Richard Vaille Lee, MD: a conversation with the editor

Dr. Richard Lee was born in Islip, New York, on May 26, 1937. He went to public schools through the eighth grade and then to private schools, including a year at Loretto School in Scotland. He then went to Yale University, graduating in 1960. He was a member of the Torch Honor Society and president of the Interfraternity Council. He then went to Yale University Medical School, graduating in 1964 cum laude, and was a member of Alpha Omega Alpha. He did his internship, residency in medicine, and fellowship in infectious disease at Yale-New Haven Hospital. Intermingled in his residency was a 2-year tour with the US Public Health Service at the Fort Peck Indian Reservation in Poplar, Montana, followed by a year in general practice in Chester, Montana.

After completing his fellowship in June 1971, Dr. Lee remained at Yale University, where he was director of medical clinics and later director of the Primary Care Center. He rose to the rank of associate professor of clinical medicine and chief of general medicine of Yale University. He left New Haven in July 1996 to become professor and vice chairman of the Department of Medicine at State University of New York at Buffalo and chief of medical service at Buffalo Veterans Administration Medical Center. He's been in Buffalo ever since. In 1979 he became head of the Department of Medicine of Children's Hospital of Buffalo and remained in that position until 1997. Since he's been in Buffalo he's picked up a number of other responsibilities in and outside of that city, including chief of the Division of Maternal and Adolescent Medicine and the Division of Geographic Medicine in the Department of Medicine at State University of New York at Buffalo; professor of pediatrics; consultant in internal medicine to the Buffalo Zoological Society at the Buffalo Zoo (Figure 1); adjunct professor of anthropology and social and preventive medicine at State University of New York at Buffalo; medical director of Ecology and Environment, Inc.; and chief medical officer of the WHO Center for Health in Housing, State University of New York at Buffalo.

He has published extensively, including 75 articles in peer-reviewed medical journals; 151 essays, editorials, and commentaries; 9 books; and 62 chapters in books edited by other authors. A review of the titles of his editorials and essays shows the diversity of his mind.

William Clifford Roberts, MD (hereafter, WCR): *I am with Dr. Richard Lee in my office at Baylor University Medical Center on March 28, 2000. Dr. Dick Lee just gave a presentation at medical grand rounds entitled "Gestational delights: what internists need*

Figure 1. With the first captive-bred lowland gorilla at the Buffalo Zoo, 1984.

to know about pregnancy." Dr. Lee, I sincerely appreciate the opportunity to talk with you. Your presentation at medical grand rounds was wonderful. Your presentation at the medical residents conference in an hour or so is entitled "The dance to the music of time." Dr. Lee recently was guest editor of a symposium on time published in the January 2000 issue of *The Annals of Internal Medicine*. Dr. Lee, could we begin by discussing your early life, your parents, your siblings, and some of your early memories?

Richard Vaille Lee, MD (hereafter, RVL): I was born in Long Island, New York, in 1937. At the age of 5, following Pearl Harbor, my father who was then 38 or 39 tried desperately to get into military service, but he was too old, wore glasses, and had flat feet, so he wound up in officer training for the US Army and was assigned to the Army Air Force, which had a major training

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command in Fort Worth, Texas. Thus, from 1941 to the middle of 1946, I lived in Fort Worth. Then we moved back to Long Island and then to New England. My father was a building contractor and a very good one. Although trained as an early childhood teacher, my mother was a housewife.

When I became a recalcitrant adolescent, I was sent off to boarding school at the age of 12 or 13. I spent 5 years in boarding schools—4 in the USA and 1 in the United Kingdom. I then went to Yale and to Yale Medical School and stayed at Yale for housestaff training. Between my second and third year of residency, we lived in Montana for 3 years: the first 2 years I was a Public Health Service officer in the Indian Health Service on the Fort Peck Indian Reservation, and the third year I was in private practice in Chester, Montana, with an old friend who had also gone to Yale. I returned in 1969 to New Haven to finish my residency, followed by an infectious disease fellowship. Then I was asked to take over the outpatient program for the Department of Medicine. I did that until 1976, when I was recruited by Evan Calkins (an interesting rheumatologist) to the State University of New York at Buffalo. I have been in Buffalo ever since, doing a whole lot of different things, basically trying to stay out of trouble and not always successfully.

WCR: *What is your title at Buffalo?*

RVL: I am a professor. I have been chief of medicine at the Veterans Affairs Medical Center and then at the Children's Hospital, which was also the major maternity hospital in town. That is where my interest in obstetric medicine really developed, although I became interested in it at Yale. The medical service at Yale for years had a joint clinic with the obstetrical service. It was started by John Peters (of Peters and van Slyke fame) and then continued by Frank Epstein. Even when I was a senior medical student and an intern, I was the "dirty old man" in that I was interested in infectious disease. I was the person asked to see the pregnant ladies with unusual infections, which often turned out to be sexually transmitted diseases. At the end of my first year of residency, moving to the Indian reservation, I became a general practitioner and delivered babies as part of that. When we moved to Chester after 2 years, I delivered our second son because my partner had gone off to a meeting in Hawaii.

As far as my family background goes, I thought I was a normal child of a middle-class Caucasian family until 1961, when I advised my parents that I wanted to marry my wife. My father told me that his father, my grandfather, was Chinese. His name was Li Yan Phou. Li Yan Phou was part of an experiment in international education. The first Chinese person to graduate from a US college was Yung Wing, who graduated from Yale in the 1850s. He returned to China and became an important person in civil service and in educational circles and finally convinced the declining power of the Qing dynasty to create the Chinese Educational Mission, an experiment. The Americans agreed to this as well. Every year for 4 years, 30 boys would be selected by examination to come to the USA and be educated in English and in American technology, including military schools. They would then return to China to help transform China from a feudal empire into a modern empire.

My grandfather was in the second group of boys. He was born about 1861 or 1862 and arrived in the USA at the age of 12. The boys were taken to the Hartford/Springfield area, where they

were placed with families. The family that my grandfather was placed with was named Vaille. The Vaille family provided a home for two or three of these youngsters. They became very American. My grandfather went to the Hopkins grammar school, a private grammar school in New Haven, and then went to Yale. However, after his freshman year, which would have been in 1881, the United States refused to allow the Chinese boys to enter the military academies, either Annapolis or West Point. Many of the boys had dropped their Chinese dress and shaved their Manchu queues; some of them had become Christian. The Imperial government disapproved, elected to retract the program, and recalled the students.

Of the 120 boys, 119 returned to China. One of the boys (not my grandfather) hid in the basement of the Vaille house and managed to escape the recall. My grandfather returned to China and for 3 years was assigned to the navy, which he hated. He managed to escape to Hong Kong and then returned to the USA, where he reentered Yale and completed his degree, married a very prominent American woman, and had a series of misadventures. This marriage ended in divorce. He then married a second American woman, my grandmother. My grandfather was an editor of some journals and newspapers. He did a variety of things. It was clear that his brilliance as a student at Yale was not being recognized—partly because he was Chinese and partly because of his own internal flaws. He returned to China in 1927 and died around 1939, we think, during the bombing by the Japanese of Canton, which is where he had resettled. I never knew him. I knew his second wife, my grandmother, and I knew my uncle, who was 4 or 5 years older than my father.

My father went to Yale, graduating in 1927. It was after he graduated that my grandfather returned to China. My father's older brother had gone to Annapolis and was a captain in the US Navy. To give you some idea of the anti-Chinese sentiment, here was an Annapolis graduate, captain of a major vessel in the navy, based in San Diego, who wanted to marry a Caucasian woman. In the 1930s, a Chinese man could not legally marry a Caucasian woman in California. He had to go to Yuma, Arizona, to get married. Neither my father nor my uncle spoke very much about their Chinese background or their father.

So, in 1961, I was told that I was part Chinese and that this had been a very carefully kept family secret because of anti-Chinese sentiment and prejudices. Nevertheless, historically it's very interesting because it was one of the first real entrances into the modern world by the Chinese Imperial government. Indeed, a number of the students in that program went on to build its infrastructure. (A couple of them were responsible for constructing the railway system. A number were responsible for the ports and the development of commerce and shipping services in China.) They accomplished a great deal.

WCR: *Why did your grandfather return to China in 1927?*

RVL: We were never really sure. I think the marriage to his second wife was a difficult one. I don't think his relationships with his 2 sons were all that good. My uncle was a captain in the navy; my father had an engineering degree from Yale and was working for a building contractor that built mansions for the very wealthy of New England. I think there may have been a little bit of embarrassment that there was this Chinese figure hovering in the background. In any case, he did return to China and

we basically lost contact. It's now interesting when I return to China, which I do as part of the China Association, and I say my grandfather was Chinese. They look at me and they laugh. They say, "You're not Chinese." I don't really look Chinese. My father married a Caucasian woman. Going back through his Yale College photographs and class books, he clearly looks somewhat Asian, not distinctly Asian, but I would never have noticed it until he told me. My uncle was known as "Chink"; his nickname was "Chink Lee" at Annapolis. That's our family background; we had this deep, dark secret, which turns out not to be so deep or dark and actually is something that I find quite honorable and unique.

WCR: *How many siblings do you have?*

RVL: There were three of us. I had an older brother and a younger sister. My older brother, who was 4 years older than I, died in 1956 flying jets for the Air Force. Both my uncle and my father served in World War II, and my brother enlisted in the Air Force just as the Korean War was ending and died in an accident. My sister, who is 7 years younger than I am, was born in Fort Worth and now lives in Rhode Island. She was trained as a nurse. There has always been a heavy emphasis in my family on providing service to people—either service to your country or service to people. It was ingrained in us.

My parents' deaths are interesting. They were in their early 80s, and my mother had developed multi small-infarct dementia and my father was developing macular degeneration. They were living in Florida, a long way away from both my sister and me. It was clear that they were not in a very tenable circumstance, in terms of being totally independent. At some point my father planned my mother's death and his suicide, which they accomplished in 1989.

WCR: *Was your father ill?*

RVL: No. His eyesight was failing, and he had some mild hypertension. I think he was in the situation of losing his independence. It was beginning to be difficult for him to drive and drive safely. That would have been a major problem. These were fiercely independent folks. They would not have tolerated a nursing home.

WCR: *Your mother died first?*

RVL: Yes. He killed her and then he killed himself.

WCR: *How old was she?*

RVL: She was 83 and he was 86.

WCR: *How did you handle that? Did you interpret that as your father doing both of them a favor?*

RVL: I think so. It's hard to give a straight answer. I knew that something was brewing. We talked frequently on the telephone and we tried to visit often. They were living in the Orlando area. I think it was the only way to solve what he thought was a dreadful problem. His comment always had been that they were never going to be a burden to their children. They weren't.

WCR: *You consider that an honorable death or a good death?*

RVL: I think so. Their relationship was becoming increasingly strained because my mother was becoming increasingly demented. My father was an assiduous and compassionate caretaker, but as his vision failed he could not continue to care for her. We talked about setting up some kind of living arrangement for them that would be close to us. He elected not to do that. I

still haven't figured it all out or digested it completely. But I don't think it was something that was evil.

WCR: *What was your home life like when you were growing up? Did you have intellectual discussions around the dinner table?*

RVL: Not really. From the age of about 12 or 13, I was away at school, and that was a good experience for me. I was the only one of the kids who was sent off. I think that was probably because I was the most difficult. I was always giving them trouble. My father had this notion of self-reliance, that you had to learn how to do it yourself. If you can't do it yourself, then that's your problem. That is the way things developed.

WCR: *Your father was successful financially? You didn't have to worry about money growing up?*

RVL: No, I did not.

WCR: *How did you get interested in medicine? Were there any physicians in your family?*

RVL: No. My grandfather came from a Mandarin family, a professional family where scholarship and service were key. I think my parents always wanted me to be a physician. My brother's entrance into the military, becoming a jet fighter pilot, probably took them by surprise. I think they expected him to become an engineer. I was going to be a doctor and my sister was going to be a nurse and a housewife. They had that planned. In my senior year at Yale I had already won a fellowship in biology. I was very interested in experimental biology. My interest in medical school, I still have not figured out. I think my father orchestrated part of that. I only applied to Yale. I knew the president of Yale at that time, Whitney Griswold. He and I had spoken and had actually done some work together that he was pleased about. I have a suspicion that somehow it was brought up that I should go to Yale Medical School and President Griswold called the admission office and said, "He's going to apply and you're going to take him."

WCR: *How did you know President Griswold?*

RVL: In the mid 1950s there were still fraternities at Yale. President Griswold was not kindly disposed to fraternities. Fraternities at that time still carried out a variety of high jinx, which involved drinking and hazing and a few other things, recurring themes in terms of popularity. I became the president of what was known as the Interfraternity Council. It was my responsibility to respond to President Griswold's criticism. He wanted to abolish fraternities altogether. Yale has a very strong history of fraternal organizations, ranging from the secret societies in the senior year to regular fraternities like Delta Kappa Epsilon. We worked out a deal. We would stop pledging rituals; the fraternities would continue to exist, but they basically would be civilized institutions as opposed to uncivil institutions.

WCR: *No hazing?*

RVL: No hazing, no pledging, and no public displays of tomfoolery, which I think President Griswold found rather embarrassing. He was very grateful for that. It worked out very well. He did not get accused of being antifraternal, and he accomplished the goal of making sure that Yale misbehavior would not reach the public press on a regular basis.

WCR: *Did you know Bill Buckley?*

RVL: Bill graduated in 1952 and I didn't get to Yale until 1956. I did not know him.

WCR: *Who influenced you in junior high, high school, and college? Did you have any mentors who helped in your development?*

RVL: I'm sure I did. I'm not exactly sure that there was any one who stood out as being the only one or the principal one. I was sent off to a boarding school called St. Paul's School in Concord, New Hampshire. I was a child from an outside family. There were several faculty who took a particular interest in me and who I found enjoyable. Then I was sent off to a school in Scotland called the Loretto School, one of the few Scottish boarding schools. This was in 1955, and Britain was still very much recovering from World War II and the Korean conflict. There had never been anybody who was not a subject of the queen who had gone to the school. I was this strange American creature. That, I think, influenced me a great deal. I made a lot of good friends. I got to know a number of the faculty, and I still stay in contact with several of them. One of the teachers there, a delightful gentleman who was the English master, is still alive (he's now 80), and we just visited him in Scotland 3 or 4 weeks ago. He retired from Loretto. Our oldest son also spent a year at Loretto. He was taught by Mr. Wood. Then Mr. Wood retired and we arranged and financed his spending a year as a visiting teacher at the private day school that our second son was attending. Mr. Wood taught 2 generations of Lees. We still keep in contact with him.

WCR: *Did your father recommend Loretto to you?*

RVL: No. Actually during my senior year the headmaster of St. Paul's had just spent 6 months on sabbatical and had visited the school and was most impressed. I think my parents conspired with him to say, "Lee needs to have a little more finishing." I got shipped off. It was probably an experiment on the part of the 2 schools, as well as something to satisfy my parents.

WCR: *Were you an athlete?*

RVL: Yes. I played ice hockey at St. Paul's and at Yale—not for very long because I kept getting hurt. It was too expensive: "You're always getting stitches, Lee."

WCR: *What did you study at college?*

RVL: I majored in zoology. I was very fortunate when I was at Loretto. The British system is 13 years, as opposed to 12 years of undergraduate school in the USA. It was 13 years of grammar school and high school and then 3 years of university training. We do 12 and 4. When I was at Loretto I was able to take what was known as the A level examinations, which I did in biology, chemistry, and English. I got credit for those. By the time I got to the second half of my junior year of college, I had already fulfilled the requirements for the zoology major. I started taking history, philosophy, and religion courses, which were terrific. Those were great fun. In my senior year I think I only took 1 course, an honors seminar.

WCR: *How did you enjoy medical school?*

RVL: I had a ball in medical school. I must tell you that my undergraduate career at Yale had a very ill start. I flunked several courses—partly because I was having a really good time and partly because I wasn't very smart. My entrance into medical school, after being friends with the president of the university, was highly beneficial. I found medical school terrific. The Yale system at that time considered students as scholars and expected them to study. We didn't have a lot of examinations. We had to write papers, we had to do demonstrations, and we had to pass

the national boards. I became a prosector in the anatomy lab. I did anatomy dissections all 4 years in medical school.

I think my medical school teachers probably were my major influence. Averill Liebow was professor of pathology, a remarkable man, somewhat napoleonic. Alvan Feinstein, who is still a professor at Yale, was just beginning his series of clinical judgment and clinical epidemiology studies. He became an enormous influence. Paul Beeson, who was chairman of the Department of Medicine, was another influence. One of the articles in the January 2000 issue of *The Annals of Internal Medicine* is an interview I did with Paul a year ago. He was 90 then, and he was reminiscing about his career in medicine, which was remarkable. We still correspond fairly often. There were a lot of heroes in the old medical school at that time.

The one thing I found most fascinating about Yale was how accessible the faculty were. We were able to walk in on Elisha Atkins, Howard Spiro, or Jerry Klatskin, to go to their office and say, "We have this interesting case. Can you help?" If there is a big difference between medical education in 2000 and medical education in 1960, I think it has to do with how accessible the faculty are and how often we had dealings with them. I sometimes think that part of our difficulties with medical education today has to do with the retraction of the faculty, particularly the clinical faculty, into their laboratories and their scholarship as opposed to their teaching activities.

WCR: *You enjoyed the medical arena in New Haven so well that you decided to do your houseofficer's training there also. Did you have any problem deciding what area of medicine you wanted to go into?*

RVL: Yes, I did. It was terrible. I enjoyed the whole thing. When I became a third-year student, my first rotation was surgery. Gustave Lindskog was chairman of the Department of Surgery. I had been a surgical clerk for about 10 days when one of his interns developed active tuberculosis and was sent off to a sanatorium. I was it, and I became the surgical intern. This was with 10 days of clinical experience, and I can assure you that it was a most trying but exciting time. I learned a tremendous amount of surgery, and I liked surgery a lot. I liked medicine; I liked obstetrics. The whole thing was just tremendous fun and very challenging.

In the summer between my third and fourth years, my wife and I went to Chester, Montana, where a man who had graduated from Yale around 1945 or 1946 was a general practitioner. Chester is in the middle of nowhere. It's along Route 2, between Shelby and Havre, not particularly notable cities. Chester has a population of about 1000 and a little hospital. I spent the summer working with Dr. Richard Buker. I did everything from surgery to deliveries to house calls to ambulance calls, riding across the Montana prairie in an ambulance at 80 miles an hour for automobile accidents. It was kind of nuts but an exciting time.

I finally decided on internal medicine, and I became an intern with Dr. Beeson. At the end of my internship year, Dr. Beeson became the Nuffield Professor at Oxford. We had an interim chair for a while, and then Phillip Bondy became our chair. Our group of interns has always had a particular affection for Dr. Beeson. We still meet with him periodically. This was in the middle of the Vietnam conflict. I enlisted in the Public Health Service with a commission and went off to the Indian Health Service.

WCR: *After your internship?*

RVL: After my first year of residency, I stayed the extra year as a general practitioner with Dr. Buker, whose partner had left him. He was alone. It was very difficult for me to say, "Well, I really have to go back and finish my residency." So I said, "I'll come work with you for a year so that you can recruit somebody to come and join you, and then I'll go back and do my residency." At that time I was already older to begin with, so I was another year older and had some unusual experiences compared with the other members of the housestaff team.

WCR: *You finished your fellowship in infectious disease.*

RVL: I finished residency in 1970 and was a fellow in 1971. When still a fellow, I became the director of the medical clinics and the emergency room for the Department of Medicine.

WCR: *What appealed to you about infectious disease?*

RVL: Elisha Atkins, Paul Beeson, and Barry Wood had been studying the genesis of fever. This was before we got to the point where we could dissect leukocyte hormones as well as we do now. It was clear that we understood that there was something that was being produced by white cells—exactly which kind of white cell wasn't clear. It turned out it was lymphocytes, not polys. I was intrigued by that. Experimental medicine was quite fun. Another of Dr. Beeson's fellows, Larry Freedman, and another of the housestaff described the animal model for endocarditis (the idea of putting a catheter in the vein, leaving it there, letting a platelet clot form, and then injecting bacteria to produce a vegetation). All of these things were going on, and they were really quite exciting. That is how I got interested in infectious disease, which is not organ oriented. Having decided to go into medicine, as opposed to surgery, that was the first step. Surgery was increasingly becoming organ oriented. I must say that I found that there were so many different things about medicine, about the medical enterprise, that it was tough to say I'm only going to do one thing.

WCR: *You liked the variety.*

RVL: Yes.

WCR: *How did it come about that you took charge of the outpatient clinics in the Department of Medicine at Yale?*

RVL: I was just a kid at that point, even though I was 32. I'd been a real doctor for 3 years, working on the Fort Peck Indian Reservation. There were two of us there to take care of a population of probably 10,000 people, plus the villagers (non-Indian people who lived in the towns) in an area about the size of the state of Connecticut. We had to do everything. After the first year I became the officer in charge, putting together programs to provide care for a widely dispersed rural population. I organized and ran 2 different clinics. When I got back to Yale I was this strange creature who had actually done some things, not in the military, not with some other organization that was directly telling me how to do things, but having to do some things that were creative. I was asked, "Why don't you do this, because you know what it's like to be a doctor in the outpatient department?" That is how I got to know Mike Emmett, because Mike came in 1971, my first year.

We organized the outpatient rotations so that most of the outpatient experience in terms of emergency room and urgent clinics was done during a 5- to 6-month period of the first year of residency. I had a group, about half of the first-year residents,

for 5 or 6 months. This meant that they had intensive exposure to ambulatory medicine—through the emergency room to the urgent clinic and to the follow-up clinics to make sure that patients were actually taking their hypertensive medication. At the same time, it was very much an integral part of the inpatient service. I used to have outpatient morning report, just like they had inpatient morning report. We'd go up and we'd actually go see the patients they had admitted from the emergency room to see how they were doing and to see what was happening. I still think of it fondly as one of the best ways to teach real honest-to-goodness outpatient medicine in relation to what happens to patients when they get sick and have to go to the hospital, how you keep them out of the hospital, or how you manage them over a long period of time. All first-year residents would establish a cadre of patients, which they would then continue to follow for the rest of their housestaff career. They would come down and they'd see patients once a week. These were patients that they had seen in the emergency room or the urgent care visit. We did not assign patients to them who had been long-term patients. It was their patients that they had taken care of and they were responsible for.

WCR: *It must have been difficult for you to leave Yale. You'd been there for a long time; you grew up mainly in the northeast corridor of the country. How did the Buffalo opportunity come about, and what made you leave Yale?*

RVL: Part of it was that Yale was beginning to change a lot. A lot of my heroes, as it were, were now aging faculty or faculty who would not be continuing on for a long period of time. Phil Bondy had resigned as chairman; there was an interim chairman, and then Sam Thier became chairman. Sam and I are almost identical in age and almost diametrically opposite in philosophy. It was apparent that it would be to my advantage and to Sam's advantage for us to part company, which we did and reasonably amicably.

WCR: *How has it worked out in Buffalo? You've been in Buffalo since 1976.*

RVL: It's been terrific. I've enjoyed it. I guess I'm a little bit like my father: I like my independence. I found the Veterans Affairs system difficult to deal with. I think they found me difficult to deal with as well. I had problems accepting the notion that you limit the outpatient visits so you can have a budget surplus that you can use for other kinds of things. I thought our purpose for being there was to take care of patients, not to deal with budgetary manipulation. Ultimately, there was proven to be some criminal activity on the part of the administration level at the Buffalo Veterans Affairs Medical Center, which I became aware of, and I found it difficult to be a "good ol' boy." It was better for me to get out.

WCR: *You went to the Children's Hospital. What was your experience there?*

RVL: I was chief of medicine at Children's Hospital, which is basically a pediatric hospital and a maternity hospital.

WCR: *When did that begin?*

RVL: That began in 1979, just 3 years after I moved to Buffalo. That worked out very nicely. My interest in obstetric medicine and medical complications of pregnancy became much more fully developed. I recruited some young folks who continue to practice with me and who continue to be interested in the care

Figure 2. Examining a Mekranoti woman during one of the Yale expeditions to the Xingu River region of Brazil, 1974.

of pregnant patients. We left the Children's Hospital 3 or 4 years ago to set up our own office. They are in private practice; I'm still a part of the university, but they cross-cover me. They help me with my patients. I don't help them very much at all. They are pretty independent at this point. That was a very productive time. We did a lot of things—published a number of papers, developed a teaching program for the American College of Physicians, edited some books. It's turned out to be great fun.

WCR: *You are teaching at the American College of Physicians what internists should know about complications of pregnancy?*

RVL: Right. We get a fair number of young folks who come because they want to go into practice, and they are going to be asked to see pregnant patients. They don't get a lot of exposure in their housestaff training programs in terms of how to deal with that and what to expect.

WCR: *You mentioned that you really got interested in the care of pregnant women when you were at Yale. How did that come about?*

RVL: John Peters, who had been one of the professors of medicine at Yale, had established a joint clinic with the obstetrical service where patients with renal disease, patients with hypertension, a variety of problems, were seen jointly by the obstetricians and the internists. Frank Epstein and Jerry Burrow continued that. I was asked to participate in it because of my interest in infectious disease and sexually transmitted diseases. I would go up every so often and see patients who had funny kinds of skin lesions or had fevers or had difficult problems that the obstetricians wanted some help with. That's how that got started.

WCR: *For nearly 20 years you took care of babies and pregnant women?*

RVL: Yes.

WCR: *What are you doing now?*

RVL: I still see consults. I'm 63 on my next birthday. Things are changing quickly. I don't think that I can be intelligent about the breadth of medicine that interests me. There's a limit on how many journals I can subscribe to and read. There are some trends in medical research that I find hard to comprehend. Some of the statistical machinations that are used in papers nowadays strike me as being particularly difficult. I worry that we've really started to take care of numbers as opposed to patients. I try to limit my practice to some patients I have followed for a long time and to new consults with medical complications of pregnancy. The

Figure 3. Treating nosebleeds for a Ladakhi elder in Kanji Village, Ladakh, North-western Himalaya, 1986.

other area of interest that I've had for a long time is international health and tropical medicine. I see a number of patients who have travel-related illnesses or unusual diseases. I still like to think of myself as a diagnostician, an old-fashioned notion that has gone out of style, I think, in internal medicine. I find that to be fun. My scholarly activity has to do with working with isolated communities. In the summer we go off to the Himalayas or the Brazilian Amazon region or the northwest frontier province of Kenya, working with groups of humans who have lived far away from lots of things (Figures 2–5).

WCR: *What do you do when you get there?*

RVL: We weigh them, measure them, listen to their complaints, and try to treat those who can be treated in a short period of time. It's usually simple kinds of things—mainly acute infections. We are really interested in how they live their lives and what their environment does in terms of their illness patterns. There's a remarkable similarity among all these different groups, although they live in different environments, in terms of the major problems that they are confronted with. Most of their problems have to do with infection and trauma. I don't know that we really help them a whole lot, other than the fact that we may prevent some deafness in kids who have repetitive ear infections. We can treat them a little bit with antibiotics and get their ears cleared up. We can immunize.

Figure 4. With an old friend in the Warwan Valley of Kashmir, 1992. Dr. Lee states, "I had treated his wife for acute cholecystitis in 1986 and then accompanied them to the Sher-I-Kashmir Institute of Medical Sciences Hospital in Srinagar to arrange for her cholecystectomy. Our chance reunion in 1992 during the hostage-taking phase of the militancy in Kashmir was an important factor for our safe passage through the Valley."

WCR: *Who funds these activities?*

RVL: We've had various grant support in different ways: the Centers for Disease Control and Prevention, Pan American Health Organization, World Health Organization. What I do now is say that I'm going, and if people want to come with me they have to pay their own way. We do this like Earthwatch does: people pay their own way and participate in the program. We have supported 3 anthropology graduate students, who have produced 2 or 3 papers out of each expedition.

WCR: *How long is an expedition?*

RVL: About 3½ weeks.

WCR: *How much time do you take off a year?*

RVL: The longer I'm gone, the better the dean likes it. I'm gone from Buffalo for these kinds of things usually 5 weeks at a time.

WCR: *So you are gone about 3 months a year?*

RVL: About that.

WCR: *Are you on salary?*

RVL: I get part of a salary from the university. I have to figure out how to do the rest of it myself.

WCR: *When you see private patients do you charge them?*

RVL: Yes, but the money goes to the university.

WCR: *What do you enjoy doing the most?*

RVL: That changes as I change. I enjoy being a bedside clinical teacher the most. Now, I don't do as much of that. I enjoy talking with different kinds of students a lot. I teach a course called geographic medicine with one of the anthropology professors. That is mostly for graduate students in geography, anthropology, and nursing. They seem to draw on this experience that I've been doing that tries to put where and how people live in perspective with illness and health. It is a very popular course and it's great fun.

WCR: *You teach that in college.*

RVL: Right. This is for graduate students, and a few undergraduate students in the honors program take it as well.

WCR: *How long have you been doing that?*

RVL: About 6 or 7 years. And then I do my stint as a ward attending. I ward attend 2 to 3 months of the year. I take morning report at one of the teaching hospitals every week, 1 day a week. I have a couple of clinics that I do for obstetric patients. And I see a few private patients.

WCR: *What do you do at night when you get home?*

RVL: All sorts of things. I like to write. I spend a fair amount of my time at home writing, reading, and thinking. We have an empty nest so it is just Susan, my wife, and me. We go to concerts and plays.

WCR: *So it's spent in scholarly endeavors?*

RVL: Yes. We live on a farm, and we've managed to scrape up enough money to convert one of the barns into an office, which is fairly capacious, to which I can retreat. It's a little bit like a Chinese scholar's retreat. That is where I spend a fair amount of time doing scholarly type things, ranging from preparing talks to writing papers.

WCR: *You have how many children?*

RVL: Two.

WCR: *What do they do?*

RVL: Our oldest son is the State Department correspondent for the French international news agency. He went to Georgetown University and, like his father, had a dilatory college career but managed to graduate and then went into journalism. He worked at the *Washington Post* and then in Charlottesville, Virginia, at the *Daily Progress*. After he got dumped by one of his girlfriends, he said, "I'm going to get out of here. I want to go as far away as I can." So he cashed in some stock and went to Phnom Penh, Cambodia. He was there for 4 years and became the bureau chief for the French news agency. He decided that it was time to come home, and he went to Washington, DC, and became a State Department correspondent. I don't know where he is right now, probably at home. But he has been off with Mrs. Albright and Mr. Clinton in their India/Pakistan trip. He is not married. I don't think he can be married to anybody since he has no schedule. He goes at the whim of the State Department.

My younger son, Ben, went to Yale. (It's always been second sons who have gone to Yale.) He returned to China. He became one of the English-language fellows that Yale sends to various parts of China to teach English for 2 years. He was in Wuhan for 2 years. His Mandarin is quite good. He spent a year teaching English in Japan and then came back to New Haven and was working for the Yale China Association that started out about 100 years ago.

Part of the connection is obviously my father and grandfather and our Chinese connection. In the late 1890s there was the "Boxer Rebellion." One of the victims of the Boxer Rebellion was a Yale graduate, Horace Pitkin, who was beheaded by the Boxers. His Yale classmates decided that Yale needed to do something about that. They established the Yale China Association, which was responsible for constructing a school that actually became part of Yale that would award Yale degrees in Changsha, the capital of the Hunan Province. They also started a medical school there. Yale continued to send faculty and nurses. There's a nursing school there as well. That continued until 1949 when the communists took over and threw everybody out. Yale China then began to work in Hong Kong. In 1979 or 1980, the

Figure 5. Presenting a certificate of appreciation to Geshe Ngawang Jangchup, the Senior Gelugpa Lama from the Lingshed Gumpa, Zanskar, Ladakh, April 2000. The Geshe is the sponsor for medical expeditions to Zanskar, a remote ancient kingdom of the Northwestern Himalaya. Because Zanskar remains under Indian administration, it is a traditional Tibetan Buddhist enclave, untouched by the Chinese occupation of Tibet. The Geshe was a visiting scholar at the State University of New York at Buffalo during February to April 2000.

Chinese reopened the connection with the Yale China Association. Since that time we have been sending medical people and taking Chinese medical scholars at Yale. Ben got involved with that and then I became involved. I am now a trustee and secretary of the Board of Trustees of the Yale China Association. That's been a very rewarding, long-term family-related connection.

WCR: *Of all the things you've done, what are you most proud of?*

RVL: I've never been asked that question. I don't know the answer to that. I think probably the fact that Susan and I are still married and we've got 2 kids who are self-sufficient.

WCR: *What do you want to do from here on?*

RVL: Continue to have fun. I think medicine is tremendous fun. I get worried that sometimes it's being converted into a job as opposed to a profession and that people may not have as much fun as I had.

WCR: *What is your advice to a young person who wants to go into medicine?*

RVL: Do it. Don't make too many decisions too early.

WCR: *What does that mean?*

RVL: I see a lot of kids in medical school who have already decided they are going to be a radiologist or an ophthalmologist. There's far too much fun stuff in medicine. I think doctoring is quintessential anthropology. We study humankind. I think that it is terribly important that we keep that in mind. At the morning report which I just took here at Baylor University Medical Center, one of the houseofficers presented an elderly black man who has chronic renal failure and who had been living at home with his mother who is 85. He comes in covered with junk and feces. My comment was, "Well, what is happening to his mom? And what's been happening at home to make him come in so unable to take care of himself?" I really think that is part of what we should be doing as doctors—understanding how our patients got to be the way they are. Making home visits, for example, is

really important. But we don't do it. And we don't teach people how to do it. The houseofficer said, "I can't take all the equipment that I need to provide the care." I said, "The only thing you need is yourself—some eyes and a curiosity that will help you decide what to do for the patient." The reason for going into the home is not to cure somebody but to understand the patient better. We've gotten used to the idea that medicine cures things rather than understands things. That may be a bold generalization. I think we have been sold a bill of goods by our therapeutic triumphs. There is still a role for the doctor to hold hands.

WCR: *How does molecular biology fit into your scheme of things?*

RVL: I think it is absolutely fascinating! Just because it is molecular biology doesn't mean that it doesn't have a human face. However, it takes a special mind-set to practice clinical medicine with molecular biology in mind. And as part of your armamentarium, it requires a breadth of understanding that I worry whether we really give to our students. The things that are happening in molecular biology are just fascinating, but they have a human face.

WCR: *Dr. Lee, not only for myself, but on the part of the readers of the Baylor University Medical Center Proceedings, I thank you enormously for pouring your soul out so freely to us.*

RVL: Thank you. You were very kind to ask.

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