Howard Frazier was born in Oak Park, Illinois, and graduated with honors from the University of Chicago in 1949 and *cum laude* from the Harvard Medical School in 1953. He was an intern and assistant resident in medicine at the Massachusetts General Hospital from 1953 to 1955. He then served as a research fellow in cell physiology at Harvard Medical School, the University of Cambridge in England, and Massachusetts General Hospital. He set up and directed the renal unit at Beth Israel Hospital from 1965 to 1975. He was Assistant Professor, Associate Professor, and Professor of Medicine at Harvard Medical School from 1965 to 1994, when he became Professor Emeritus; Professor of Health Policy and Management at the Harvard School of Public Health from 1975 to 1987; and Director of the Center for the Analysis of Health Practices at the Harvard School of Public Health from 1975 to 1988. He and his wife, Lenore, were Masters of Currier House from 1979 to 1981. He was a member of the Institute of Medicine of the National Academy of Sciences.

He died on March 23, 2003, after a long illness that was thought to be normal pressure hydrocephalus.

Roman DeSanctis knew him first as a fellow member of the Massachusetts General Hospital house staff and described “several admirable traits: his brilliance; his encyclopedic knowledge of medicine; his complete integrity; his warmth, patience and kindness to those of us who were struggling through our internships; his perfect equanimity; in all the time that I knew him, I never knew him to be angry or upset – he was always a perfect gentleman. He also had a keen wit and a gentle sense of humor. I remember him as the very best of an outstanding group of residents. As a role model he had a very positive effect on

_In tribute to their dedicated efforts to science and medicine, deceased members of the Harvard Faculty of Medicine (those at the rank of full or emeritus professor) receive a review of their life and contributions with a complete reflection, a Memorial Minute._
me. When I saw him again almost fifty years later, the effects of his terminal illness had truly devastated him, but he still had the same wonderful warmth and demeanor, the same kindness and gentleness, and the same beautiful smile that had been his trademark when I had known him years before. He bore his debilitating illness with great courage and dignity; there was no bitterness or self-pity. I was so tremendously impressed by the total devotion of his wife, Lenore, to him in those trying times. Howard was a gentleman – a gentle man – in every sense of the word.”

Howard was described by Lloyd H. Smith, Jr., M.D., Chairman of the Department of Medicine at the University of California School of Medicine, San Francisco and a colleague at Massachusetts General Hospital, as “clearly one of the outstanding physicians who came through the medical service at the Massachusetts General Hospital in the twenty years that I was there. An extraordinarily intelligent person with a keen analytical mind and a deep interest in medicine and medical education. Always attracted students, house staff, and colleagues by his lucidity, charm, and scholarship. At the MGH he was one of the most respected of the younger faculty members both for his outstanding professional competence and for his personal qualities of maturity, wit and wisdom. As a physician, as a teacher, and as a human being he must be ranked as superb on any scale.”

An outstanding clinician and renal physiologist, he also had a broad knowledge of mathematics, physics, electronics, chemistry, and biology. To keep a grant proposal modest, he once proposed to build rather than buy an operational amplifier, then an expensive piece of electronic equipment. Howard’s colleagues looked on in amazement as he designed the complex circuitry and then built, tested, and used his recondite creation. One summer he traveled through the South to recruit African-American house staff to Beth Israel Hospital. The next year, Beth Israel became the first Harvard teaching hospital in the memory of many to achieve minority representation.

Many colleagues spoke of his extraordinary ability to explain complicated renal problems and electrolyte imbalance by applying sound physiological principles and exploiting biophysical mechanisms. He was living proof of the thesis that one could be both a warm, caring physician and a critical, creative scientist. His sparkling wit and insightful comments often turned an otherwise dull meeting into a special event. Whatever the academic undertaking he became a role model for others, whether as a physician-scientist or as a scholar studying clinical practices. His career in medicine was varied and his contributions to clinical care, teaching and public health were numerous and lasting.

Many benefited from the passion he developed for decision analysis, both through the intensive course on the subject he helped to teach and the classic textbook he subsequently helped to write. There were, of course, also the bigger things: the yin and yang of Howard’s buoyancy (including his distinctive, gleeful laugh when something struck him as funny, which it often did) and his seriousness – the highest possible professional and intellectual standards tempered by a deep sense of humanity.

In his presence, it was impossible to feel unwelcome. When he assumed responsibility for the Center
for the Evaluation of Clinical Practices (CECLP) at the Harvard School of Public Health, he shouldered
the task of forging ties among disciplines. He knew that those disciplines could do far more together
than separately, but he also knew that, at the start, the doctors, nurses, epidemiologists, statisticians,
economists, political scientists and others who composed CECLP needed to understand each other, and
that they lacked common vocabularies and world views. He solved that problem with a gracefulness
that reinforced the self-esteem of each, and with a sense of humor that made taking oneself too seriously
unnecessary and dissonant. He made people laugh aloud at no one’s expense at all. In Howard’s salon,
because of the culture he fostered much of the best of modern health services research was born and
grew.

But Howard’s deeper, personal mission was not to build an intellectual enterprise (though he cared about
that), but to help individuals become the people they wished to be. He was a wise, generous, good-
humored, and endlessly creative mentor. One of his mentees said that in “helping me to find my way to
a career that crossed usual lines, he was parental. In every encounter, often triggered by a problem or
decision that I faced, Howard listened as few others know how to, and thought aloud to a solution with
me, never with a preconceived or prepackaged answer, but rather with a warm and deep understanding
of me as an individual. He seemed less interested in his agenda than in mine, or in what mine could
become if I trusted myself. He was the best of coaches: accessible, direct, encouraging, flexible, and
warm. He built my confidence when I needed it most, and that, I am sure, was exactly his plan.”

Many spoke of him as a Renaissance man. He had an extensive fund of medical knowledge, a rare
capacity to reconcile divergent scientific and clinical perspectives, and a gentle, reassuring manner. He
was a great teacher, lucid and engaging in his explanations and open to the thoughts and ideas of others.
He was a great scholar, uncommonly endowed with wisdom, wit, and critical acumen, well versed in the
humanities as well as the sciences, and possessing a breadth of knowledge to match his depth. He was
the ideal colleague: creative, diligent, collegial, and thoughtful. Moreover, he was the ideal friend: kind,
loyal, understanding of the needs of others, while maintaining a wonderful sense of humor.

Fred Mosteller said that “Howard was always generous with his time, and although this is not a new
idea, it is one that I think Howard would appreciate being remembered for.”

Howard and Lenore were married in 1950 and had four children. Reid died in 1998. Mark, Anne, Peter,
and ten grandchildren survive him. Lenore recalls that she once asked him how he could tolerate the
long hours of caring that his patients with complex problems required. His answer “…was immediate; ‘I
do the best I can, wanting others to do the same for you and our children.’” Lenore went on to say, “Our
children adored him. Not once did he have to raise his voice to them. They were amazed at his interests
and information, ranging from carpentry through poetry and literature, history, geography and science.
He really treasured young people. He felt their intelligence and youth were a great exchange for what he
might offer them. He was the most cheerful and ethical and grace-full person I have ever known.”
The Committee and the many others who knew Howard Frazier well readily agree.

Respectfully submitted,

Howard H. Hiatt, *Chairperson*
Donald M. Berwick
Howard L. Bleich
Frank Davidoff
Roman W. DeSanctis
Irving H. Goldberg
Warner V. Slack