
Raúl: Record. And hello, this is Raúl Necochea from the Department of Social Medicine at the UNC School of Medicine. And today is December 13.

I'm here with Dr. Allen Mask for the Black Alumni Experience project of the Office of Medical Education. Hello, Dr. Mask.

Dr. Mask: Hello. Good afternoon.

Raúl: The first question that I wanted to ask you is very simple: Can you just tell us about your date of birth and place of birth?

Dr. Mask: Mm-hmm. Well, I grew up in Hamlet, North Carolina, a small railroad town about an hour and a half from here. I was born in 1952. Went to undergraduate school at Carolina but graduated from Hamlet High School. I started off in segregated schools; schools are segregated from the first until the 10th grade. In fact, my father was the principal of the elementary school, A.G. Mask, Sr. and my uncle, J.W. Mask, Sr. was actually the principal of the high school. In my 11th grade year, the schools were integrated. Then I went from Monroe Avenue High School, where my uncle was the principal, to Hamlet High School. I did my last two years there and then I came onto UNC after that.

Hamlet is a railroad town. It's a wonderful place to have grown up. It's, like Charles Dickens, it was probably the "best of times," and "the worst of times." It was in apartheid, southern United States. And so, we had lack of access to hotels and we weren't welcomed into restaurants and movie theaters and so forth, but at the same time, we had our own communities.

We had an excellent education system. Most of the instructors I had when we went to the predominant-Black schools had master's degrees, there was a lot of passion there. Of course, we had used school buses and used textbooks and so forth, but nonetheless, we had the richness of great instructors and people who really cared about us and really pushed us, for example, to get a good education.

For example, I can remember in the seventh and eighth grade doing practice SAT tests because our instructors realized that we need to take the SAT tests in 11th grade, and they started us very early doing that. My father finished St. Augustine University in Raleigh. He has a master's degree from NYU. He spent his career as a principal. My mother's a music teacher originally from New Orleans, Louisiana. Came to Bennett College in Greensboro, North

Carolina to get her degree in music. Did her practice teaching in Hamlet and met my father, they got married, and the rest is all history.

There are three of us. My sister is an administrator at Wake Medical Center. Her name is Jane. She has two Masters: a Masters in Speech and a Masters degree in Health Education. She's an administrative weight medical center in Raleigh. Our brother's a radiologist. He graduated from UNC with Honors in the late 1980s. Got his medical degree at Duke, did his internship and residency in California, Pasadena, then went to the Hospital for Special Surgery in New York, and then came to Richmond, Virginia. Then went to New Orleans to Tulane. The bottom line is that he eventually became a radiologist and he's practicing radiology right now.

I came to UNC as a premed student – really unintentionally. I'd gotten a scholarship from Jefferson Productions, Jefferson Power Productions in Radio, Television, and Motion Pictures. I really had intended to be a broadcaster.

Raúl: Really?

Dr. Mask: And – yeah. And then, I spent one summer as part of a leadership program at UNC called “The North Carolina Fellows Program” working at WBTB in Charlotte, and then got really interested in medicine. And just a 30-second caveat on that, I was supposed to rotate through marketing and through sales and through the newsroom, and I started off in the newsroom. And my second day there, I went out with a reporter to do a story at UNC Charlotte. And he says, “Oh, you gonna do the story.”

Raúl: Ha.

Dr. Mask: Pretty mean. I said, “I just got here.” He goes, “No, you're gonna do it.” So, he set me in front of the camera and we did 20 takes of something or the other. And he brought it back to the manager and director guy by the name of Ron de Paulis and he showed info – he said, “Ron, Allen did the story.” And Ron knocked everything off his desk and said, “GD, Ken Kunsch, you don't have the right to make those decisions. This kid just got here, what are you doing? This is my newsroom.”

And he went back – this is during the time of film, not video tapes – so, they processed the film and then he looked at it, and his worries were “it's acceptable.” And then I spent the whole summer not rotating through anything, but I was in the newsroom on the

air. And I met a guy there that went onto become a faculty member at UNC, Dr. Leslie Walton, W-A-L-T-O-N; he was a GYN surgeon there. And that really changed my interests from broadcasting to premed.

So, did premed, got accepted to my first choice of medical school at UNC. And I'm gonna leave you some notes that is typed up roughly that's going to talk a little bit about the experience there. I got accepted to medical school that January, did the MED program that summer. I still remember the names of the administrators: Ms. Evelyn McCarthy, Dr. Marion Phillips. Faculty members: Dr. Edith MacRae, Dr. Fred Dowdoff, Dr. Reddick.

And we had a beautiful program there. There were twenty or thirty MED students.

Raúl: Whoa.

Dr. Mask: MED, as I understand it now, is really geared more towards kids who want to go to medical school and they need to get a head start, and to prove themselves that, "I can really do the work." Back then when we were doing it, we had all been accepted to medical school. And so, it was an introductory phenomenon for us.

Raúl: Oh.

Dr. Mask: So, we took anatomy, physiology, biochemistry, microbiology, histology, bioethics, some medical terminology, some basic, basic Latin.

Raúl: Latin?

Dr. Mask: Latin, exactly. We did some basic Latin as well.

Raúl: Huh.

Dr. Mask: And so, that helped us with all of the medical terminology and so forth. And so, we – starting the first class in medical school, I'd say in late-August or early-September – we had already had all of this stuff we were starting off with. Anatomy and the histology and a microbiology. Are you kidding me? We knew all that stuff.

Raúl: So, it was the summer before you –

Dr. Mask: The summer before we started medical school. And I still remember we did all of our work in Berryhill. There were pods of

four students. And it was one professor, I don't recall his name now, who went on to become a professor in hematology at UNC. He first got there, the microscopes were in a wooden box; he couldn't even figure out how to get his microscope out of the box. And I was like, "You kidding me, right?" And so, it was a little hook and I had to go show him how to hook it out. And he took it out, and I say, "Oh, yeah. Now I see what's going on." Yeah, I said, "Well, you're gonna really be competitive here if you couldn't even figure out how to get the microscope out of the box."

So, anyway, we had some wonderful camaraderie, I think, with the faculty and staff and the students. We were all committed, we all got along very well. And that MED program was a strong start to our medical experience. We developed a lot of camaraderie in the laboratories. In the anatomy lab, for example, where we were four people to a body and we all developed strong friendships around there. I remember us being very grateful to the human beings who had donated their bodies to medical science. And in fact, I remember we nicknamed our cadaver "Oscar." And we spent probably a whole year doing those dissections.

Raúl: Yeah.

Dr. Mask: Our grading was on a pass/fail scale. So, it wasn't like we were competing for A's and B's. But I can remember we were worried about graduating and so, they would post our grades based on our Social Security numbers. And we would literally go up and see our Social Security number without any regard for what the number was, because I knew that as long as I was in the top 20, 30 percent, nobody was gonna flunk me. And as long as I'm there, I'm riding that wave, I'm graduating.

It was interesting. I still remember that phenomenon, because I really didn't care so much whether it was a 92 or an 87. I'd look up and I'd see a flash and see my Social Security number, and then I was gone because I knew I would do well then.

So, we had our first two years of the classroom work, which was excellent. Again, we were boosted by the experience in the MED program. I got a chance to meet a guy by the name Dr. John Parker, who was a hematologist at UNC. He taught me physical examination. Of course, that was the end of our second year, our first opportunity to get involved in some clinical work. We enjoyed that very much.

The third and fourth year were great experiences mostly because

we did most of our third-year work at UNC. But we were given the opportunity to do rotations in other countries, in other cities. So, I spent the summer in Trinidad, West Indies, studying –

Raúl: Really?

Dr. Mask: Studying Tropical Medicine. I spent six weeks at McLean Hospital at Harvard Medical School studying psychiatry. I spent six weeks at Downstate Medical Center in Brooklyn, New York, where my uncle is also a physician. Studying OB-GYN there. Then, of course, locally, I spent a six-week rotation in Greensboro, a six-week rotation in Charlotte, a six-week rotation in Wilmington.

So, it was really nice to be able to get out of Chapel Hill for a while. I also spent – I didn't mention on the sheet, but I spent also six weeks at UC San Francisco studying cardiology. So, it was nice to be able to get out of Chapel Hill to have an opportunity to see Harvard Medical School, to go to the University of the West Indies to study medicine, to go to UC San Francisco where I worked with a guy by the name of Dr. **Canoe Chanegy**, who was an internationally well-respected cardiologist.

And so, I eventually applied for my internship and residency. I got my first choice. I went to Mass General Hospital in Harvard Medical School. And I can talk a little about internships and residency. Anything else you wanna talk about as far as the medical school experience?

Raúl: I would love to go back over some of the things that you said, but you're on a roll. So –

Dr. Mask: Okay. Well, I sorta have in my mind what I wanna talk about, but one other thing I wanted to mention about the UNC experience. We celebrate the Zollicoffer Lecture Series.

Raúl: Yes.

Dr. Mask: But the Zollicoffer Lecture Series really started before 1981. In 1977, Dr. Marion Phillips and some members of the Student National Medical Association and I had the idea of bringing in Black medical faculty to do a lecture series. And we were doing it for two reasons, not so much just that we wanted the enrichment of meeting Black faculty and so forth and ourselves, but we wanted the White faculty to know that, "Don't think that we're all neophytes at this." That we're all new, gonna make these Black-folk doctors, and aren't you so glad to be here, and you've never

done this before. Our purpose was to say to them, “We’ve been here before.”

So, we brought in Dr. Wilbert Jordan, who had trained and he had gone to the Cleveland Clinic for medical school. He did his internship and residency at Beth Israel Hospital of Harvard Hospital. He was originally from Arkansas and so, he was a specialist in – also, not a specialist, he was also very well versed in voodoo medicine.

Raúl: Really?

Dr. Mask: And so, the word got out that he was coming. So, we had the News & Observer there, the Durham Herald, the Greensboro newspaper was there, the local television stations were there. At the time, it was the largest gathering of anybody we’d ever gathered in Berryhill Hall.

Raúl: Whoa.

Dr. Mask: The place was packed. And Wilbert said to me – Dr. Jordan said to me before went, he said, “Hey, wait a minute. I thought I was speaking to just sort of a small seminar.”

Raúl: Yeah.

Dr. Mask: There were throngs of people there.

Raúl: Whoa.

Dr. Mask: And he’s very loquacious, very animated guy. He came in and did a beautiful job. I can still remember Dr. Chris Fordham who was there, just looking around, just sort of taking in all of the sights of all the people who were there.

The next year we brought in Dr. LaSalle Leffall, who was Chief of Surgery at Howard University School of Medicine. The next year, we brought in Dr. Clive Calendar, a well-known transplant surgeon from Howard University as well. And interestingly enough, what these professors also did, Dr. Jordan, Dr. LaSalle Leffall, as well as Dr. Calendar, they made rounds. They made grand rounds with the faculty at UNC as well.

So, this was an opportunity for White faculty to see that we’ve got a Harvard-trained hematologist. We’ve got a transplant surgeon from Howard. We’ve got a Chief of General Surgery from

Howard. And guess what? They were already doing big things. And so, we want you to know that we're not so much newcomers on this front, but we have a history of people having achievements as well.

One other thing I gotta mention is my own uncle went to medical school in Switzerland.

Raúl: Oh!

Dr. Mask: He is a physician who spent six years at the University of Zurich, and he took his medical training in German. So, very interesting guy; he just passed last year at the age of 93. But you're talking about an African American guy who finished medical school in about 1959 in Switzerland. He went over to Switzerland on a boat, I guess it was almost a tugboat, cargo boat kinda scenario, where he was living in some deep, dark hole or some place. See, there was another woman who was going over to study music in Zurich.

And then when he flew back six years later, he couldn't afford to come back to his own mother's funeral. But when he came back, the pilot on Swiss Air who learned that he had just finished medical school literally invited him to come and sit in the cockpit of the plane driving back because he was so just fascinated about this Black man who came from Hamlet, North Carolina to Zurich and just became a doctor. So, he literally sat in some kind of a jump seat in the cockpit talking back and forth with the pilot about this.

He had mentioned came back to New York, did his internship and residency at Harlem hospital, practiced in New York for many years. Retired at age 65, went to Sarasota, Florida. Began volunteering in the health department there doing General Internal Medicine. He was there on such a regular basis, 15 hours a week, that the Medical Director says, "Look, why don't we pay you for doing this?" He says, "Pay me?" He says, "Yeah."

So, from about age 67 to age 87, he worked 15 hours a week in the health department. He only retired at age 87.

Raúl: Whoa.

Dr. Mask: Still sharp as a tack, a concert pianist, fluent in German. But he couldn't do the electronic medical records; they got to a point where they were doing a lot of that kind of stuff. He says, "You know what? I'm just not able." So, that was the impetus for him to

retire.

But in any event, to go back, when I went off to Boston was quite an experience. But there was also a lot of racism associated with that. I remember when I first got there, I couldn't find a place to live. Nobody would rent me an apartment. And eventually, I had to go through a rental agency who fronted for me as someone looking for an apartment.

And I still remember when we were in these two people's office signing the paperwork, this lady walked in who actually owned the apartment and the lady said to her, "Hey, so and so. Dr. Mask just rented your apartment." And she looked at me and saw I was Black, she says, "Oh, no. That apartment is already rented." And she says, "Oh, no. That apartment is not rented. And Dr. Mask just completed the paperwork and he's your new tenant."

But you can imagine how disconcerting that was to me. We went to Boston and that was my first reception there.

But Mass General turned out to be a good experience. Or I remember I had one rotation that I got on, I was working with a guy by the name of Dr. Steven Crane, C-R-A-N-E, a well-known rheumatologist. And I had been doing the emergency room rotation before I started his rotation.

So, I was up all night and I came in the next day to start the rounds. And you're supposed to know everything about the patient, so when you get there – but I hadn't because I worked all night, it was an unusual situation. And so, he made rounds, and I didn't know anything about Patient A, I didn't know anything about Patient B. And he turned to me at the end of the walkthrough, and he says, "All I can say is that this was most unsatisfactory." That's what he said to me. And I was just – I felt that small.

Raúl: Of course.

Dr. Mask: But then, that was the impetus for me to get back and I worked double-time, triple-time and eventually I got Honors in that particular rotation. Because in your rotation you got either Pass or Honors, and he gave me Honors. But it was so – I was so taken aback by the fact that I wasn't prepared, but I had a reason for not being prepared. And so, it was good that I was able to turn that around.

But I remember situations when I first got there where the White

nurses wouldn't take off my orders. I remember situations where I went out to my car once – and at Mass General, you wear white pants and a white coat and a white smock, and you have a little name tag that says, "Dr. Allen Mask." They also issued you a picture ID. But back then, nobody carried the picture ID.

So, I walk in, and the security guard says, "May I help you?" I says, "Well, I'm a doctor here." And I show my nametag on white, he says, "That's not good enough. Show me your picture ID." And I didn't have one and so, I say, "Well, I tell you what. You don't let me back in here, but you gonna be responsible for the patients in the Baker Intensive Care Unit." And when I told him that, he says, "Oh listen, oh never mind. Go on in," that kind of thing.

But we ran into situations, oh, like that where there were just things that would happen that were disrespectful.

So, anyway I was there for, I guess, four years. And then I came back to UNC –

Raúl: What was your residency in?

Dr. Mask: It was in internal medicine.

Raúl: Okay.

Dr. Mask: So, it's internship in academic internal medicine, then I did two more years of internal medicine. And then I stayed on as a faculty member and there are different levels: there's the assistant in medicine, then there's instructor assistant professor, associate professor. I was at the first level, assistant. But it was an enjoyable experience. I got a chance to teach and to see patients, and I made a little bit of money doing that. I had access to the Harvard Faculty Club and it was a good experience.

Came back to the second residency in anesthesiology at UNC. Then I was there for two years and I went to work for Burlington Anesthesia Associates after that. I was a general anesthesiologist then. That was an interesting experience, too, because that too was a very racist culture. It was back during the times of Jesse Helms; I remember walking in the locker room and seeing a lot of the Jesse Helms literature. But the interesting thing about the surgeons – they were all very nice to me, they would invite me to their house for dinner. They were big high school football fans; they would invite me to ee cummings High School for football games.

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- Raúl: Whoa.
- Dr. Mask: The nurses would have my coffee ready for me when I would come in and during the day, they'd figured out what you wanted for coffee and made your coffee for you. So, it was an interesting juxtaposition between being in such a rural, racist community but at the same time dealing with that kinda scenario where the people really wanna – were really, really quite nice, you know?
- Raúl: Huh, yeah.
- Dr. Mask: This is my wife. This is my wife, Deirdre –
- Dr. Deirdre Mask: Hi. How are you doing?
- Raúl: Hi. How are you ma'am?
- Dr. Deirdre Mask: Good, good.
- Raúl: My name is Raúl Necochea. How are you?
- Dr. Deirdre Mask: Okay.
- Dr. Mask: Yeah.
- Dr. Deirdre Mask: Welcome to our home.
- Raúl: Thank you. Thank you for having me.
- Dr. Mask: Yeah. Deirdre's an OB-GYN.
- Raúl: Oh!
- Dr. Mask: Yeah. We met in – well, she trained in Boston City Hospital while I was at Mass General. She also has a Master's in Public Health from the Harvard School of Public Health.
- Raúl: Did you go to the UNC School of Medicine by any chance?
- Dr. Deirdre Mask: No.
- Dr. Mask: No.
- Raúl: Ah.
- Dr. Deirdre Mask: Went to Meharry in Nashville.

Raúl: Oh. Part of the reason why I'm interviewing your husband is because the medical students from the UNC School of Medicine wanted to have some more of the history of medical students who were African Americans who came to UNC.

Dr. Deirdre Mask: Well, you're speaking to the right one.

Raúl: Yes, I am.

Dr. Mask: Yeah.

Dr. Deirdre Mask: Yeah.

Dr. Mask: Yeah, yeah, he is.

Dr. Deirdre Mask: They sent you on to the right person.

Dr. Mask: Yeah.

So, anyway. So, we were there for a while, came back here and worked for them. I was doing a lot of moonlighting in Fayetteville as well, at Cape Fear Valley Hospital. And it's interesting, when I was working in the emergency room, I kept getting called up a lot to the intensive care unit there. Because they always wanted to get a line started, they always needed to have a patient intubated. And I was happy to do that, but then I discovered as well, I was being used because the people who owned the emergency room practice, they got paid every time I went up to do these very skilled procedures: intubations, arterial lines, Swan-Ganz catheters.

And it was hard, though, trying to be ER doc with a PA. PAs had just started back then. And then always getting called up to intubate a patient and do this kind of stuff. It's, "Well, again." And, "What am I doing here?" And then I later realized that they were billing for all that stuff and that's why they did not encourage me to kinda cover two places at one time.

Raúl: So, they were billing – of course.

Dr. Mask: Yeah. But then eventually, the guys that ran the emergency room started the concept of urgent care centers.

Raúl: Uh-huh.

Dr. Mask: The concept of urgent care started first in Dallas in 1979. These

guys in Dallas started their first urgent care center in 1982. And so, when I was working in the emergency room working in Burlington, I was also moonlighting a little bit in urgent care centers. And back then, we were very busy. The hospital looked down on us; they called us dock-in-the-boxes, but at the same time, we were seeing some many patients: 80, 100, 120 patients a day.

Raúl: Whoa.

Dr. Mask: And they still kinda looked down on us when we talk about referring patients to them, they said, “Who are you?” And, “Who are you referring to.” And it wasn’t until we opened [inaudible] [00:22:36] urgent care center in ’85 where I practiced general internal medicine. But it’s interesting, when we took our daughter to Harvard in 1998, she was in Apley Dorm in Harvard Square. And right across the street, I saw a sign in the building that said, “Harvard Urgent Care”. So, I said – that was in 1998, so I said, “Oh, we’ve arrived.”

It was soon thereafter that UNC and Duke began urgent care centers as well, but we had done it for 13 years before they would even get involved with them because, “Oh, we don’t wanna do that. We don’t understand that.” But we were way, way ahead of our time with that.

Of course, then I eventually opened the urgent care center. Then I began doing the medical reporting for WRAL TV in 1993. And I’ve done that until now, and that was also a big part of my career as well. Kinda what Sanjay Gupta does at CNN, I’ve done it for WRAL Television.

Raúl: Yeah. I googled up some of your clips online.

Dr. Mask: Okay.

Raúl: I saw -

Dr. Mask: Okay, good. So, you’ve had a chance to see some of that as well.

Raúl: Yeah.

Dr. Mask: So, anyway. So, I just jotted down some notes that I thought were important. There may be some typos or something here, but I just wanted to lay down some stuff on paper, and if there’s other stuff you wanna talk about, then I’m happy to continue.

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- Raúl: I am delight – this is very helpful. I probably am – you’re gonna think that I wasn’t listening, but just get some of the important years –
- Dr. Mask: Okay.
- Raúl: For the record. The years you went to UNC as an undergraduate were –
- Dr. Mask: Undergraduate was from 1970 – 1974. And let me set the stage: there were very, very few Black medical students on UNC’s campus when I was here. I’d venture to say that doing my four years here I probably never had another Black student in my class. Maybe once or twice, but rarely.
- Raúl: Whoa.
- Dr. Mask: During four years, I had three Black professors: one for an organic chemistry course, and he was my very last semester there; I had a Black professor in history; and I had one Black professor in psychology. So, there were three courses that I had African American professors as well. So, ’70 to ’74 for college, ’74 to ’78 for medical school; in Boston at Mass General from ’78 until ’82. And then, back to UNC for anesthesiology from ’82 to ’84. And then, Burlington Anesthesia Associates, Cape Fear Valley Hospital for a lot of emergency medicine. Some urgent care center.
- And then I began practicing in Raleigh in 1985. Started the TV work in 1993, and the rest is history.
- Raúl: Yeah. When you were – you mentioned a moment ago that when you were a very young man, you met an OB-GYN in the production room at the station.
- Dr. Mask: Mm-hmm.
- Raúl: Can you tell me a little bit about what is it that this doc did for you, or he showed for you, that made you really consider seriously medicine as a career?
- Dr. Mask: Well, I was interested in television when I was at the television station, but then I realized something interesting. I realized I wanted to be a newsmaker and not a news reporter. In other words, I was going out telling everybody else’s story but I wanted to have my own story.

And I did a series when I was there on the shortage of Black physicians in Mecklenburg county; we did a three-part series. That's how I went out and I met Dr. Les Walton, W-A-L-T-O-N. You should look up his biography because he left – he was one of the first GYN oncologists. Now, remember, up until about that time, the OB-GYNs took care of ovarian cancer, uterine cancer, etc. But then a subspecialty developed called GYN oncology. And he just was this Black man in Charlotte, North Carolina in 1972 when I was there, who comes into town. And he's the kingpin because nobody else – you don't really have any GYN oncologists in Charlotte.

So, I did a piece with him and I still remember amazing details. He took me to lunch as a part of us doing this story, and I just realized this guy was independent, he was smart.

I'd always been interested in medicine and background because of my uncle that I told you about. I said, "Hey, you know, I think I wanna do this." And I remember he said to me – I still remember the conversation, which shows you the impact you can have on people one-on-one. I asked him why he went into OB-GYN. He says, "Well, because you're dealing with this – the female reproductive system. And I felt that I could master that. I felt that I could take books or whatever and I could learn everything I possibly need to know about that subject."

I also remember wanting to impress him during this lunch we had. I was a young kid and I'm interested in medicine. And I still remember this: I was trying to squeeze lemon into my iced tea and I squirted it into his eye. He was sitting real close.

Raúl: Yes.

Dr. Mask: And so, he did like this. And so, I say, "Well, what am I gonna do? I can't let him know that I gave up, I'm a quitter." I said, "I gotta get this lemon into my iced tea." So amazed, this 1972 and I think I remember this. So, I went to squeeze the lemon again and it squirted in his eye a second time.

Raúl: Again? Wow.

Dr. Mask: I was like, "Oh. How stupid and how dumb you can be."

But anyway, so it ended up he was a great mentor. I may be able to find some of the – actually they printed out a promo for this three-part series I did. And I may be able to find that some place.

And interesting enough, let me go back and mention that I spent a semester at Duke studying Health Policy.

Raúl: Oh.

Dr. Mask: Under Dr. Harvey Estes, who started the whole concept of PAs – the whole concept of physicians’ assistants started at Duke in 1966.

Raúl: Uh-huh.

Dr. Mask: I took a course with Dr. Estes. There was a guy by the name of Dr. Richard Scheffler who was a Health Economist with UNC. He teamed up with Dr. Harvey Estes, who interestingly enough was a cardiologist and was also in charge of community medicine at Duke and they did this Health Policy course. It was like a 15-hour course. And they also flew in Dr. John A. D. Cooper, who was the head of the American Association of Medical Colleges from DC. It demonstrated to me how much money Duke had, because they would fly this guy in for this 7:00 p.m. to 10:00 p.m. seminar once a week.

Raúl: Wow.

Dr. Mask: It blew my mind. I said, “You mean you fly this guy down here Wednesday morning. He comes and lectures to us from 7:00 to 10:00, you put him up in a hotel, and he flies back the next day. How do you guys have that kind of influence? Who’s paying for all of this?” And that wasn’t mine, but I never saw anybody flying in one day and staying one night and going back the next day. What they must have paid him to do that.

But anyway, also did a paper on the shortage of Black physicians in North Carolina, going back. I published that right before I started medical school in 1974. I’ll have to get you a copy of that because it’s a fascinating – you really wanna know about the history of medicine and who was doing what back then, that’s a must-read.

Raúl: I definitely do.

Dr. Mask: Yeah. That’s a must-read.

Raúl: I definitely do.

Dr. Mask: Yeah.

Raúl: This series that you're talking about on this paper, they sound like really, really important sources for what it is that the students really wanna know.

Dr. Mask: Yeah. Well, it's interesting because you gotta remember, you have to put this all in some perspective. Because we were in the very, very embryonic stages when I'm talking about of getting UNC – there were 100 Black students on the, all of the campus at that time. When we would get together as a group to have parties, there were so few of us that we could get together and out of 100 people, you're talking about the graduate students and the serious students who were undergraduates who were upper-class undergraduate students studying all the time.

So, if we ever got together, it might be 12 or 15 of us or whatever. So, we'd have a party in somebody's room, the dormitory room, and I remember the next year when more Black students came, we moved the party from somebody's room to the lounge. To the lounge of Hinton James or one of the south campus – Morris, one of south campus' dormitories. That's how few people there were.

And then when we started medical school, that really was a new experience for the Black students because we just had had so few students of color that started. And I don't know how many when the class before me who came in '73. I can think of just a couple of – a few students, I'm sure that there was a few, but there weren't really a whole lot. I can't remember my meeting, yeah, yeah.

Raúl: Can you tell me a little bit about these students who were with you? Especially the other medical students who were also Black.

Dr. Mask: Yeah. They were just some of the most fascinating people you ever seen in your life. And Dr. Greg Drake, D-R-A-K-E, who went on – he was in service and getting his medical training at Walter Reed and went onto become a urologist. He just retired. Just a great guy from Fayetteville, North Carolina.

Another guy, Dr. John Regis, R-E-G-I-S, who started college with me on day 1. I can still remember our senior year trying to figure out who got into medical school. So, he would say to me, "Hey, Mask, you heard anything?" And I'd say, "No." And he'd say – and I'd say, "Hey Reg, you hear anything?" "No." And I still remember we got our acceptance letter in that January. Proud of us that we got accepted that January.

There's Dr. Lonnie Merrick, a guy I also that I went to college with and went to medical school with who went onto do his anesthesia residency at Stanford. When I went to Harvard, he went to Stanford. Just a great guy.

Dr. Gore, David Gore, who went to Virginia to do his surgery training.

Dr. Greg Crisp, who studied anesthesia and he practices in Burlington right now.

Dr. **Gwen Todd**, who trained in pediatrics. She's retired now, but she was in Raleigh. I think she spent most of her career down in Charleston, South Carolina.

But I want the record to show that we had a great time in medical school. People talk about it being arduous, going to other places where there was a lot of conflict and confusion and consternation and so forth. An environment was created there with Dean Chris Fordham, who was the Dean. And Dr. Marion Phillips, who was an associate Dean. Dr. Phillips is an African American. And a couple of White guys, Dr. Mitch Sorrow, S-O-R-R-O-W, and Dr. Huffines, H-U-F-F-I-N-E-S, Dr. Huffines and Dr. Sorrow, I believe they're passed on. Dr. Fordham has passed on as well.

But just some of the most fabulous people you ever wanna meet in your life. Dr. John Parker, who mentored me when I was doing my physical examination course in my second year. He had trained at Mass General. Just some wonderful people. And those – my four years of medical school were some of the best years of my life.

And people talk a lot about racism and so forth, and so I can't ever remember a patient refusing to see me or in any way being disrespectful. That may have been an exception to the rule, and I don't remember that. Some of the White physicians who were faculty members were a bit condescending, but we countered that just with excellence. We used to be very participatory in our classrooms and in rounds and stuff. We made sure that we were over-prepared for that sort of thing.

I can remember when I came back to do my second residency in anesthesia, there being some racism in the operating room. I know I was working with a White female, an otolaryngologist once and she was just convinced that something was wrong with the patient. She says, "Is the patient okay?" I said, "Yeah, the patient's fine."

Nothing was wrong. She said, “Are you sure it’s fine?” I said, “Yeah.” She says, “Call your attending.” So, she called in Dr. Hunt, that was his name. And he came in and I say, “She wants to know is everything okay.” So, he looked around and couldn’t figure out – there were no bells going off, nothing. He says, “No, it’s fine.” And she said, “Well, okay.”

So, you had to go through that kind of stuff with people. And there were some surgeons who weren’t so nice, maybe, to work with. They weren’t terribly courteous, they were curt, they might not even acknowledge your presence while you’re in the room, etc., etc. So, it was some of those kinda things that went on, but it was nothing that I felt really, really bad about doing that experience.

But I think that out of all this, I hope that we’re gonna come out with the need to recruit more minority medical faculty, to recruit more minority medical associates including administrators, nurses, secretaries, and etc. medical personnel.

One thing I did not like when I went over to Lineberger Cancer Institute as a medical reporter, they gave us access to the place before it officially opened; we got a chance to go with the cameras and tours. But I noticed when I walked around, I just didn’t see enough Black people. I was looking at the secretaries, looking at the people running the wig shop, looking at the nurses, looking at the doctors.

And I said to myself, “For this place to have been financed to such a large degree, 85, 90 percent or more from state funds as opposed to donations – one of the few hospitals in the country whereby the state gave so much money to operate it, I was disappointed that we didn’t have not only more Black doctors and so forth there, but as I looked around to the nurses and the administrators and people doing other jobs, I was disappointed about that as well.”

We need to recruit more minority medical students, we need to create more interactions between current students and alumni, like myself, via conferences, banquets, and so forth. We need to strengthen the MED program. We need to create and maintain a welcoming environment for minority medical students. And we need to just continue to ask the question about how we can improve the experience for our students.

And again, the demographics have changed. I remember when I was – I don’t think we had any Asian students in our class, interestingly enough. I can remember American Indians, there

being maybe one or two in our class. I remember maybe one or two Latino students, maybe, but not really that many as well. It's amazing how – now we saw minorities: East Indians and Hispanics in the laboratories doing PhDs and so, but thinking about in my medical school class – now, you gotta remember, there were only 110 in my class. Every class now may be up to 165 or so.

Raúl: Currently?

Dr. Mask: Currently, I think there are 165 per class.

Raúl: Oh, no. It's 190.

Dr. Mask: 190?

Raúl: Yeah.

Dr. Mask: Oh, god. So, it's way up. Yeah. Yeah.

Raúl: We're gonna grow again in a couple more years.

Dr. Mask: Well, when I was there, we're 110, all right? So, they weren't really a lot of us in there. I think that in terms of minorities, Black students – gosh out of that 110, maybe 16 or 18 may have been Black. And then there were one or two American Indian students, but in terms of East Indian students or Asian students, I just don't really remember any of my class to be perfectly honest with you. So –

Raúl: Right now, I worked for a few years with admissions and as one of the people in the committee, last year we – our class was about 20 to 30 percent minority students.

Dr. Mask: Was it? Okay.

Raúl: But it's a large bag and African American students are still the largest minority.

Dr. Mask: Uh-huh.

Raúl: But Hispanics, like myself, are, I would say about the second-largest. No, no, they're not. Sorry. Asian students.

Dr. Mask: Right, uh-huh.

Raúl: South Asian students as well. Then maybe Hispanics. And yep, so

it's a big bag – oh, also, students who are of African descent, very recent migrants.

Dr. Mask: Hm. Is that right? Interesting.

Raúl: Yes, from parts whose parents come from English-speaking parts of Africa, Nigeria and Ghana, for example. Lots more of those students in more recent classes.

Dr. Mask: And what about the composition of the MED program now? Do you know much about that? How large is it now? How many –

Raúl: It is still – it is not, as you said, for students who are already admitted. It's more of a pipeline for them that help students kind of run up to speed and then apply into medical school. I don't know how many students we have in MED right now. But yeah, it's definitely still going. There's –

Dr. Mask: Are they all minority students though?

Raúl: All of them.

Dr. Mask: Okay, good.

Raúl: No, no. I'm lying. Because MED is also now attempting to recruit from under-represented rural areas in North Carolina.

Dr. Mask: Okay, okay. So, but there are no people in my position where we've been admitted and now we get a chance to do MED. So, there are no students who come in, who let's say – if you start medical school in September, the summer before, you don't have any students that have already been admitted. Is that the idea?

Raúl: That's correct. There is a new program that started this year, and I'm one of the faculty in it. It's called a MED EXCEL program, which consists of offering some under-represented racial and ethnic minority students pre-acceptance. So, as long as they complete this year-long course of preparation where they learn about patient skills, social and health system stuff, some of the medical organ system blocks. As long as they pass the year-long course, they will continue on and join the entering class.

Dr. Mask: So, you're saying they've already been admitted though, you mean some –

Raúl: It's like a pre-admittance.

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- Dr. Mask: Pre-admission.
- Raúl: Sort of thing.
- Dr. Mask: What's that program called?
- Raúl: MED EXCEL.
- Dr. Mask: MED EXCEL.
- Raúl: And it stands for something. Early experience in clinical education and learning.
- Dr. Mask: So, early -
- Raúl: Experience.
- Dr. Mask: Experience.
- Raúl: In clinical.
- Dr. Mask: In clinical.
- Raúl: Education and learning.
- Dr. Mask: And – I'm sorry, early experience in clinical and –
- Raúl: Clinical education.
- Dr. Mask: Clinical education, okay. And learning.
- Raúl: Correct.
- Dr. Mask: Okay.
- Raúl: And it is still part of – it's part of MED kind of a dialing out –
- Dr. Mask: Yeah, yeah. Because those kind of programs are really so important.

And there's some other stuff – when we were at Carolina, we used to always wonder why a lot of the White guys did better than us in organic chemistry and Chem 21. We just, we couldn't figure it out. And then we got into medical school, it became the great equalizer. And then we realized these guys used to talk about old tests that

we didn't have access to. So, the **Cassi Large on Cameron Avenue was known to be an academic return**. And then it came out that they had years of very organized physics and chemistry and biochemistry old tests that they meticulously kept. And then it dawned on us that a lot of these professors were giving the same test every year.

We never had access to any of that kind of stuff, which is why we couldn't understand how we made a 79, you made like a 98. We knew those guys weren't that much smarter than we were. But then, once we got to medical school and that process was erased, we found ourselves to be much more competitive, and in a lot of ways a lot better than these other students. Particularly with the help of the MED program.

Raúl: That's interesting.

Dr. Mask: So, that was the great – and I think that's why we came in not with a lot of anxiety and trepidation, because we knew we could compete. And that was a big part of this whole comfort that I'm talking about in enjoying ourselves and so forth is that we felt that we were welcome there, we felt that we were well-prepared. And so, that helped a lot.

Raúl: The other clarifying question that I had for you was: When you said that you did a bit of a rotation in Trinidad –

Dr. Mask: Right.

Raúl: I was wondering if you could tell me a little bit about that. I'm especially curious about your possibility of meeting Afro-Caribbean people.

Dr. Mask: Yeah, sure. Well, my uncle who practiced medicine in Brooklyn, Dr. George Mask, had a friend of his who was West Indian. And he met Dr. **Dunsan McShawn**, who was a surgeon in Trinidad. And my uncle told me about this guy, he says, "I met this delightful guy who practices surgery in Trinidad, Port of Spain General Hospital in Trinidad." And so, I contacted him and said, "I'm an American medical student. I'd love to come down and spend six weeks or so." So, the guy writes me back and he invites me not only to come to Trinidad, but to live with he and his wife.

Raúl: Really?

Dr. Mask: Can you believe that?

Raúl: That's amazing.

Dr. Mask: So, I land at the Port of Spain, Trinidad, West Indies. And it's – if you know about Trinidad, it's far. It was a long flight; it's not like flying to the Bahamas. It's three hours leaving from Miami. And so, I land and I get off the plane, and he was there to meet me.

Raúl: Whoa.

Dr. Mask: Whoa, you know? There. And so I live with him. I worked in his – the thing about it is, we started early in the morning. And it was almost like kind of chauvinistic kind of thing, but his wife would get up really early in the morning and prepare a formal breakfast for us.

Raúl: Whoa.

Dr. Mask: We'd get up at 5:30, we'd have breakfast at 6:00. Formal breakfast. And so, she'd be up in her wardrobe and we'd have breakfast. And it was a very formal breakfast; we had coffee and the whole thing. And so, we'd eat, we'd leave about 6:30, 6:45. And we'd be gone all day. But his wife, quote-unquote “didn't work” but she was happy, she had a housekeeper too. So, she wasn't there like scrubbing floors all day, but she was just free. And sort of the understanding was, “You go out and you work and you make the living. I'm happy.”

So, we'd come home and there'd be dinner.

Raúl: Yeah, whoa.

Dr. Mask: I'm like, “Whoa. Dinner.” And so, we'd have a nice dinner. We went out every night. What do you mean we went out every night? His whole idea was, “I'm not working this hard and not doing something pleasurable.” So, we'd go to the Queen's Savannah for a horse race.

Raúl: Whoa.

Dr. Mask: We'd go to the Carnival Bar at the Holiday Inn for drinks. His brother was a thoracic surgeon, we'd go over to his house for drinks and for dinner or something. He had another brother who taught French at the University of West Indies, we'd go visit with him. He had another brother who was Chief of the Supreme Court.

Raúl: Whoa.

Dr. Mask: In Trinidad, we'd go visit with him. He had a sister who was a banker, she ran one of the banks in Port of Spain. Just some of the most delightful people you ever met. And then I remember, I was there over the Fourth of July. The professor at the University of West Indies spoke French, he said, "We gonna go to the Ambassador to the U.S.'s house for the Fourth of July."

Raúl: Whoa.

Dr. Mask: I said, "What do you mean? I'm not invited to that." Just because he thought I'm an American, when you in America during the Fourth of July celebration you are invited. I said, "No, and I'm not invited." He said, "Yeah, we gonna go." I was so nervous when he says, "When the guy opens the door, in your best American accent, say, 'Hey. Sorry, we're late.'"

And that's exactly what I said. I walked in and I say, "Hi. So sorry we're late." He said, "Oh, no. You're not late. Come in." And once we got through the door, of course he knew people. And we met people and we did stuff and so, once we got in, we blended and he knew people, he knew people. So, we were there. But it was all – we had no invitation.

Raúl: That's –

Dr. Mask: And it was – you can imagine, these Ambassador's. The house was gorgeous.

Raúl: Yeah.

Dr. Mask: They had all this food –

Raúl: Right.

Dr. Mask: And a pool in the back, and ah, man. I was just having a great time.

But anyway, so to make a long story short, I met him through my uncle who was a physician. And we got there, we go to his office during the day and we'd see general medical issue for general medical problems.

I remember the surgeons at the hospital called "Mr." I guess in the English system you call them "Mr." rather than "doctor." And there was a guy there, and I still remember this, his name was –

Mr. Butler was his name.

And we went into the operating room one time and he was doing a nephrectomy; he was removing a kidney. So, he kept pointing to all this stuff. I had no idea what he was talking about. It was early on in my rotation and man, I'm in a fall. I'm way in, what am I doing. He pointing to some little structure. He says, "What is that?" I say, "I don't know." And he pointing to something else, I get it wrong, and he said to me in front of everybody, he says, "Dr. Mask. Do they not teach anatomy in American medical schools?"

Raúl: Ouch.

Dr. Mask: I was like, "Ouch." I was like, "Oh my god. What is this guy saying to me?" You know? But he's – I'm leaning over, trying to see something and blood's everywhere and he's pointing to something I can hardly see what he's talking about. But no, but he was a good guy. In fact, he gave me Honors in that rotation as well. So, that was a nice little blip, but it's funny. But you know, people tend to think that – one thing about the Caribbean medical students, too, they were better than we were at physical diagnosis.

Raúl: Really?

Dr. Mask: Because they didn't have all the fancy machines. They didn't have the blood gas machines, and they didn't have all these scans and so forth that we so much depend on and make diagnoses. And so, the little subtleties that we've learned in physical exam, they really use those things as opposed to us listening to somebody's chest and then trying to see what the chest x-ray shows, you know? So, I had great admiration for those students because they were – maybe they weren't as strong as us in the classroom, maybe so, I don't know. But in terms of clinical science, I thought they were all quite good.

Raúl: Yeah.

Dr. Mask: Yeah.

Raúl: Whoa.

Dr. Mask: Yeah.

Raúl: Another quick clarification is: You said UNC was your first choice.

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- Dr. Mask: Right, mm-hmm.
- Raúl: Did you have the chance to go to any other, perhaps, and you said no?
- Dr. Mask: Yeah. I had looked at St. Louis University, I'd looked at Barnes in St. Louis, I'd looked at Howard, I'd looked at Meharry, which is where my wife went to medical school. And you may – it's one interesting tidbit I'll share with you: You may remember that when UNC, when UNC was not admitting Black students, the state subsidized Meharry Medical School to take Black students. You may know about that –
- Raúl: Yeah.
- Dr. Mask: Being part of admissions. I think they still do that today. And so, I had considered going to medical school there, but who doesn't want to go to UNC? That was, when I got accepted there, there was really no consideration at all.
- Raúl: It is a dream, yeah.
- Dr. Mask: But anything, yeah. So, my brother would have gone on there, but my brother got a Governor's scholarship and – they still do the Governor's scholarships now?
- Raúl: Yes, they do.
- Dr. Mask: Yeah. So, he just looked at the value because UNC's tuition was so much less than Duke. He sorta looked at, "Gosh, this is more bang for my buck because they gonna pay all the expenses." And really, that's how he decided to go to Duke over UNC for medical school. So, that was how he did that.
- Raúl: Speaking of that, how did you finance as your medical education?
- Dr. Mask: Excuse me?
- Raúl: How did you finance as your medical education?
- Dr. Mask: I financed it mostly through my parents because – I think back and it wasn't that expensive relative to what we pay now. I might have paid – it wasn't a lot of money back then - \$600.00 a semester, maybe. Maybe less. Now back then, that was a lot more money, but I can remember – I also, I gave tours at the medical school.

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- Raúl: Really?
- Dr. Mask: Used to guys passed there doing that. When the students would come in to interview to go to medical school, they'd have to have somebody to give them a tour of the school. And I still remember, I got \$5.00 for doing that. And they would come in, and I'd be free from lunch from 12:00 to 1:00, and I'd come up to the admission's office, and I'd escort the students around. So, we'd go to Berryhill, and go to various places, and I learned how to walk backwards and so forth. I'd make \$5.00 for doing that.
- And I remember my rent back then was \$160.00 a month. It wasn't a lot. So, \$5.00 a shot for that was good. And I didn't have any other job; it was my only job. But that and my parents, and I remember when I graduated. I can't remember any medical school that, quite honestly. I can't remember any medical school that –
- Raúl: I have one last clarifying question about the timeline. You said that after your experience in Boston, you came back here for a fellowship in anesthesia.
- Dr. Mask: Right.
- Raúl: Why come back here?
- Dr. Mask: Oh, I just wanted to get back home.
- Raúl: Okay.
- Dr. Mask: And I met – my mother had some surgery done by the same Dr. Walton about a year before I came back. And while I was in the recovery room with her, I met Dr. Su - Kenneth Sugioka. I don't know if you know the name or not. He was Chief of Anesthesia there. This is serendipity. I ran into him and I said to him, "Oh. You know I'm interested in coming back here." When he heard I was at Mass General, he says, "Oh, well come on." I say, "What do you mean?" He says, "You gonna fill in an application, you got a spot." I said, "Really?" He says, "Yeah. You're at Mass General." I says, "Yeah."
- So, literally, I called him and wrote him and that's who I got accepted. I never filled out a single application for that.
- Raúl: Huh.
- Dr. Mask: And then I came back and – but it gave me a chance to come back

to North Carolina, which is where I wanted to be. Because I was out of Harvard Hospital and so many – the only way they would kick you out of there if you shot somebody. Once you’ve got there, unless you were doing something crazy, you were there. And a lot of people just wanted to just stay there and just wanted to be a part of that. They didn’t really pay a lot of money that you would think of. So, people were living way out in Arlington and other places and commuting in to get to the hospital. So, it wasn’t like it was that much of a financial enumeration. And it was cold there. I remember the ice and the snow. I was just ready to come home.

So, in some ways I wish maybe I would have gone – I don’t know, San Francisco, or go to New York, or done some other stuff, you know? Oh, I’ve look at back at young people now and all the opportunities they have to take time off before they go to medical school or take time off here and there and join the Peace Corps and travel and so forth. My experience, other than Hamlet and Chapel Hill, was Boston and coming back. But this is such a delightful place to live. I don’t have any regrets about that. No regrets at all.

Raúl: We’re a little bit over the time that you said that you could give me. And I really appreciate that.

Dr. Mask: No, we good, we good, oh I’m fine. Let me cut a light on too so we can get a little more light in here.

Raúl: Oh, yeah. Of course. Thank you.

Dr. Mask: Yeah.

Raúl: Here’s one of the last questions that I wanted to ask you, is I wanted to ask you: If there was a special moment when you felt you came into your own as a physician?

Dr. Mask: Mm-hmm. I’ve been – several occasions like that, doing my training when I realized that I had the skills to take care of a patient, a sick patient on my own.

After all this undergraduate foundation, after all the basic sciences, the anatomy and the physiology and so forth. Then there’s a steep learning curve as an intern. I can remember being an intern the first few weeks and having to hang blood for a patient. I remember I said to the nurse, I still remember her name, her name was Danny. “How am I gonna get this blood into that patient?” Because there’s a shirt and you gotta hang the blood, you gotta connect it to saline, you gotta do this and that kinda stuff.

But then I remember after learning how to do that, and I learned how to do a spinal tap. And I learned how to do a thoracentesis. And I learned how to do a proper pelvic and a rectal exam, and I knew what it sounded like for someone to have pneumonia, etc., etc.

Then that was a moment of reckoning for me when I realized that I had really, really become a doctor. And then when I did my anesthesia training, what's interesting about training is that sometimes you don't learn hard, specific skills until you go into that particular specialty, but I wish medical students would focus more on becoming good at doing that part of their training because I realized when I was an internal medicine resident, I could intubate a patient but I was good at it, not great at it.

And one thing I remember that stands out in my mind as an anesthesiologist being called to the operating room, being called up to the ICU to intubate a patient, we always knew how to prepare for a patient. So, we didn't just come in and start swinging. We'd walk into the room and say, put a mask on, oxygenate the patient. We'd raise the head of the bed to get it up so it was comfortable. We'd make sure that we had suction so when we took a look at the vocal cords and there was mucus there, we could suck that out. And we visualized the cords, we got this – put a little pressure on the cricoid cartilage, and we'd do it.

And then it was like it all came together: the internal medicine training, and my anesthesia training, there was so much I could do.

And one of the messages that would be good to share with students is to tell them they need to learn very specific skills so even before they become interns because you can work to do that. You can go and – even if you don't do a rotation – go down to the operating room, identify yourself as a medical student, say, “Look, I wanna come in and do half-dozen intubations.” So, really learn how to do that right, you know?

You can go and talk to the people in GI and say, “Hey, I don't really have to learn how to do a colonoscopy, but I might. Could I come in and actually do one under your supervision?” So, you get that skill down.

And then you say, “Well, gosh. Start an IV,” so much now the blood drawing and IV starting is done by the technicians or the nurses. And so, you find yourself working someplace and you're a

doctor but you really don't know how to start an IV, or you really don't know how to draw blood from a patient and in a complicated patient.

So, the message that I have for a lot of the medical students is while you're doing that training and so forth, make sure that you're not there just learning the theory and so forth. You gotta be able to do things.

Remember Dr. Jim Brian, you may know him the past few years ago, I still remember what he said to me when I left to do my internship. He says, "Three things you gotta be able to do because you'll be alone by yourself at night." I say, "What are you talking about?" He says, "Yeah. These are what you have to do." He says, "You gotta know how to read an EKG, you gotta know how to read a chest x-ray, and you gotta know how to treat an infection."

He told me that in 1978 before I went to Boston to do my internship. I still remember – '78, '88, '98, 2008, 2018, that was about 43 years ago. I still remember that those – that you gotta be able to read an EKG, you gotta be able to read a chest x-ray, you gotta be able to treat an infection. That's what you gotta do at 2:00 in the morning when you're by yourself.

Now, of course, things have changed. They do a chest x-ray, the radiologist reads it and sends you a report in five minutes. And maybe with an EKG, you're in the hospital but you find some fellow that can help you to read it or whatever. And the infection, you call Infectious Disease and, "I got so-and-so and so-and-so." But you're having to ask everybody to do everything. You gotta show somebody the EKG, "Can you help me with that?" You got the radiologist where you don't have to really look at the x-ray because somebody's gonna give you a report in the matter of a few minutes, "Well, you have that."

Even at Mass General after hours, we didn't have a radiologist around to look at every film that we did. So, part of the process of mentoring students who are coming through is telling them the things that took us years to realize so that they can understand it right now. And that will simply enhance their education, enhance their ability to really take advantage of what's going on right now. Yeah.

Raúl:

The last thing I want to ask you, Dr. Mask, is: If you look back at all the work that you did, and especially at the part of your work that involves you becoming a trainee, of what are you proudest?

Dr. Mask: Well, I'm proud that I was able to get through the basic sciences of medical school and do well. I'm proud that I was, in undergraduate school, able to master organic chemistry and physics and biology to be able to even get myself into medical school. I'm glad that I persevered because there were a lot of hard hours back during the good old days.

We'd go in at 6:00 in the morning and we'd work all day and we'd work all night, and we'd work all in the middle of – work all night and then – I remember being in the Baker House at Mass General trying to write the last notes of my patients. And I'm waiting for the new crew to come in. I know it's about 6:15, they'll be in – I remember hearing the cling, cling of the elevator as the new crew was coming onboard. Had to finish my note by the time I heard that cling, and then out.

So, I think there was just a sense of accomplishment to be able to get through each of the stages successfully. Because sometimes people just – they get fatigued, they're so close to the finish line but they wanna give up. And you just have to learn in this whole process to persevere.

And what the minority students are gonna find, too, is that there's still a lot of racism here. There was a lot of optimism when I was coming through, the Civil Rights' Movement. But then I think people were beginning to take a step back to say, "Well, maybe things haven't been fair. Maybe we haven't been doing the right thing. Let's be progressive."

Of course, you look at what we're going through right now, where people are saying, "Yeah. We're not being progressive and so what? That's who we are and how we are." And so, the students now are entering into an era that's a very challenging and very complicated era. And they've gotta be able to persevere because you've got not only the work itself which is hard: the academic work and the physical skills that you have to develop, but also you've got a lot of obstacles. And unfortunately, people who don't wish you well. And you've gotta be able to manage that as well, yeah.

Raúl: Yeah. That's amazing. And that is all that I had to ask you.

Dr. Mask: Great.

Raúl: And I really appreciate you.

Dr. Mask: Great. Well, thank you for that. It was a great idea and we'd be happy to talk with any of these students. And it's interesting, for me it's a lot of fun to be able to tell people in 10 or 15 minutes what it took me 15 or 20 years to learn. You know, it really is.

And I think I mentioned to you during our early conversation where we had come and there were a bunch of us who had graduated years ago and there were medical students there who didn't seem to be terribly interested in speaking with us. And it was either you or somebody who said to me, "Well, they really don't know what they don't know."

And so, that's just the opposite of when I was in school because I was just anxious to talk to people and to figure out just any little tidbit of what you might do to make me more successful. And some of the kids, they've finished Princeton and they come in and they doing this, and they doing that and they figure they know it all. And maybe they do, but they can always be helped by some advice and by some counsel and so forth that will make their lives a lot easier and a lot more enjoyable as well. So –

Raúl: Thank you.

Dr. Mask: Oh, my pleasure. It's good to meet you.

[End of Audio]

Duration: 64 minutes