit. My mother was a piano teacher and she taught piano in the home for as long as I can remember. She passed away in '97, 1997. So, my sister and I went to public school. We started piano lessons and music in general which played a big role in my younger years, in school in particular. We had two baby grand pianos in our living room and we used to squeeze between them to sit down in the living room. But my mother, of course, being a piano teacher, she was a great role model. She was a graduate of Columbia Teachers College, at that time, which was interesting for a woman in the late 1920s. And she played beautifully and she always encouraged my sister and I to play. We always had music around the house to play. And then my sister went on to play clarinet which she still plays today. She's not professional, but she still plays clarinet and she plays in a local symphony where she lives in Tennessee. I play the flute and I played flute up until medical school I was in a chamber group and I played all through college. Then I sort of just stopped. My

flute's upstairs in the closet. I don't think I've played since my kids were babies. But anyhow, it was a big part of – I didn't play sports, I was not a sports person, but I certainly enjoyed playing flute.

My decision to go to – I went to the State University of New York SUNY Buffalo. I stayed in Buffalo for a variety of reasons. My father wasn't ill yet then, but in New York state if you do Regents exams during high school and you get a certain grade on them, you qualify to -- similar to now in Massachusetts – you qualify for a scholarship. So I was able to attend – this is going to be awful for students now [laughs] – but I was able to attend college, my tuition was $25 a semester. Of course, books were ten times that [laughs], but $25 a semester. So I went there and as I said I continued to play in the band, orchestra, and marching band. And then my father – oh the day I turned sixteen I started working as a nurse's aide at Kenmore Mercy Hospital in Kenmore, NY. I was an aide in physical therapy. My sister worked there also and she was a nurse's aide in the same department. My uncle was an obstetrician in Kenmore and was head of OB [Obstetrics] at that hospital -- which is how I got the job frankly. And I worked right until the time I went to medical school. I was a nurse's aide. So it was great because I always had a job on weekends and I always had a job all summer because we used to fill in when other aides would take vacations. So I learned a variety of things with that. I learned: a. I did not want to be a nurse's aide the rest of my life [laughs], b. I thought I'd be a nurse, and then when I would go off to the floor to help out on the floor as an aide, I thought, "I don't know about that." And I thought, "I like what <u>he</u> does." [Laughs] And it was always a "he" or most likely a "he." So, that's when I kind of decided -- and actually before that I was always going to be a teacher – I mean who wasn't in the 50s, 60s? So that's when I decided that I wanted to go into medical school. What's interesting is that my aunt and uncle, the obstetrician and the nurse -- my godparents, told me that it was no job for a woman and that I should think about doing something else. [laughs]

MRD: How did you respond when –because I'm sure your uncle was someone influential?

LY: He was, he was. How did I respond? Being me I probably said, "Really? Well, I'll show you." I maybe never said it out loud, but that was my attitude. My parents were very encouraging. My sister went on to be a teacher.

MRD: But you mother having gone to Columbia …

LY: Yes

MRD: in the 20s, I would think that she played a part in your decision-making. She was kind of a trailblazer in her day.

LY: She was, she was. And my father was very encouraging of it also. So it was an interesting pathway. And then afterwards my uncle was very, very encouraging once I got into medical school He would take me to some of his medical meetings and that sort of thing.

MRD: What kinds of challenges faced you once you were in medical school because I would think there were not too many women?

LY: There weren't. I went to the State University of New York at Buffalo Medical School which is one of three, no there are four state medical schools in New York state. At that time my father didn't have a diagnosis because this was in the late 60s. I went to medical school from '69 to '73. So in '69 he became ill and in '69 there were no MRIs [Magnetic Resonance Imaging], there was nothing. So his diagnosis took a year to make, basically they ruled out as much as they could and came up with that. So he did the best he could, but because we really didn't know what was wrong, we kept thinking he'll get better, he'll get better. So I stayed and I didn't apply to many medical schools because I figured if I get in great, if not I don't know what I'll do. Being a Biology major [laughs] there wasn't very much you could do after you graduated from school with Biology. There was no pre-med track as there were at a lot of colleges, but Biology would – to get your degree in Biology you would also get all the requirements you needed for medical school and for taking your MCATs [Medical College Admission Test] and that sort of thing. I was lucky enough to get into Buffalo early decision so I knew in October of my senior year of college that I was going there. So that was very, very nice.

MRD: How did that feel when you got that acceptance to medical school?

LY: Oh, it was great, it was great. Because I knew I was going to go there and, again tuition was a big factor, tuition was $800 a semester. That's because you were in state and that made a big difference. There were 105 – I had 105 classmates, six of us were women. And I distinctly remember the interview where I was told that they did not like to admit women because they just got married, had a family, and quit. And that's what I was told by the dean of the medical school.

MRD: And what year was this?

LY: 1969. So there's a few more little things about medical school [laughs]. The thing I remember the best was Anatomy. All my partners were guys – and I've since sort of connected with one of my Anatomy partners by a fluke. But anyhow, we were doing – I don't even know what we were studying, but it was in Anatomy lab so we were there with cadavers and it was a huge room and there were four students to a cadaver so there were 25 tables or something like that – it was a big room. And the head of the lab asked the women to leave so that the men could -- whatever it was that we were going to discuss they didn't think it was appropriate for women to hear. And to this day [emphasizes], I am angry with myself that I left the room. And we stood outside the door and we started to rabble-rouse and we said, "Did you pay the same amount of tuition as they did in there?" And we all said, "Yes, yes." And "What are we doing out here?" "Oh, we don't want to make them angry because you know he gives us our grades and blah, blah, blah." So we stood there like good little girls. And then afterwards we went in and ran up to our partners and said, "What was this all about?" [laughs]. And they said it was really ridiculous, it was probably scatological, they just didn't think that we should hear it. That's one thing that stands out in my mind [laughs].

MRD: What a different place and time.

LY: Yes.

MRD; So tell me, you said there were six women, did you become a support group for each other?

LY: Not really. Not really, but they were your friends. But never really stuck together as a support group and there was no support group. There was, I think the women's – I don't even know the name of it because I don't belong to it, but there is specifically – it's like an AMA [American Medical Association] for women and I never really joined it. We were friends with our classmates. Other than that, it was really never I don't think it was ever this dichotomy between the 98 men and six women or whatever the number was. We were just all the same pretty much. But that was a while ago.

MRD: So, how were the male students who were in the class with you, you didn't feel any sort of tension, they were not upset that there were women in class?

LY: Oh gosh no. Not at all. They were my very good friends. And I still go back to my reunion every five years. For a variety – again I still have relatives in Buffalo so that's another reason because they would never travel here, God forbid. So I'll go back to see them plus go to my reunion which is getting smaller and smaller as the time goes on [laughs].

MRD: That happens to all of us.

LY: Yes it does. Yes, yes.

MRD; So how did you end up in Massachusetts?

LY: I – when I graduated from medical school you then apply, well during your last year in medical school, you apply for residencies. And I think it was my senior year I decided I was going to go into pediatrics. I had thought about internal medicine and I was really going to do general medicine and then it wasn't a big push – it would go in waves with specialties, family or primary care specialty – it was really you went into primary care of some kind and maybe a specialty if you wanted to go forever, and ever, amen -- to school. So I did, I took an internal medicine rotation and I didn't like it. So I thought, well I better go into pediatrics. And I liked my pediatric rotation. So my senior year, after I made that decision, I took no or maybe one pediatric rotation because I figured if I go into pediatrics I'll never have a chance to do adult medicine again. So I did adult surgery, cardio – all kinds of stuff. And then when it became time to apply for residencies, and it's really what kind of program do you think you can get into, you wanted to get into a good program, and where did you want to live. So I had gone, my senior year in high school I had spent six weeks in France at a program where kids from all over America came. And I became very close friends and I still see them to this day, from the Chicago area. So I looked at Chicago and I thought, "There are some pretty good programs in Chicago." And I talked to an advisor and he said you really ought to look at Children's Memorial which was Northwestern's program. I looked at a variety of programs and I decided on whether – oh,

this is awful – I decided where I wanted go, where I wanted to live. At that time there were a lot of programs that had call every other night. And this was, every other night you were up all night long and then you had a night to sleep and then you were up all night long, a night to sleep – and I thought "Ohhhh." So that eliminated half the programs [laughs]. And then the next one was every third night which was really like a vacation. Children's had that. I interviewed at a variety of places, but then – then we had the match. The match is where you list where you want to go and they list who they would like and then you are supposedly matched. So I matched at Children's and I went there for my residency. It was great – it was really great because first of all I loved living in Chicago and I had some very good friends and their families, so I had places to go for dinner, for the holidays, because you couldn't go home. You were off only 12 hours, you couldn't get home. My husband – he wasn't my husband then – was the same year as I was, so that's where I met my husband. After we finished our residency which was three years, he went on to be Chief Resident there which was another year. So I got a job at Michael Reese Hospital in the Southside of Chicago for a year. Then we always wanted to come back East. I didn't want to go back to Buffalo and Bob was from Boston. He was offered a job, when he was Chief Resident, he was offered a job here in Worcester to come and replace Jacob Brem who was then the Chair of Pediatrics at Worcester City Hospital. And that's why we moved back to Massachusetts.

MRD: And what year would that have been?

LY: We moved back in 1977. We got married in '76 and moved back in '77.

MRD: And when you moved here – obviously his job was in place – did you then start looking for a position?

LY: Well, it was interesting. I was working at the clinic at Michael Reese Hospital as a supervisor and advisor. I wasn't practicing because I didn't have my own practice, but I was doing a lot of teaching. We had two nurse practitioners and one of them – they knew that I was moving back to Massachusetts – and one of them came and said, "You know, I was at a meeting and I met someone that is from Massachusetts, that area I think, and he's looking for somebody to work with him." So I said, "Really?" So I called a couple of places through Dr. Hanshaw, Barry Hanshaw, who was the first Chair of Pediatrics at UMass [University of Massachusetts Memorial Healthcare]. He had told me about a couple of places because I said I wanted to go into practice. I don't want to practice through UMass -- at that point Fallon Clinic had four pediatricians. So he said, "Here's a couple of people to call" So I called Cliff Smith (you don't know any of these people), Newhart and Smith, which was a huge pediatric group, private practice up on West Boylston Street. I talked to Cliff and the first thing Cliff said to me was, "The last thing Worcester needs is another pediatrician." And I said, "Isn't that good to know. O.K." Then the nurse practitioner told me about this person who turned out to be Tom Lacava. We moved here to this house. We bought this house in '77 – we never moved [laughs]. I went and interviewed with Tom up at Clinton Hospital. At that point he had two practices. He had one in Holden where he took over Bob Ramashanka's practice and then he had a practice at Clinton Hospital because Clinton had recruited him and set him up in practice because they needed another pediatrician up there. So I went into practice and I practiced with him for a couple of

years. And then I got a job offer at Saint Vincent Hospital so I could continue practicing and also supervise the resident clinic there. That's how I started up here.

MRD: And from there take us forward in your career.

LY: Our first son was born in 1978. Our second son was born in 1980. So we have two children and I continued to work. I was the only woman in this neighborhood who worked. Which I thought was interesting. It was a wonderful neighborhood and wonderful people. I was friends with all the women in the neighborhood, but I could never go over their house for coffee, I could never go on walks, I could never do anything because I was never home – I was working. [laughs] We had hired this lovely older woman who started working for us when she was 58 years old and she was the kids' babysitter – people would call her a nanny at this point – but she never lived here and she never did meals or anything, she just took care of the kids. And she stayed with us for 25 years [laughs]. Now think about that – my children were 23, 24 --they weren't even home anymore! They weren't even home! [laughs]. But she was in her eighties and she needed something to do. So she -- and we had a cat, and the cat loved her, and the cat was elderly and he needed someone to come and give him medicine when we were away. So she would come and sit with him in her lap and watch her soap operas every day. [laughs].

MRD: Sounds more like a family member then someone you hired.

LY: She was, she was. If the kids were not feeling well – I have to say I can remember one day – thank God the kids were very healthy – but one day she called me at work to come home because she was concerned about one of the boys because he was throwing up and they just never did that. Otherwise if the kids had were ill or something, I didn't worry that they couldn't go to day care, I didn't worry because I had somebody here. A good friend of mine who was at that time (she's somebody you should interview too – she lives in Southboro now but she grew up – she was in Worcester, she grew up in Buffalo) she was the first woman chair of the Department of Family and Community Medicine at UMass. She wasn't even a family practitioner, she was a pediatrician. She and I would exchange a lot of stories and she gave me a lot of tips about stuff. I can remember the two of us – she had three children and her youngest and my youngest were born two months apart – I can remember the two of us, it was a Saturday evening, it was about midnight, we're sitting at Hahnemann Hospital, and we're each admitting a patient. We're out to here with our babies and she looked at me and said, "What are we doing here?" [laughs]. And I said, "We're admitting kids, that's what we're doing here." [laughs] Because there were no residents or anything on the floor to do any of that. Anyhow all these little things are coming back.

Then I was, I did practice, I ran the clinic, and in 19 – I don't remember how old – my children's preschools were chosen on the proximity to where we worked. My husband was Chief of Pediatrics at City. In the early eighties – I can't remember the exact date – he went back to school, he had had, he was obviously a pediatrician – he went to Harvard [University] undergrad and Harvard Medical School, and he went back to school – there was a program that just started which offered a Master's in Health Administration, an MHA, between Clark [University] and UMass and he was one of the first --people to go there. He went nights and I think it took two

years to get the Master's. When he graduated he was the only M.D. with that degree so he was hot property. At that time City was closing and their pediatric department which had its own residency program was closed and so he then took a job with John Hancock doing administrative stuff. Along that way, one of the pediatrician's in town, Peter Carpowich, was ill and he had a practice at 421 Chandler Street – sounds very familiar doesn't it? – and he asked Bob – because City was a huge pediatric department at one time – he asked Bob if he could work Thursday afternoons in his office to keep the office opened for when he returned to work. So Bob said he'd be happy to do that. He did do that and then I picked up some time at the office. To make a long story short, Peter never returned to work. So we bought the practice and the two of us were in practice together for a short period of time. I was there Monday, Tuesday, Friday. Wednesday was the doctor's day off. And we were in a call group and the call group was Jane Fitzpatrick, Ernie Gurwitz, Bob – why can't I remember the names [laughs], anyhow it was a call group. Bob and I shared a weekend which was very nice of them to do that. We –it was probably – I'm trying to think, I go by how old my kids were and where they were in school that sort of thing – so probably – John must have been four so we're looking at 1984 – we were in practice together and then Bob went full-time and I was in solo practice for a couple of years. Jane retired. Sheila Callahan Butler bought her practice so Sheila and I – I had known Sheila, actually Sheila was a resident at UMass, and Bob trained her in his outpatient clinic. So Sheila became – and Sheila was older when she went to medical school – so she and I were about the same age, we had kids, so we were friendly. A lot of the doctors around were friendly.

Around the mid '80s -- I was never a member of the Medical Society because I wasn't going to pay that kind of money for nothing [laughs]. I thought, "Are you kidding me? I'm not paying that kind of money. I don't care" And they kept calling me and saying you really need to join, you need to join. My husband had been a member and he took me to one of the meetings of the Worcester District Medical Society. He said, "You should come to this because the speaker is Barbara Rockett," who at that time was the first woman President of the Massachusetts Medical Society. So I went and she was impressive, but I had a good time [laughs]. I enjoyed seeing people; I enjoyed seeing my friends, my colleagues. And it took me a couple of years before I joined, but then I joined in 1988, I joined -- if you joined the Medical Society you had to join the District and vice versa. Before that I had already joined the Academy of Pediatrics because that was your field, your professional organization and that's when I started getting involved in organized medicine. And then in the early '90s, early '90s, Sheila and I decided to go into partnership and that's when we formed Chandler Pediatrics. It was always an office on Chandler Street but that was when we formed the main Chandler Pediatrics. And she and I were in practice together. At that time I was involved in the precepting program through the Medical School.

MRD: Can you explain a little bit about what that is?

LY: The precepting program is probably one of the most outstanding things that the Department of Pediatrics does. All of the residents that train there – because it's a primary care training program – all of the residents in Pediatrics that train there do their outpatient clinic in a private office. Or they can do it in one of the UMass clinics or one of the Fallon Clinics. Fallon does a tremendous amount of teaching for them. It's voluntary. You had to take a course in faculty development and you had to do that. You had to go to the retreat every year. You have to go to

meetings to keep up to date. We write the curriculum for the residents. And they come to our office once – on average depending on their rotation and such – they come once a week for three years to your office. So they develop their own little practice and you get to know them very – you know them better than anybody in the training program because you sit and talk and they become part of your practice.. I started that – golly, we're on our seventh resident so we've been doing this over 21 years. And we just keep rotating so there's a nice little practice that has had residents in it for 21 years. It really is very nice. I think we're the only group that has done it that long. And my second resident that came and worked is my partner now, Catherine Riordan. And Sheila and I and Catherine worked for a while …….and then Sheila was very, very independent decided to go back on her own which was okay because at that time it didn't leave me without anybody. So Sheila left the practice in 2001 and then it was Catherine and I and we have kind of went on from there. We have added another doctor, but we don't have enough room and we – Sheila and I totally gutted the office and took out loans so that was quite an undertaking for two women. Our practice is entirely women. Everybody in the office is a woman. Our biggest joke – just to see their faces – this is terrible [laughs]. Whenever we have a male medical student – we've had only one male resident train in the office. Just one. There's very few males residents in pediatrics, they're almost all girls – women. So whenever a male medical student walks into the office, which we love, we do a tremendous amount of teaching for the Medical School – But whenever they walk into the office, they'll say [to them], "Well, you realize the office is all women and we're all on the same cycle?" [laughs] Some of them understand that – look of horror. [laughs] Well, anyway the one male resident who is now a neonatologist in Boston, I still hear from him, he still sends me pic – we went to his, he got married somewhere in the South, but his parents gave him a huge engagement party, we went to that. He sent me all these great pictures when his baby was born. So you really get to know these people well. And he became involved in the Medical Society too because I kind of encouraged him. I said, "You'd like doing this stuff, Jonathon. You're great at this." You really get to be very friendly with the people who train with you. So that's the program. They do, they come and see their own patients depending on where they are in their training. The first year you need to go with them, that sort of thing. And you do a lot of teaching. They have a lot of questions. We have to make sure they see a certain amount of this, a certain amount of that. And as a third year, they're pretty independent and they work fairly independently. And they can be a big help to the office, too. Our patients don't mind at all. There are very few that don't want to have them in the room or don't want to have them there. They're booked so that they can spend a fair amount of time with a family, more than we can. Patients really like that.

MRD: I'm sure they do.

LY: And residents really like that, too, because it gives them a chance, you know, they've had a lot of training, too, through their residency, but they come to the office and see how it – as they say, when the rubber hits the road – this is what it means when you're in practice. So over about 50% depending on the year, continue on into primary care, go into private practice. Many of them get hired by the practices where they trained, a lot of them.

MRD: It sounds like a very fulfilling experience on both ends.

LY: It is, it is and it makes you feel like -- I feel, I remember being involved in the process when they were setting it up and everything and they said, "Should we pay the preceptors?" I sat there and said, "If you were going to pay them, frankly you couldn't pay them enough because if you want to give them an hourly wage, what are you going to base that on? If you want to give them a monthly stipend what are you going to base it on?" And frankly my opinion is if you want to do this -- you have an obligation to train new physicians. That's your job. When you become a physician, you become a teacher. You teach your patients, you teach your staff, you teach yourself, you teach students. So the – after having said that, for a while I used to go over to UMass and do a lecture every six weeks to the medical students who were doing their pediatric rotation. And I would go over – it was on infant formulas. I loved giving the talk it was so much fun. And I used to take the formulas in and have a taste test if they like [laughs] and go into why use this formula that formula. It was so basic that the residents would come to it because they didn't hear anything that basic. Anyhow, I would go over there. It was an hour lecture. It took me half an hour to get there, the hour lecture, half an hour to get back. So it was two hours out of my practice every six weeks. And I didn't mind that because I was okay with teaching, but you know what got me? I had to pay two dollars to park there. [laughs] I had to pay two dollars to park my car. I went to the Chair who was Gary Hanshaw. Actually three of us went to the Chair: John Strauss, who was then the Chair of Pediatrics for Fallon and they did a lot of teaching, and Rick Bream who was head of Child Health Associates. So three of us went in and I said, "You know Gary, we really like doing all this stuff, but you know what would be really, really nice? We should get free parking." And he looked at me and he said, "You don't?" [laughs] I said, "No. I don't know how that can be arranged, but we'll help out with it. I know it's only two dollars." He said, "It's not the two dollars, Linda, it's the principle." I said, "Yes!"

MRD: That's what you were feeling.

LY: Yes. So now if you're a preceptor, you have free parking [laughs]. It's three of us. So as soon as I see a new preceptor coming in, I'll say, "Go down to Security. Get the tag that gets you free parking." [laughs] Interesting, the faculty pays to park there so, but that's okay – they get paid, I don't. [laughs]

MRD: It sounds to me like you absolutely love teaching.

LY: I do, yes, yes. Teaching's fun. And we have opportunities to do that. You can do attending rounds and there's a whole core of us who for a month do attending rounds. That's the other thing that UMass – the Pediatric Department has – morning rounds are three mornings a week and you sit and hear case discussions or you can bring a case and whoever is rotating on the floor at the time is involved in this. So it's medical students, pharmacy students, there's family practice residents, there's what is called med-peds residents that do medicine and pediatrics, and the pediatric residents. And they have community attending and they have a faculty attending and usually the faculty attending is a subspecialist. I've known these people for a long time and you can sit there – I remember the faculty attending was Paul Marshall who's the neurologist – and so whenever we'd present a case I'd say, "Don't ask him, he knows nothing from the neck down." [laughs] Anyhow, and it's that setup, you just really have a fun time. I do that one month a year so that's another opportunity. Another opportunity that the Medical School offers is called

the Longitudinal Preceptor Program, LPP, where first-year medical students come to your office seven times a semester so they have to do seven half sessions a semester. And they come their whole first year and half of their second year. You see them 21 afternoons or mornings, whenever they choose to come – and it's part of their Physical Diagnosis course. So I always do that, because first of all I like the first-year medical students, patients love the first-year medical students. They say, "Oh, a newbie!" [laughs]

MRD: Why do your patients relate so well to the first-year medical students?

LY: Because they're brand new I think. I remember when my current one came and the parents are talking and they say, "How long have you been in medical school?" And he'll look at his watch and say, "A week." [laughs] So they go on and on and they ask are you going to join here, are you going to be a pediatrician. And they have no clue. But it's fun and the parents love talking to the students. And oftentimes I'll say to the student, "What are you doing now in your coursework?" And maybe I can have a patient that relates to that. One of my biggest coups was a student who – at that time they used to come for two years and this woman did go into pediatrics – she was getting depressed about medical school and she just couldn't see the sense of it and she just said, "What does this have to do with anything?" and so I said, "What are you doing now in your coursework?" "Oh, neurology, neurophysiology, we're learning about strokes. It has nothing to do with pediatrics." And I said, "Ah, but it does." And I said, "I have a couple of patients," and I looked at my schedule and said, "you know, he's coming in tomorrow." He had a stroke in utero and he is now three or four years old and he is significantly impaired because of the stroke. So she said, "Really? When's he coming in?" And I said whatever time and she said she'd skip her lecture tomorrow. I said, "Would you do me a favor? The mother would not mind at all. Will you call the mother and ask her to come a little early and ask her if it's okay if you interview her." So she did do that and the mother, of course, was very, very pleased. Out of that we had a session with almost every first-year and mostly second-year medical students came to it – of course, the free lunch always helped – but the Medical School provided free lunch. The neurophysiologist who teaches the course thought this was just the best thing. The mother came with her little son in his wheelchair and he was in a great mood that day so he was smiling and waving – he was showing off his balanced wheelchair because he could only use one hand so his wheelchair had to be balanced so that he wouldn't go in circles. [laughs] And his neurologist, who was Paul Marshall, and myself and we talked about what it was like to be a parent, what it was like to be the specialist, and where the specialist and the primary care person interacted, how we fit together. It was a great session.

MRD: What an incredible learning experience.

LY: It was, it was. And I still stay in contact with this student and she's finishing her residency at UConn and she said she always looks at that thinking if I could ever set something up like that to teach, I'll never forget that. And I'll never forget the kid and how it correlated with what we were learning. That was a really exciting thing to see that.

MRD: And I'm sure very fulfilling for you.

LY: Oh, yes because it was a while ago and I still talk about it. I always look to try to do that and it just never, it never jelled.

MRD: It sounds like you derive a lot of joy from what you do.

LY: I do, yes.

MRD: I'm wondering what advice you might give to students who are coming along, who are thinking of entering this profession, maybe female students specifically? Maybe you can address what things are still the same and maybe what things are different from when you were in medical school?

LY: I think probably the biggest difference now is the limited residency hours. That was a couple of years ago when they were trying to cut down on errors in hospitals thought to be committed by fatigue. It's interesting that those haven't changed, yet the residents are working eighty-hour weeks. So they, they don't – and I'm not saying it was right – but they don't have the experience – [laughs] I'm not so sure it was good – but I really learned all night long. Sitting up all night long with family and a patient. Watching to see what happened, looking to see how things went along. And were you tired the next day? Yeah! But, you know, it was expected, that's too bad. Sometimes you worked all night long and then until seven or eight o'clock the next night. And, not that it was the best thing, but you really learned. And you did that for three years. And now if you work all night long, you have to go home in the morning. Or you have a few hours where you can go to rounds if you want to, but you have to go home. And whether or not you sleep is up to you. I think the residency hours have really cut into that experience. I think it's caused a dichotomy between the old doctors and the new doctors.

MRD: Has that caused any animosity, do you think?

LY: No, not necessarily animosity, but I think there's this feeling that they're not learning as much as they could or should. So that's one thing and I don't know how to get past that because it's a law [laughs] -- although there's a lot of laws we can pass. So I think that getting involved – when I say that, I mean while you're a resident that's hard to do, but there are opportunities to get involved. Get involved in your community. You're a physician – when you're a resident, so if you're looking at younger people that want to go into medical school – once you're in medical school, whatever you choose to do, even in medical school there's a lot of opportunities to get involved outside of school, which is very enriching. To get involved in your community has been probably one of the best things that I've done and that I try to encourage people to do. And it's a time crunch and there's also the older physician whose entire life is consumed by medicine and the younger physicians who want a life outside of their profession. So it, a lot of people say medicine is no longer a profession, it's a job, and I think that's true, I think that's true. I don't like to look at it that way though because I think it's a profession. The advice would be to kind of look at it more professional, not just think, "Oh, I have to go to work today, but I'll be done by five." Well, lucky you if you're done by five. That doesn't happen very often.[laughs] But you have a unique place in your community. You have a unique place in your family. Many people marry each other, like my husband and I. The other overwhelming thing hanging over their heads

is the amount of debt that they have. And that is an enormous problem and a big factor in the decision of what they want to do. There's a lot of work going on right now about that. The average debt for a student who is going to a private – that's not including debt from college – the average debt when not going to a state medical school is $250,000 [side one of tape ends]……So that is a huge concern. So a lot of students look at that and say – my student that just finished up his longitudinal preceptor thing with me, when he first came I said, "What do you think you want to do?" And he said, "I think I'm going to go into radiation or radiology." And I said, "Oh is that because you think you're going to make $700,000 a year?" And he said, "Yeah..." And I said, "You know what? Healthcare reform. You're not going to make $700,000 a year anymore. That's gone!" [laughs] And he said, "Really?" And I said, "Oh yeah! By the time you're out, you're not going to make anywhere near that much money." But they do choose depending on how much money they'll make. That's why you can't get a residency in ophthalmology and orthopedics because high end a lot of money. But they also work very hard. So they look at that and think nine to five. It's not nine to five – they're working their tail off. But still they look at the high-end, lucrative specialties. Now if you want to look at something like a surgical specialty, you're going to be 32 years old before you're earning any money. Thirty-two years old! Your friends have been out of college for ten years making money. And they don't have $250,000 worth of debt. And as one of the doctors at the Medical Society says, what's worse is they marry each other – now they have $500,000 worth of debt [laughs]. I look at them and give them a lot of credit because I think if that were facing me I would have chosen to do it. But I had no debt whatsoever or if it was, it was so minimal. That's a big factor for the students, for young people now to pay off their debt. Some of the people in primary care that have been in primary care for nine to 10 years and still have 50 or 60 thousand dollars in debt that they are paying off and they went to UMass. It's a big problem. I guess I would say that if you really want to do it, look past that if you can. There are things though that you can do as far as the debt goes. There are programs – you can go into public health and work for three years in underserved areas in the state and your debt is forgiven. I would look at that very closely [laughs] and say I could stand Fall River for three years. And maybe you'll stay. That would be another piece of the puzzle – how much debt you are willing to have over your head. And I'm always going back to the community – there's always so many places where your voice is so important and really – I can remember my first -- I was waiting for the elevator in the basement of Saint Vincent Hospital. One of the priests was standing there – Fr. Tinsley, he's now Monsignor – and he and I had sat by a child's bedside and gotten to know each other. We were standing at the elevator and he said, "You should be on the board of Pernet." And I said, "Huh?" [laughs] And I said, "Oh yeah, Pernet. We refer to them all the time. Pernet Family Health Service." And I said, "What does that mean?" And he said, "I'll just put you on the board." So I said, "OK!" That was kind of my start and so I joined the board of Pernet probably in the mid '80s because I remember my kids were quite little and they used to come with me while we packed Thanksgiving baskets, while we drove them round to the families. I sat on that board for a long time. There were no term limits and finally I said I think I've been on this board for twelve years, it's time for me to move. I got to know a lot of different people and it was really interesting to see that I have something to offer and I don't have to be just working in the office. I can be in the community. Then I was asked to be on the Board of Health and I did that for 10 years. Then I became much more involved with organized medicine which really – and then I learned along the way that you have to pay to play, as they say, which means you start going to the people who are your representatives and your

senators and you donate to them, and you go to their fundraisers, and you shake their hands to make sure they know who you are. And then when a bill comes up you make sure that they know that you would like – you know how they play the game. So I became more involved in that and got to know some of our state legislators and congressmen. It was very, very interesting that Dr. Karpowich had taken care of the Early family. So Joe Early, all his kids came to Dr. Karpowich and the younger one then continued on with us. I didn't get to know him, but I got to know his wife and his two little children and that was exciting because I thought this is a good in. This is a real good in. And when Jim McGovern got in – this is HIPPA [Health Insurance Portability and Accountability Act] but he wouldn't care – I take care of his children. So that is a huge advantage. The senators – they're hard to get to, but through the Medical Society we do contact with them. I think that politically your voice is so powerful and it's so difficult to get people to understand that. So I'll sit and I'll talk, I talk a lot when I do rounds, teaching rounds, I'll say – one of the residents will say something that's a social problem or whatever – and I'll say, "Well you know there's this, that, or the other thing" or "Maybe we should look into what we can do to help that. Maybe you'll win, but you might lose too." So looking at, instead of sitting back and saying this is such a problem, do something about it and maybe it'll work. That's kind of what I like to do, tweak them a little bit.

CLM: Can I stick in a question?

LY: Yes.

CLM: Is that part of what the function of the Worcester Medical...

LY: The Worcester District Medical Society.

CLM: Do they politically try to…

LY: Yes, we have a legislative breakfast every year and we have a good turnout of the legislators and their aides – you learn the aides are as, if not more, important than the actual person – so we have a good turnout and they hear this. We work along with the legislative people at the state medical society and the state medical society does a tremendous amount of that yes, yes. Yesterday afternoon I was supposed to see I don't know how many people at the State House, but they cancelled it all because of the snow – imagine that! Worcester does it more locally. I've gone before City Council. I've contacted City Councilors about issues; they've contacted me on issues. So we try to do more local stuff working with the community. I wasn't involved in it but the Medical Society does that Community Immunity where they try do all the flu vaccinations for the last couple of years. This year it didn't work out so well, but it was successful in previous years. Doing a lot of safety issues. The Medical Society has a lot of resources. They also have the Massachusetts Medical Society for resources which is a tremendous resource.

CLM: And you are President-Elect of that?

LY: Yes.

CLM: So next year you begin?

LY: In May, yes, this May.

MRD: Talk to us a bit about that, what you're looking forward to accomplishing.

LY: Oh, gosh – it is such a great opportunity, such a great opportunity for me. We – they do, first of all, when you become, when you get into a leadership position -- so in '96 to '97 I think it was, I was the first woman President of the Worcester District in 220 years and then it was a dry period and now Jane Lochrie is the president, she's the second [female] president. And that was a good year; it was good to get involved. The Medical Society will help you with leadership training and that sort of thing. And they start sending you the things so that you can become a little more versed in doing the things with media, that sort of media training and all that sort of stuff. So when I finished with that, I was active with Mass Medical committees, and I was asked to chair the committee on membership which is kind of, you know, nobody likes membership. I happen to like membership, so I chaired that. In the meantime, I'm running a parallel line with the Academy of Pediatrics. And that had more opportunity for me leadership wise. So, oh gosh, 2004 maybe, I don't even remember the time, I moved up in the Pediatrics side and became president of the state chapter of the Academy of Pediatrics which got me involved with going to a lot of national meetings, all pediatric oriented. But they were great. You met so many interesting people – people that shaped pediatrics – write the guidelines that are used across the world. That was so exciting to me. So I did that and I sat on the national nominating committee for them and that's three years and you're gone. You can't stay, you can't renew, you're gone. Which is a great way to run a nominating committee. Through that you met all kinds of leadership. So on the other hand when I became president of the state chapter of the Academy, I stepped down as chair of membership at Mass Medical because that was a fair amount of time and I'm still practicing full-time [laughs] so it was a fair amount of time. After a while I became a lot more involved with the Medical Society and you nominate yourself for an office if you want to do that. You don't have to have somebody nominate you. So I thought about it and people kept coming up to me saying, "You really ought to put your name in to do this, to do that." They said, "Put your name in for an officer." And I said, "Oh you know, okay fine." It took me four years, but I finally got on the nomination for Vice-President. The way it goes is Vice-President, President-Elect, President. Vice-president to President-Elect isn't a done deal. You have to go before nominating again, but once you're President-Elect you automatically move up. So I did do that and when I – the other thing I also did was to run to be a delegate or an alternate delegate to the AMA [American Medical Association] which gets you to national meetings on the AMA side. Now I do -- the fact that I am in practice in primary care which is a hot topic now, very hot topic – with my work on the Medical Society, it's given me an opportunity to sit on a lot of state agencies and there are very few primary care doctors who participate in that. So your voice is really heard. I will sit and meet regularly with the Secretary of the Executive Office of Health and Human Services and we meet with her. I sit on a couple of committees: the Payment Reform Legislation which meets all the time, the Healthcare Quality and Cost Control Committee – I'm on the advisory committee for that. I sit on, I'm trying to think statewide, I sit on the Patient-Centered Medical Home Initiative representing the Medical Society. Anything primary care, they ask me to do it. Now prior to this, a couple of years ago, I –

my husband received a very nice promotion. He works for Unicare Insurance now and he got a very nice promotion which would mean that he would work part-time out of Chicago and part-time out of Andover which is where his office is here in Massachusetts, plus a nice raise. So I sat down and I looked and thought, "I'm getting a lot more involved in Medical Society, a lot more involved with teaching, I don't have to work this hard." So I went down – full-time in our office is four days a week. Each physician gets a day off. And so I went down to two days a week and we hired another person. That other person said, "I really want to work full-time" –it's very hard to find somebody full-time – "but I don't want to work full-time until my son is in high school." Which will be this coming year. We hired her. I work Monday and Tuesday in the office, do a lot of administrative stuff that takes up easily another half day to a day, but it's okay. The meetings that I have in Boston at either the State House, Ashburton Place, sometimes Healthcare for All – they're very interested in having Medical Society input. So it's really wonderful to be a part of this. And to sit there and say, you know, because the people that you're dealing with are policy people that frankly have never worked in the private business world, never. And they sure have never worked – other than maybe being a patient – in the medical field. They know nothing and you have to realize that when they sit there and are drafting legislation that is so profoundly going to influence the way we practice – they have no clue the way we practice.

MRD: And so Linda, you're teaching them.

LY: Yes, yes.

MRD: You're using the teaching methods that you love in another way.

LY: Well, yeah, you try. Although the Secretary is a physician. She was in internal medicine – JudyAnn Bigby – she was in internal medicine before she became Secretary. So she remembers that because I remember we were in a meeting with her last week and we were talking about when you so these accountable care organizations how were you going to get the patients to do that. And the Inspector General: "We assign them." [laughs] "How are you going to assign them?" "Where they live." "I'm sorry, with all due respect, Inspector General, there is a precedent for that and it didn't work. And that was with Medicaid where they looked at where a patient lived and who was the nearest doctor and that's who they got assigned to. Well they already had a doctor – it could have been me, it could have been somebody else – but they already had a new doctor. So when they got their new cards, they don't look at that –they don't have a clue what this means. So they get their card – "Oh, here's my new insurance card" – they take it to my office, I'm not their primary care doctor, I can't see them because I don't get paid for the visit. Happens daily." "Oh" [says the Inspector General. [laughs] And Dr. Bigby said, "Yes, that happened in my office all the time too." So doesn't have a clue and it's that little nitty gritty stuff – I love that.

MRD: Actually, it's large nitty gritty stuff. These are large issues that impact a lot of people.

LY: Yes, yes. [laughs] I don't know how much time you've got – I could go on forever. The other little thing and it sounds so stupid, but I sit on the board of Fallon Community Health Plan and, which I'm a provider for – and it took them –I'm the only physician on the board – and it

took them years to realize they needed a physician on the board, and they needed not a Fallon Clinic physician because you know there's a big divorce there..

MRD: Yes

LY: …and [laughs] they don't get along and blah, blah, blah. I'm a community provider and I take Fallon insurance, so when they changed –and there's two parts to Fallon, Fallon Direct and Fallon Select. Fallon Direct means you have to go to a Fallon Clinic doctor; Fallon Select you can to whoever takes Fallon Select. So they used to have two different colored cards. When a person called up and wanted to come to the office we'd say, "What color is your card" and they'd say, "Maroon." And we'd say, "Yes, we take that" because they don't know if they have Direct or Select but they know their card is maroon. When Fallon two years ago or last year, Fallon changed to one card which in tiny, tiny, tiny print says Fallon Direct, Fallon Select. So they don't know anymore which is a problem because they'll come to the office, they hand their card, and we'll look and we'll go, "We don't take this insurance." "What? You said you took Fallon." "But there's two Fallons." "Nobody told me that." Well, we did but they didn't hear it. "I've been coming here for twenty years." SO anyhow, [laughs] I sit on a sub board of the board which deals with all these problems. So I said, "Can you just go back to the different colored cards." "What?" I said, "Your cards are white now." "They are?" [laughs] And I said, "I want maroon and green. Maroon and green. [laughs] And please make Direct green and Select maroon. So at the last meeting they said, "We have some news for Dr. Young. We're going back to colored cards." I said, Yes!" [laughs] So it's stupid little stuff that's going to impact practices in a big way.

MRD: In a big way.

LY: Because they didn't know, they didn't know. From the practical, practice, administrative of a practice, people don't understand what a powerful voice they have. You know people will say, "How do you know all this stuff?" and I'll say, "Come on, you're in practice. You know this. Tell me what you're hearing; tell me what's a problem for you. Let's see if we can change it or work on it" And then one last thing. The other thing that I do is I'm Chief – that's my title – Chief of the Division of Community of Pediatrics which I've been for I think 10 years now. And it's one of the few programs, pediatric programs in the country that actually has a division which is funded – I get a stipend for doing it – and it's funded through the department and my job is to sit at the table with the other division Chiefs and have a voice there. I have a vote. I'm a link between the community physicians and the academic medical center. That has been a lot of fun for me and a lot of challenge. I put together a listserv of 84 people in my division. I'm the largest division. I have to do all of their credentialing which is a fair chore. I get to know the pediatricians in town at least I know who they are which I like. We meet -- we have about two meetings a year where we try to come together and just – I invite all, any new faculty or any faculty that feels they want to come and have dinner with us. Marianne Felice -- who's the current Chair -- Marianne created this division and has kept it going. I meet with her routinely and if there's any concerns or questions I know who to go to and who I can talk to and that sort of thing. My colleagues will send me something, "We're still having getting reports form the ER blah, blah, blah." Which is a thirty-ear problem, but I'll say, "Okay, I'll take this to the powers

that be." I also sit on the board of UMass Memorial so that was a, an interesting appointment [laughs]

MRD: Tell us about it.

LY: I'm the only community physician on the Board. There's physicians on the Board, but they work for UMass. So the Board is – there's attorneys, there's business people, it's a really diverse board. It's a great Board. A seat became available, someone was retiring because there's term limits on the Board, and they needed names of people. Oh, I think it was Dennis Dimitri that was retiring and he was a physician, but – and at that time he was a community physician, but then he went to work for UMass so he sat on there as a UMass physician. And the seat came up and I don't know how my name came up, but Marianne Felice came to me and said, "Have you heard from Aaron Lazar?" and I said, "I don't think Aaron Lazar knows who I am." And she said, "Oh, yes he does." And I thought, "Well, he should know who I am because when I was President of the Medical Society, he was my orator so he should know who I am [laughs] but maybe he forgot." So anyhow she said, "Well, you'll be hearing from him." And the months went by and I got summoned to have lunch and he was in charge of appointing that person. I can remember it was around Christmas time because before leaving to go meet with him I watered the Christmas tree, and didn't realize I had needles all over me.

[Laughter]

LY: So here I am sitting with the Dean and Chancellor of the medical school having lunch with him [laughs] and I went like this [motions with her hand] and needles fell and I said, "Dr. Lazar, do I have Christmas tree needles in my hair?" [laughs] And he said, "Yeah, you do." And I said to him – I can't believe I was so bold – I said, "Why didn't you say something?" Cause I thought, "I feel like a fool." And I don't even know what he said to that. [laughs] "Why didn't you say something?!" Not that it was a lot, but it was enough -- I'd been under the tree watering. Anyhow...

MRD: Maybe he thought it was the new style.

LY: Maybe. Anyhow I've been sitting on that board three or four years now I think. Which is a fair amount of time because there's a lot of committees. You have to sit on at least two – I sit on three, chair one of them, but it's been very helpful to my practice [laugh] because when I call up, people know I'm on the board and you want to see a specialist today? You're in. Isn't that awful? But it's true. Dermatology? Six month wait –"They'll see you tomorrow." Isn't that terrible?

MRD: Interesting.

LY: But you know what, I figure what the heck? I worked for it. Isn't that terrible, but it's – gastroenterology, three month wait – "I'll see him tomorrow."

MRD: Oh gosh. Interesting.

LY: [laughs] [Phone rings] I'm just going to let that go.

MRD: It just occurs to me, Lynda, with all that you do, do you ever sleep? [Laughs]

LY: [Laughs] I do. I do.

MRD: It just seems like quite a busy schedule and obviously things that you enjoy very, very much.

LY: Yes it is. And I mean I look at – I will be – when I become President, I'll be busier and I'll have to step back from some of the stuff that I do, but you're only President a year and you're gone. That's it. And there are some things I'm hoping I can still stay on like the Healthcare Quality and Cost Control because that's a standing, that's a running committee with the state government, because I get to see and meet a lot of people there and do a lot of cool stuff. Another coup that we have been working on is payment reform. There's the payment reform legislation going on. How are we going to start doing no fee for service now, we're going to be doing bundled payments or global payments or however they decide how to do this. One of the big problems for physicians is if you take Medicare – which is the elderly and a few chronic illnesses, but mostly the elderly – they set their rates and they use a formula which is called the SGR, the Sustainable Growth Rate formula. Physicians are the only ones who are held to this for their payment. In the last, the last ten years – it's probably more than ten years – their payments to physicians have gone up three percent. My office practice overhead has gone up 34%. So people are – especially if you have an elderly practice – people are across the country are really in tough straights so a lot of them are not taking new Medicare patients or their not taking Medicare period which is terrible. And Medicaid's the same thing because as Medicare goes so all the other insurance goes. The AMA has been working so hard to try to get rid of that payment formula. Congress put it in place in 1996 and it was a horrible idea then and they just don't know what to do with it, so it's a horrible idea. Coming up in January we were to receive --because they had to save money, the only way they know how to save money is to not pay the doctors. Pay the hospitals, pay this, pay that, pay that guy in Miami who's bilking them of millions of dollars' worth on durable medical equipment durable, but… So we, there's a task force that is meeting and Massachusetts was one of the states asked to be on that and they asked me to go. So I go with our lobbyist and we have such a good time [laughs] and I sit with this. So there's a vote coming up in the lame duck session, and we figured we'd never get anything through, but we needed them to stop that pay cut and we wanted them to stop it for a year. But they said that's never going to happen. It's a lame duck session. You'll never get it through. So we thought, "Who are we going to meet with? Who are we going do a coalition with?" Because the power of a coalition's even better. So we thought – they came to us –AARP, the American Association of Retired Persons, they have millions of members. So in early December, there was a conference call because the woman who runs the state chapter of Massachusetts AARP sits on the Payment Reform Commission with me – Legislative Commission with me -- and we talk and everything. We just kind of know who these people are. She said, "We want to do a tele Town Meeting and the Medical Society suggested you be on the phone with us." I said, "Great," because I do the Task Force I'm all set with what's going on. So we did this meeting. It was from 10 to 11:00

o'clock on a weekday. The AARP just advertised the heck out of it – it was in the newspapers, it was on their website, it was in the magazine – they did it across the country in 11 states. So we get on the phone and the people on the phone could ask me questions. I did a quick little blurb and then they'd ask me questions and I would give them their answers – you're sort of told how you should approach this. And so I had said that one of the things, one of the other payment formulas that the SGR goes on – or another insurance that SGR affects is Tricare which is military insurance. A lot of the people on the phone are veterans – now that doesn't affect them because they're over 65, but think about your family when you were in the Army or the Navy. Your family was on Tricare and nobody's going to take it anymore because you're getting 30 cents on the dollar so who could do that? It's a little better than thirty cents now but it did used to be. So by the end of the hour we had over 10 thousand people on the call. Ten thousand people. And we were targeting Senator [Scott] Brown who is very much against it – you can't pay for it, I'm not voting for it. Because of that phone call – and they were told, "Call your senators, call your representative. Tell them to repeal the SGR, blah, blah, blah. Tell them to stop the pay cuts to your doctor." So because of that and all the stuff they did with the tele Town Meeting, Scott Brown's office in that week had 91,000 phone calls [laughs]. And guess what? We got a year's – we got a year out of it!

MRD: Congrats.

LY: It wasn't just me – it was 10 thousand people on the phone and 91,000 calling their senator.

MRD: Incredible.

LY: Yeah, so that's very exciting.

MRD: It sounds so exciting and fulfilling.

LY: Yes. We'll just see what happens, but it's a small little step.

MRD: Is there anything else you'd like to cover that perhaps I have not asked that you'd like included in this?

LY: Oh gosh, I think that's plenty, [laughs] plenty.

MRD: Thank you so very much.