

Candace Barr: Good morning.

Dr. Linster: I'm not on the camera yet. Good morning.

Candace Barr: Good morning, Dr. Linster; nice to meet you.

Dr. Linster: Nice meeting you, and you're Ms. Barr or –

Candace Barr: Barr.

Dr. Linster: Barr, all right. Thanks.

Candace Barr: And I just wanted to let you know that I'm recording this interview for our records. Okay? So, they can transcribe it and have it.

Dr. Linster: Good morning.

Candace Barr: All right?

Dr. Linster: And is it audio-only recording or audio and video?

Candace Barr: The audio and video is recording –

Dr. Linster: All right.

Candace Barr: I'll only give them the audio.

Dr. Linster: All right.

Candace Barr: And then also, before we start, just a reminder, I have to have you sign a consent form so that we'll be able to use this interview, but I'll send it to you after the interview. Dr. Necochea just sent it to me this morning.

Dr. Linster: All right.

Candace Barr: All right. Well, welcome; thank you for being here, and I just thank you for your time for being involved in this project and being able to share your story with us. So, the first question I wanted to ask was to just tell me about yourself. Where did you grow up?

Dr. Linster: Actually, before we start that if you could just give me a little bit of information about what this project is, and how the African-American or Black students are involved in this, and where it came from? What it's all about. Doctor umm and I can never pronounce

his name.

Candace Barr: Necochea

Dr. Linster: Necochea. Yeah. He had given me some information, but I'd just like to hear it from the student.

Candace Barr: Oh, of course. That's a great question and I don't mind answering it. So, the Black Alumni Experience Project, actually was birthed inside my home, so I'm one of the co-founders of the project, actually.

Dr. Linster: Oh.

Candace Barr: And so, it's me, it's another student name of Imani Sweat, and one named Herman, actually. So, we're in the student National Medical Association, and during the pandemic, we received news that we would be having a new medical school building, and we were able to see some of the layout of the building, and we realized hey there's no diverse spaces in this building. And so, it was something the school hadn't thought of, so I brought it to the attention of the medical alumni association, and I created a proposal, and I thought that in some type of digital space or form it would be great if we were able to discuss diversity.

And I thought it would be a neat idea to be able to collect through the years the accomplishments but also the experience of Black and Brown alumni at UNC university through interviews and artifacts. So, we were able to team up with the medical alumni association as well as the administration at UNC School of Medicine and receive funding and actually bring Dr. Necochea, who has experience in doing concepts like this before. So, the project really is to start on an inventory and collect those experiences as well as those artifacts, and hopefully one day to – it's supposed to be in a virtual space, but also we're thinking about a digital space of how we can get this into the new UNC building that they're having.

And then, also it's being introduced into the curriculum, so once the digital space is created, it'll be introduced into the curriculum, which is our social health and science classes where we discuss racial issues as well as other issues that impact our health system from a social point of view. And so, students will be able to hear your interviews and also see artifacts. We receive fundings to interview alum from 1960s to 1980s so far, so that's what we're working on. And the students' contribution to this is we interview,

and we actually receive funding to be paid for the interviews as well. But we interview alumni, we also created a proposal from start to finish; we also are going with Dr. Necochea and going on campus and meeting with some experts in history, and we can have artifacts for UNC.

So, we're very involved, there's a committee as well that helps lead this initiative like this as well, and it has birthed off some more diversity initiatives at UNC.

Dr. Linster: Hmm that is very interesting. It's a very exciting idea, and congratulations on your developing this concept. I was not aware that there was a new medical school building planned; I don't think I saw that in any of the solicitations for contributions. I might have just overlooked it as to many things that our annual giving would be going to.

Candace Barr: Yeah. They tore down the old building, and they're currently building the new building; it's scheduled to be finished in 2023, and it's a really nice building we've seen the plans, and also being on this project I'm also on the medical advisory committee board about spaces in that building, it's really going to influence and impact medical education, I think, for the better. Because everything will all be in one place and it'll have some new technology there to help students as well. And so, that new building is underway.

Dr. Linster: So, it was Berryhill that tore it down or McNider. What was torn down – what was torn down?

Candace Barr: It was Berry – let's see.

Dr. Linster: Berryhill or McNider.

Candace Barr: I wanna say Berryhill.

Dr. Linster: Okay, because that's what I remember.

Candace Barr: Because when I was actually at UNC, because now I'm a fourth-year medical student, and so I'm going into neurosurgery actually, and at the point [crosstalk] [00:06:57]

Dr. Linster: Interesting.

Candace Barr: And interviews – but when I was at UNC for the part that we did get to stay on there, we weren't in Berryhill Hall anymore, we have

been doing classes is McNider, MEB is what we called another building, and then a third building, so we were kind of all over the place.

Dr. Linster: All over.

Candace Barr: As well as Bondurant as well, and so – because that building had kinda been – they had put it, set it aside Berryhill Hall, and also it had been worn down a little bit. The only thing we had in there was our cadaver classes at that point, so the anatomy course, so it was some area place all over, so I think it'll be great that they're able to take Berryhill Hall and they're taking it down but rebuilding it in a way where all classes can be in that one place, and also the School of Medicine administration, and the medical alumni will be in that building as well.

So, you'll have all the support from head to medical alumni to also some of the offices of the teachers that will be conducting the courses will be there, and study spaces, so you kinda have everything in one realm. And I think it's a great way with them expanding the class to make it so it's still collegial and then also and that it still has the culture at UNC, because you know -as you know, UNC feels like home, that's why I chose to go to UNC School of Medicine. Because I was actually gonna go somewhere else, and then on my interview, I got there, and I was like, okay, this is where I'm going, I'm going here. So, I'm excited to see what's it's gonna do.

Dr. Linster: That's interesting. And you have done all four years at UNC?

Candace Barr: So, right now, I'm in the middle of my fourth year; I graduate in May 2023, so I have two more courses I need to do to graduate, but they give us now, block 9, 10, and 11. So, pretty much a three-month to four-month period off, and that's to do these interviews for residency.

Dr. Linster: Interesting. And one other question, my son is actually in the neurosurgery residency in Charlotte and –

Candace Barr: Oh, okay.

Dr. Linster: Yeah. And he went to UNC; actually, he went to UNC undergrad and UNC med school; he's in his fourth year at UNC Charlotte.

Candace Barr: What is his name?

Dr. Linster: Graham Mulvaney is my son.

Candace Barr: Graham Mulvaney. Okay. I'll have to look him up; I didn't know that.

Dr. Linster: Yeah. He's a – and he seems to enjoy neurosurgery, so – and he really a little bit of disillusionment later, but he was really excited about the Charlotte program and what he was going to be able to experience at that program. And he at Carolina's Atrium or the names evolve over time, but he still seems to be enjoying it, and he's still there and looking forward to finishing. So, yeah.

Candace Barr: Yeah, I'll definitely look him and hopefully get to reach out and meet him as I'm going on this neurosurgery journey. Because within Charlotte it used to be where the UNC School of Medicine had a contract with Atrium, but now that has dissolved, and they're with Novant –

Dr. Linster: Novant and Wake Forest Baptist, or just Novant, so –

Candace Barr: Correct. So, during my – the beginning of my fourth-year, I did a neuroradiology course, and it was supposed to be scheduled at Atrium, but due to the dissolving of that relationship and with Novant, I went to Novant so I wasn't able to connect with the neurosurgery team there.

Dr. Linster: Yeah. Medicine and healthcare delivery is evolving quite rapidly, and I guess because the business aspect of it seems to be taking center stage, but – anyway – I won't prolong this, but I just – when you said that, I thought it was interesting. And my son Graham went to UNC undergrad, and he went to the med school, he was accepted at med school there, and he went to med school and mainly because of the tuition waiver and all of that. He went to undergrad there, but yes, and it's – he enjoyed his time there, he did, with a few caveats, but he enjoyed his time there, and I'm glad that you are enjoying your time and are successful there.

Candace Barr: Oh, well, thank you, and thanks for sharing that story.

Dr. Linster: Okay. So, you're telling me – I have these questions, place, and date of birth, and what was my family like? Do I do this all in one, or how do you want to set that up?

Candace Barr: You can do it all in one, and if we branch off and you have something that you wanna talk about, we don't have to stick to this script; it can be more conversational whichever is better for you.

Dr. Linster:

Um Okay. Well, I was in the class of '78, and I was born in Winston-Salem, I grew up on a large tobacco farm in the mountains, and I relocated to the triad actually as of two years ago, I lived in Raleigh for 35 – 37 years when I finished my residency and finished my stint with the public health service, I moved back to Raleigh, and had private practice, worked with the teaching service, the UNC teaching service, which was managed through AHEC at the time, and I moved here two years ago. But I was born and raised in the mountains, well actually in Piedmont, but it's the mountains; people would like to not say mountains if they're hearing Deliverance music playing in the background –

– but it's really the mountains. We are – I'm from a large family, it's eight of us; I'm number four of eight; I had four brothers and three sisters. My parents were on the tobacco farm; that's where we lived that my grandfather had been able to purchase through some surreptitious methods; he was able to purchase a 500-acre farm by having someone be his surrogate and go in. Someone who was not African-American; to go and make all of the arrangements, pay for the land, and then basically turn it over to my grandfather for the purchase price that he had negotiated. And my grandfather had that because he had been in the military and had served in the war.

I'm not sure if it's World War I or some encounter before that, but I'm assuming it would have been World War I. But he did buy the farm, we had a 500-acre tobacco farm, and it was 11 of them, and they would rotate running the farm. And yeah – we raised tobacco, horrible, horrible – nobody in my family smoked except my father and one of his brothers. But we made sure that everybody had enough Gold Leaf Tobacco that they could enjoy themselves; and got a nominal pay for it because there was a disparity in pay with that. But growing up on the farm, a bit of self-sufficiency is almost inherent in that kind of lifestyle.

We kind of learned to rely on each other; also, there were so many of us, we learned to rely on each other, and we learned to make do with what we had. Being in the middle of the family, I think that's why I was the first person to go to four-year college, may not be but – my sister went to business school, so that was two years. The other sister went to community college, and that was two years. My brother went to the Air Force, older brother, so number four, I was the first-born to go to a four-year college. And I went to – my mother did domestic work, and at some point, she got a job working and doing the same kind of domestic work, and it's called

more euphemistic terms now like environmental services and all of that.

But she worked at the hospital in Danbury in environmental services. So, that was kind of my first introduction to going into a hospital other than feeling faint when I had to wait for somebody coming from the emergency services outside, and the smells of the hospital – it always made me feel uncomfortable, or I would feel faint. The sight of blood had me fainting, I couldn't get my immunizations because I was a chicken, and I would just pass right out. So, to become a doctor was definitely gonna be a stretch for Dorothy as far as my family members

Candace Barr: So, what influenced to be a doctor, and if you had any personal influences or environmental influences?

Dr. Linster: I did not at all; I have to be honest. My – the reason I applied to medical school was because I was not accepted in an environmental sciences plant pathology program at Ohio State. It was a condensed Ph.D. program back in those days, and coming from an HBCU, I think they had set asides, they may not have but I think they had set asides for Black students coming from HBCUs. And I went to a historically Black college/university; it was Livingstone College, it's an Ami-Zion based church in Salisbury, North Carolina, which is another story as to why I didn't go to UNC and undergrad.

But when I was not accepted, I assumed it was because I caught a really bad flu that year, in 1973 going into '74, and did not perform well on the GRE. So, another student at Livingstone did get the spot, and she told me how wonderful it was, and you just need to try again. And then she also said, you know a lot of these people here took the MCAT and they're going to medical school to become a doctor. You should probably go and take the MCAT, so it was the M– I don't know what it's called now, but it was the M –

Candace Barr: The same thing. MCAT.

Dr. Linster: So, in 1973, I did take the MCAT and apparently did well because you could apply to 10 schools, or you could have your scores sent to 10 schools, and they all contacted me, including Duke, who at that time had a six-year program like Boston University where you got your undergrad degree and your M.D. degree which was not something I needed since I was already getting my degree in biology and. So, I did apply to a number of schools, and I applied to UNC and a few of them accepted me; Temple accepted me, and

Duke talked to me and was thinking about accepting me, but I had a problem with that condensed and Saturday classes and all of that.

I don't know why except I thought I would have to work through med school and I would need my weekends free to have a job like I did in undergrad. But I ended up selecting UNC, but I still didn't know how I was gonna navigate that whole fear of blood, fear of needles, the smells, and all of that, but it ended up with a little bit of fortitude on my part working out. But that's the reason I ended up in medicine; it was – as I told people repeatedly over the past 45 years, it was a consolation prize. Because I really did want to do plant pathology, I wanted to do research; I wanted to do all those things; I didn't really want to interact with people in a responsible kind of position back in those days.

Excuse me one minute. I'm gonna close this door here. I have my cats as my office staff; they've been sitting here, and eventually, they get bored depending on the voices they hear. So, when I applied to UNC, I didn't know how I was gonna pay for it if I'm going into that situation, I mean into that part of the interview. But they did have very low tuition, and North Carolina had a grant at that time, a \$5,000 grant that you could get, and you had to pay it back only if you decided not to practice primary care in an underserved area. Well, having been born – having grown up in Walnut Cove, North Carolina, it couldn't be more underserved.

Basically, a healthcare desert all around; we had to drive at least 35 miles to get to the nearest healthcare facility, either a hospital in Danbury or in Winston-Salem. And the health department was basically where people went to get healthcare if they were Black; you got your shots there. If you had something really bad, you went, and you saw the nurse who was there, and they would say you need to get a ride and get over to Kate Bittings, which was the old Baptist, that's where African-Americans, or Black people went to be taken care of. So, it ended up being something that I thought was a no-brainer.

The state of North Carolina could loan me enough money to get started in Medical school, and then I could work and take care of the rest of it.

Candace Barr: How much was tuition back when you applied?

Dr. Linster: \$999. Remember, we're talking about in 1978. Most of you weren't even a twinkle in your parents' eyes during that time. And it's really not that much different now if you fast forward 45 – if

you put those – today's dollars to that, it's only a difference – I was discussing this with my son, who likes to talk about how low tuition was before. But it's really not – graduate education is not that – or was not that expensive four years ago, compared to 45 uh-40 years ago if you apply those dollars to that period of time.

Candace Barr: The tuition now is \$36,000, but the total cost of attendance, because they suggest that we don't work, that we can get money for, I believe that's 72,000, and that's for in-state. I know for out-of-state, it's like \$90,000 something.

Dr. Linster: And that's a big jump over the past, I would say 10 or 15 years of – in tuition. And I was actually in some of those discussions about graduate education being increased. And I asked the question then, so is the quality and quantity of education that these young people are getting worth that? I mean, if you're doing the work, it's the amount of work output now worth this amount of money? Or is it just because it's what the market will bear, because Johns Hopkins and all these other places, I mean their tuition just went through the roof, Duke? And you wonder what are they getting that's different? And that's – that's gonna be worth all this money.

And if you can't put your finger on exactly what it is that they're getting that's different, then you see people who have been educated, for example, for \$999, what's the difference other than time, inflation, what the market will bear? Medicine has evolved, so that it's so much more simple to administer – to learn and to administer. Nobody has to walk around with the little book in their jacket pocket and take handwritten notes. We don't have to do a handwritten chart anymore, so all of these things that have made learning much simpler has translated into it's much more expensive.

And it really shouldn't be that way, but that's a whole nother thing; it's very expensive. And that's what my son ran up against also, and as I said, well, that's what it costs, so if I wanna go there, that's what I'm gonna have to pay. So, we had to look and basically be savvy shoppers for his undergrad education and his medical school education. And I encourage anybody who asks me, and a few people will say well, what do you think? And I wanna go to this place because of somebody went there, or name recognition, or I went there, and I really loved it, but it's \$55,000 a year. And I said, what have they promised you that they're gonna give you for this money?

That's always the question we should ask, and when we don't ask

it, then it becomes the norm. So, five years ago, it was \$22,000 a year, and it translated into other things if you didn't work, didn't have a food plan, or lived off campus, or lived at home and commuted in. And now, you said it's 30-something.

Candace Barr: Thousand dollars, yeah. And that's just the tuition part, and they don't have a program for medical students, at least, where you can live on campus and like food or anything. So, that's all on us to find and do, and the cost of living in Chapel Hill has really skyrocketed as well. I know, me; I came into medical school, I was married, I still am married, so we needed a two-bedroom because with COVID and everything – my husband worked from home, and he needed office space. So, we found a two-bedroom, two-bath, and the ranges were anywhere from \$1,700 to like \$2,500 a month.

Dr. Linster: And this is Chapel Hill, where I studied for \$125 a month in a three-bedroom house on Peer Four Road.

Candace Barr: Oh. Yeah, so we had to move to Durham, a little farther out, but at least we found a townhome at that time that was three bedrooms, two-and-a-half bathroom, three levels, enough office space as well, and it included internet, TV, trash, everything included for like \$1,600 a month.

Dr. Linster: We're talking about Durham, and you pay \$1,600 a month for a place you don't own. So, that's –

Candace Barr: You call it in the research, Triangle Park. And it was something where we thought about owning some land or a place, but then we also thought – well, we know with me going into neurosurgery, I may not be able to stay here, and we'll be going somewhere quick because the first two years, I had a roommate to where he could transition down here. I was like – it may not be in our best interest with the way the market is going to get a house – for a place that we know we're only gonna stay for two years, and not knowing where that other place is gonna be for neurosurgery for the next **years**

Dr. Linster: Exactly.

Candace Barr: So, that's how they get us.

Dr. Linster: This is – and also, you have the commute. You have a commute from Durham into Chapel Hill, which can be an all-day affair of 25 minutes, depending on who decides to be in a hurry or in more of a

hurry than they need to be in an accident. So, you either sitting on 15501 or 40 or 70, it's – that's why uh- that's why Graham said I need to be on time, so I need to be living in Chapel Hill, I need to be able to walk or bike over to the campus. And I said, well, we can offset this cost by you living at home and driving you over – he said no, I guess if I'm asleep, I will not be in class, and that will be a whole nother thing that you'll be on me about, so – that's – it's different for you all it's much more complicated, and it involved an expensive kind of endeavor but for no real reason.

These are forces outside of you that's driving this, and that's the thing that I always find amazing that it just becomes the norm, and what the market will bear is a thing that I say all the time, but it does. It does.

Candace Barr: So, there was a grant for you for medical school, so can we go back a little bit to high school and so how did – after high school, what were your options getting another education, and then also how did you pay for your time **there**

Dr. Linster: Ah. Well, I grew up in Stokes County, it's tobacco country, so there was a Reynolds because R.J. Reynolds was a big tobacco place. It was a Reynolds scholarship, and there were two scholarships that they awarded each year to high school students that excelled. They actually targeted the valedictorian and salutatorian for this scholarship, male or female they didn't make a distinction between them. And they kind of, I won't say undercover, but it was assumed that one would go to one of the Black students that excelled, and one would go to one of the White students.

And this was going on when I graduated high school, but it had gone on before the schools were integrated. Because our high schools were integrated my sophomore year, so my junior and senior year – when did I go there? I went there half of my sophomore year of high school and the two years, my junior and senior year of high school, I think. Because all of a sudden, we had to leave our schools, London High School, and go to South Stokes High School, the integrated school. We were being bused up there. No, actually –

Candace Barr: And what year was that?

Dr. Linster: I'm sorry?

Candace Barr: When was that?

Dr. Linster: 19 – 1969, and 1968/69, 69/70. Yeah, so I didn't go at the end of my – we had to go to kind of transition at the end of my sophomore year, so that's why I remember being at that school. And it was about 45 minutes further up into the mountains from my home that we were bused to go to the integrated school. And the other school was closed down for a while, and then they made it an elementary school, and now it's a community center and all of that. But that scholarship was for – it was being awarded to some Black students who graduated from what was then the Black – Black school because it was first grade through 12.

I'm sorry, somebody keeps bothering me.

Candace Barr: No problem. That's alright.

Dr. Linster: One second. One second. I don't know how to turn my camera off; I need my daughter again. Goodness, is that it? One second.

Dr. Linster: I am so sorry. I had those people come in to treat for mosquitos, and mice, and ants. Apparently, there's just a epidemic of a ants in the triangle, in this part of Greensboro, I'll just say that.

Candace Barr: Oh, really? I grew up in High Point; I was born and raised in High Point.

Dr. Linster: And you're not overrun with ants?

Candace Barr: No.

Dr. Linster: I think it's just us. I've tried everything, but in Raleigh, I had this thing about ants and just couldn't abide them at all, but goodness – I come here, and they're like waiting, hey, we're happy you moved to town kind of thing.

Candace Barr: They were part of the welcome committee?

Dr. Linster: They were part of my welcome committee; you are right. I'm sorry, I forgot where I was – oh, the Katie B. Reynolds – or was it Z. Smith-Reynolds Scholarship, the scholarship. So – they had been giving it to people from London, which was the Black school, and my math teacher, who was an older White woman, actually she taught math and science at South Stokes, had said you would be a good candidate for this Negro Scholarship that they're giving out, and you should think about going to college, and you should

think about going to Chapel Hill. And she pulled out the application and gave it to me, and said if you need any help filling it out, I'll help you fill it out.

And I didn't need any help filling it out; I filled it out, she told me to give it back to her, that she would turn it in, which, I guess, meant mailing it or whatever. But she did. And it was – I did not realize that I would have had to go to UNC Chapel Hill to be able to get that scholarship. Because basically, what they told me later was it is assigned to Chapel Hill because I wanted to take it to an HBCU, which wasn't even a term that was coined in those days. But I knew I wanted to get what I called a Black Experience in college since I would be away for the first time and away from my brothers and sisters, all eight of us, for the first time in my life.

And also, being a female and my mother having all of her concerns with me being off somewhere other than right there in Walnut Cove where there was no college was a big deal. So, I said well, I can at least go, and go for the college weekend, it was supposed to be a college week, but my mother said no, it would need to be a college weekend, and we'll be driving you down there, and then I had an aunt and another relative in Durham, that they could be looking out for me while I was down here. And during that time, Chancellor. Taylor, I don't know if James Taylor is his nephew, or it's his son, I think it's his nephew, you know James Taylor, In My Mind, I'm Going to Carolina guy.

Candace Barr: Yes. I think, nephew.

Dr. Linster: Nephew. There was some horrible scandal about him smoking marijuana or something my -that was circulating in Walnut Cove that my mother heard about. So, after being down there that weekend, and I guess them looking into where I would be going, well, it was just going to be a den of iniquity. So, I wasn't going to be able to go, and I presented that to my teacher, and I said I kinda liked the campus, it was pretty, I liked the old well area, and said I like it. It was nice and green, and all of that, and I said I don't know- I don't think my mother's gonna let me go. She said I'll talk to your mother; I'll convince her.

Needless to say, my mother came up with the alternative, well this is a place I'd like for her to go, Livingstone College; it's not my religion because my father was Catholic and my mother was Southern Baptist.

Candace Barr: So, did she know someone who went there, or she just looked up

schools?

- Dr. Linster: No, she looked it up; she liked the way the bishops talked, their writings, and all of that; she liked that, she knew that it was a contained campus and they did not allow anything. We had a curfew at 10:00 o'clock, the women were not housed anywhere near the men, and basically it had a theological seminary on the campus where Hood where people actually went and got divinity degrees. So, she liked that aspect of it, and she also liked the fact that they had enough females there that we wouldn't be, as she used to say, set upon by those men that might be – the boys that would be going to college.
- So, that was a thing, and she presented it to my teacher to say, she's eligible, she's qualified, she should get the scholarship to go, which would cover the tuition and fees, and books, and a room and board. Well, about two years at Livingstone versus UNC, which was reasonably priced, too, but the AME Zion contribution made Livingstone a little bit more inexpensive. And basically, the committee met and decided that the other person in the county would get the scholarship. And she just turned out to be White, and people just had a fit. Oh, well, it's just racially motivated. But as my mother said, if they can't send it with you to wherever you want to go, then you don't need to go to those places.
- You'll figure out another way. I got a grant from Livingstone but ended up having to work, and I worked at Cannon Mills when I was an undergrad, actually a full shift for most of the time that I was there to supplement my tuition and stuff.
- Candace Barr: Okay. And did you always excel in science or math courses, were those your favorite courses?
- Dr. Linster: They weren't my favorites, but I did always excel in them, and it ended up being almost a – well, my son calls it a gimmick that you can actually figure out math, and he was actually excellent in – he actually went to the School of Science and Math, which is how he ended up at UNC because they had the tuition waiver. Once again, shopping for the best deal. He finished there. And my daughter's pretty good at science; she is a marine, she got her degree in Marine Biology from Coastal Carolina University in South Carolina. But they were able to get scholarships and all of that for what they did or tuition waivers for what they did.
- There was nothing like that then, so for me, just being in the class, it didn't matter that everybody didn't look like me after a while; it

just ended up being almost like the games now, the video games and some of the virtual reality games – once you're in it, it just kinda moves you along. You can understand these theories; I could understand chemistry a lot – the formulas with that a lot better than I could understand physics, but eventually, you crack the code. So, that's how it ended up being – I ended up getting the A's and – the way I look at it, depending on what kind of diverse group you're in, everybody is looking to find what I call the chosen one – that they can move along – and –

Because they can't spread their attention to everybody, so it's only going to be a few people that they will be doing that for, and as I told both of my children, you want to be in the chosen group. You don't have to be the chosen one, but you wanna be in the group, and then you stay in the group depending on what the weeding-out process is. If it's purely racial or gender-based, you may or may not win; if it's looks and personality – personality, you'll win because you're pleasant people, looks you never know. You don't know what people are looking for.

Candace Barr: Right.

Dr. Linster: You look in the mirror every day, and that's something I always told them, always do the mirror check before you leave. Now, who you are when you go out the door, and that's, I think, the most important gift or influence my mother had, so that we all, but mainly me, knew when I went out the door, this is what I could do for what I was all about.

Candace Barr: Okay. So, you got to UNC, and you were – and so, at UNC school of medicine back then, what was the reputation of UNC?

Dr. Linster: I really don't know what it was, other than that they didn't have Saturday classes, they had one exam at the end of the year, they had transitioned to that where you didn't have to have the little mini-exams throughout the year. I think they switch back and forth either my last year when it didn't affect me or in subsequent years where they were able to measure certain benchmarks as you went along the course. But for the most part, it was just; I'm going to medical school. I don't know what it's all about. And the thing that helped me the most was, at that time, and I think it's the M.E.D. Program, it has a different name now, but it was the summer program.

And you could get accepted into that program, you paid \$525, I could see myself with an apartment and all of that, and along with

this state grant/loan, I could see myself being able to manage my fees for that year. And that's really – that summer program along with all the other Black people that were in it, and I think it was one person that was not Black, but I don't remember. That is what let me know what medical school would be like, what the people I would be interacting with would be like, and basically what I could expect out of this graduate education at Chapel Hill at UNC. So, that's why I have supported and encourage people to consider; it was a hard sell for my son to consider the summer program in participating in it.

But it was the most helpful thing for me. That transition – and I did need a lot transition help from the idea of being away from everybody, doing my own research, having my own research projects that you had to do – you had to set up a project that you would work on if you were going to be accepted in the Ohio State Program. So, that summer program was great for minority students because it was kind of dumping you into a situation that you probably had never, ever experienced before. Even with integrated schools and colleges and it was a nice a- it was a nice idea and, for me, an excellent program. Other students that I met weren't as happy; they had other reasons why they didn't enjoy the summer program.

And we'll talk about it now when we discuss it. I don't know why you had all of these lofty ideas of what the summer program did for you. It didn't do this for me, but for me, that was perfect. That was perfect. And during that summer, I was able to do the cadaver lab, head, and neck; I did the head and neck, and I was able to get credit for it for that summer. So, during the year, that gave me some extra time away from the cadaver lab to do other things, but it also helped me move away from the smells and the triggering things from when I was growing up and experiencing healthcare facilities. It was able to move me into a different realm; the formaldehyde smell and the fact that I could go probably 20 years and not eat liver again, those are kind of some of the side effects of having to do that as a young person.

But it was – the summer program added a lot, other than the \$525, it added a lot to me. And I have supported it for years, even going back for the legacy things that they had in the past when my son was there; you know, I enjoy that. And I finally was able to convince him to apply to it and to participate, and he enjoyed it – he enjoyed it as well – so – yeah.

Candace Barr:

Wonderful. So, once you were in UNC School of Medicine, how

was that experience once you were accepted in doing your first, second, and third, and fourth years, how was that?

Dr. Linster:

Well, it's a mixed bag; I did the work, I had a real issue with time management because I always had my eye to the work that I needed to do to make money to be able to go there. Even though it was inexpensive compared to today's standards if you're not able to work because you have to focus on your studies, and they discourage working and don't have a lot of – of options for you like this program where you're paid for the interviews or in my case – one summer I was able to work in the Center for Alcohol Studies, and do research with – with the drug Antabuse which is widely used now.

But I was also able to do some research with Delta-THC, marijuana, back in those days. And that was one summer that I got paid, but I ended up applying for the Public Health Service Grant, which was only to be paid back if you didn't adhere to the rules like that state grant where I needed to go and do primary care somewhere. Well, with the Public Health Service, I needed to be in some of those clinics that they were opening up, and they didn't say you had to do primary care, but it needed to be an in-demand specialty. So, once I got that money, I didn't have to worry about working as much, and could really, really focus on the classes and being able to do what I needed to do to be successful there.

And I wasn't the most successful person, I didn't stand out, but I was in a class of, I don't remember how many of us it was, but it was only like 20 or 25 "minorities," but mostly Black students in the class. And a couple of my friends didn't make it, they had to leave or left that were Black, so it reduced the number – there was a weeding out is what I always called it of people – either you didn't pass the annual exam, it was once a year, or you did stuff during the year, as I said, you just have to go. So, that was a bit of a wake-up call for me as far as not devoting so much time to trying to work to stay there, but to actually do the work and have one focus.

So, there is a lot to saying; you really can't work during this period and do what you need to do or feel satisfied with the work that you're doing. So, that is – that was where I ended up kind of making a lightbulb moment and making it work for me. I did get the Public Health Service grant, and it made it retroactive to my first year, which upset the people in the State of North Carolina, but that's a whole nother thing. And during my first and second year, they uh -I think I, along with all the rest of the, I call them

BSN's, but it was the Black students – you know, half the Black student movement group then. They may or may not have it now; I don't remember.

Candace Barr: Were you in the group? The Black student group?

Dr. Linster: Yeah. Yeah. I joined, I participated, I did the stuff, and I went and lobbied with Marion Phillips to get our little amount of money to do programs, mainly literacy programs on the campus and off the campus. Time management and literacy those are the two things that I remember participating in back in those days.

Candace Barr: What was your support system? And what kept you through medical school?

Dr. Linster: I think it was just myself, my fortitude, myself, my family. Because I didn't make a lot of close friends, because there was never any time – there was never any time for me – and remember, we didn't have the benefit of a iPhone or a tablet; it was all little books and writing and all of that. And most of the time, everybody seemed to be kind of just trying to survive, is how I remember it, we really did, so there wasn't the idea that we would, because we didn't know each other before we went there. The two people I knew that I went to undergrad with they left, one went to Kentucky – Louisville to that program, and the other one left and didn't go into medicine at all,

So, I had nobody at all that I knew, so I really – and there was no support system from the university.

Candace Barr: Administration?

Dr. Linster: No. No. There was not –

Candace Barr: Any mentors at all during that time that you – on campus?

Dr. Linster: I'm trying to remember. One mentor over the four years, and unfortunately, I cannot can not come up with one. I can recount stories of how, even though I'm 5'3" ³/₄, my fellow students and some of the students in the advance classes in the second and third – well the fourth year we never saw them and they didn't care about us, but – and some of my residents when I was on rotations, the question always was, so, how did you get here? Do you play basketball? And I don't even know if we – exactly, I don't even know if women's basketball was a thing back then, I don't know. I never had time to look at sports and stuff.

And at Livingstone, women's basketball was a thing, but no, I had to say no, I don't play basketball, so the idea that it was a set aside or a quota kind of thing loomed heavily in the air. And some of the residents, one in particular, during the time, and I was in medical school during the time that Roots came out. Well, you watched a episode of Roots, they were called mini-series during that time, and you went back to class the next morning, and you were basically loaded for bear when you went into the classroom. And either you were on rounds with somebody, or you had a classroom kind of situation where there would be something.

For me, the thing that stands out the most was I was on the surgery rotation, and at that time, I was thinking; I wanna do surgery; I think I wanna go into general surgery. And the resident, I don't think he was chief then, no **Barefoot** wasn't chief then – the resident was presenting this case for a trans metatarsal amputation, a TMA. And he said we're going to do a Kunta Kinte procedure. Well, my hair was on fire; you remember they chopped his foot off? You do know the story? Okay.

Candace Barr: Yes. Yes. Yes. That's why my eyes are like- why did they think that was appropriate.

Dr. Linster: Because it was in 1976/77 around that time, and it was a thing. So, this was what stands out in my mind, along with all of the wonderful people I met, how I decided on my residency, and it kind of – at UNC, and it kind of continued for me into my interviews. Now, as you're going for an interview for a residency, you are not gonna be asked a question wanting to go into a surgical specialty or a neurosurgery residency, why they should give you the seat when they could give it to someone who was a male, who would not take time off to have children, and basically have – be more productive – the return on the investment would be more reasonable than investing it in a woman.

Now, 45 years later, you do not have to hear that. And I heard it at Emory when I went to interview; I heard it with Colin Thomas a doctor at UNC when I went to interview for a general surgery residency, and I heard it at Temple; even though these people had accepted me for medical school, so I guess they felt like the investment on a woman to be in their medical school class, or maybe they thought I was gonna stop suddenly and maybe start teaching or be a nurse. I don't know. But at any rate, that question came up routinely on my interviews, and most of them, I had to travel and go and meet with these men in person, and there was

never a woman that I saw in any of my interviews for my general surgery residency.

Candace Barr: How did you choose your specialty that you went into?

Dr. Linster: I resorted to the consolation prize mentality that I had from ending up in medical school; I decided that women's health, adult women's health afforded me the opportunity to do surgery, do medicine, be a woman, and deliver women's health care where women could feel more comfortable. So, OB/GYN is how I ended up, didn't wanna do any deliveries because that whole blood thing came back to me as a trigger, but I decided on OB/GYN because I could get all of those things, and get to do surgery, so that's how I ended up being an OB/GYN physician. And I only interviewed at three places, and I'd interviewed like five or six for the general surgery residency.

But that ended up being such a dead end I didn't even wanna dress up, and I also had to straighten my hair, so it was a whole thing to go and interview and then have people sit there flicking a pencil and ask you that question about – are you married? When are you planning on starting your family? And all of those things. Yeah, that's a thing that actually happened.

Candace Barr: So, with going through that, did you ever, in turn, then I guess, doubt your own abilities, or it was just the people around you, and you were like, okay, how can I fit into this space?

Dr. Linster: Everybody does that, and the way it was manifested with me was I had to, one, once again, and that's why people grow tired of hearing me say that, I had to do the mirror check. I had to see exactly who I was, and then I had to realize that if it's that hard, then I will go in, I will see it's that hard, and I can't do it, and then I will leave. And that will be my escape hatch, my offering for these programs, but I just need to be able to get the residency, get in there and show you all that I can do that. But there's always that time when you think – oh, goodness, maybe it's me, or that kind of thing that has you wondering what you might have said, what you might have done?

How is it that you aren't able to do this? Or- And you think, well, maybe I can't do it, but then I could see my off-ramp; if I can't, I'll just leave, and you can give this to somebody at the second or third year. But that was – and I think someone asked me that; I'm not sure if it was Carolina, or at UNC, or if it was at Emory – one of the chairman's that was interviewing me asked that. So, I don't

remember where I was, which one I was. But since I had worked that all out in my mind that's how I dealt with it. But yes, you always thought – even if someone in a non – I won't say important, but in a different kind of situation, you always stop first, and if you don't, then you're really arrogant and self-absorbed.

But you stop and think, oh well, maybe it's me? Or maybe it is something I did. Maybe it's my hair – you know? or something. So, yeah. And it's always good to have that because if you're going in and all of your eggs are in basket, and you only have one basket, when someone takes that basket away, what are you gonna do? So, my off-ramp helped, and it also allowed me to see the consolation prize that I could get. The OB/GYN residencies, because women were not choosing that field on a large scale basis. I was able to move into a kind of a vulnerable spot, and within about six years, we had basically taken over the specialty because the idea that women would not want to see other women and sit and talk to them about what their issues are.

Because basically, the anatomy is gonna be the same; if the issues are different, we can talk about it, but we're still dealing with the same anatomy. If we're pushing a baby out, even if we haven't pushed one out, we know how it's done because we're looking at you doing it kind of thing. It ended up being, as I said after the blood thing, and there were quite a few incidents where I'm legendary in some of my rotations with that, with just passing out, being on the floor. Oh! The worse one was we were able to do rotations away from Carolina, UNC, because there wasn't enough room for medical students; we called them acting internships to be done there for us.

So, I went to Howard back before they had closed down the old, I forget the name of that, goodness, I am 70 years old, aren't I? But anyway, I was on my rotation there, and on the OB rotation you did X number of deliveries – you attended X number of deliveries, and the prize was you got to scrub in at a c-section. Well, I was ready for it, and they said be sure you have plenty of fluids because you know, you're gonna be standing and you're not gonna be able to run out and do anything. You have to be there, and you have to be there at 6:00 o'clock in the morning. So, I was there; I had had a good breakfast, and I was all set to go.

Well, the woman had an anterior placenta. The resident who did the first cut, because he said do you wanna do the first cut? I said, oh, my God, no, I'm a medical student, and you know this is a woman who came here for a real doctor to do her healthcare – do

her c-section. He went right across – and that was when the lower – the Pfannenstiel incision of the low transverse c-section was starting to be a thing. So, he went right across, but he was too high – blood everywhere. Next thing you know, I'm waking up in the post-op recovery room, and the woman next to me said, oh, what did you have? Did you have a girl or a boy? I said I didn't have any; I didn't have either.

And they went, oh, and oh, we're so sorry, so sorry. You know, We're here for you –

Candace Barr: Thinking you had lost a –

Dr. Linster: They thought I had lost the baby. The nurse came in, and I was at DC General, that was the name of the hospital; we're not carrying on all the time to ensure what it is; we just call it what it is; the nurse came in and said she did not have – she has never been pregnant, this is one of your doctors, and she passed out from the sight of blood. And she said are you ready to get up and get out of here now? You can go back and do something in the clinic because you don't need to be laying up in here. So, I thought, oh, my God, and that was the best, that was the best wake-up call for me, this blood thing has to go. If you're gonna be a surgeon, there will be blood, it has to go.

And even if it is a GYN surgeon, you're gonna have to get past this. But it was just the most embarrassing thing. All I remember is this almost like a spigot being opened up, up in the air, all over my clothes, all over my mask, and my face, my glasses, and I hit the floor. And the only thing I remember after that was the people in the recovery room wondering what kind of – what did I have, boy or girl, and feeling their empathy for my loss. And, of course, Janine said, oh, she did not have a baby. You're a doctor; she hit the floor, and trust me, when you come back for your next one, you don't wanna see her.

So, yeah, we will call it what it is like it is with those of us who are serious women of color. But anyway, what other questions do you have, Ms. –

Candace Barr: So um, what residency did you choose to go into? And did you get into any advocacy work in positions you held after that?

Dr. Linster: OB/GYN. And I did, and I went to Brooklyn, I went to the Kings County and Down State residency – internship and residency program. And the reason I went there was, once again, they paid

\$15,500 a year, which was –

Candace Barr: So, you went wherever the money went.

Dr. Linster: – 4,000 – I did; you have to feed and take care of yourself, and back in those days, that was a real thing. I had finished medical school without any debt, just a commitment to go back to these underserved areas, except for the \$5,000 to the State of North Carolina, and I knew I'd have to pay that back because I did not choose primary care, even though OB/GYN, at the time, was a primary care specialty. But I chose – or they chose me, that's why I matched at Kings County and Down State, and we were one of the first or second people with the match where they were doing a match.

But you could still make a deal outside of the match, and the only people that wanted to make a deal with me was the When Are You Going to Have Your Children and basically upset our whole program at Emory. So, I chose OB/GYN; I matched there for their program, I think I matched number five for me and three for them. But I only went and looked at programs that would have the volume of cases meaning 10,000 deliveries a year for the whole program. I could be guaranteed, and actually the chief on the OB service guaranteed that I would have at least 100 c-sections at the end of my first year, and I would have at least 20 hysterectomies by the end of my first year.

Either scrubbed in or been the primary on that in Brooklyn, and I said this is the place for me; I will get the volume that will have me basically doing it almost in my sleep, the experience, and the volume to be able to do the work that I need to do whether I'm in private practice or in an academic setting. And when I went there, actually, the number of deliveries and the number of surgeries just mushroomed, and I don't remember why. I think there were some changes or introduction or something with Medicaid, and there was a big influx of people into New York City, Brooklyn and the boroughs. So, I did get everything I needed from that residency in Brooklyn, and the \$15,000 a year which was more than any other residency on the east coast, was paying at that time.

So – and my sister lived in New York, and the good thing about it was she was pregnant with my nephew, and I was able to be there and be with her and have somebody I knew in the city. And that's also where I eventually met and married my husband, my late husband, ex-late husband, but that's another thing, but yeah. Residency was in Brooklyn, and the positives and the negatives,

other than getting used to not speaking to everybody that I saw, was the only real drawback – yeah the only real drawback that I found.

Candace Barr: And what positions did you hold after residency?

Dr. Linster: When I finished my residency, I had to do a stint with the public health – United States Public Health Service because they had paid for my education and my living expenses at UNC, and I owed them a four-year commitment, so when I left my residency I went to a clinic, and they had at the clinic – I also took a commissioned appointment as opposed to doing the civil service where they just send you somewhere, and you take money. I took a commission in the United States Public Health Service to do this work. But they had a adolescent pregnancy prevention program out in Green County, North Carolina, that they needed a female to do, and I – they were trying to get contraceptive counseling and basically sex education and reproductive health counselling in the schools.

They had a trailer that they had paid for to put there, because the pregnancy rate in these young girls was so high out in these rural eastern North Carolina counties. And I worked with that program, I did the deliveries, I tried to work with the community to transition that education and contraception for them at the high school level. But that was a bust just because of the resistance and the political things that went around with it. But I did do their deliveries, I did their total OB/GYN of women's healthcare, and that I did for the four years, and I was a commissioned officer and was promoted during that time to an O4, so I was moved up.

I didn't do any research during that time but working within the adolescent pregnancy prevention program, the parameters that we were working with there was reporting that had to be done on a regular basis. So, I counted that in subsequent CV's as research epidemiology-type research that I did with pregnancy rates in adolescents or in teens in rural counties of North Carolina. The problem that I found with that it was a teens with tots program, so to be in this program, you got a stipend, and they got free food and milk and stuff for the baby; they got food stamps in the early burgeoning of WIC and all of that.

But you almost had – well, not almost, you had to be a teen with a tot, so for me, that said, this is a lure, you don't want to do that. You don't want to do that; it needs to be revamped and redone, but during the four years that I had my commission corps commitment, I was not able to change their mind about it; they did later on –

how the program was administered. But, After that, I opened my practice, I opened a private practice and targeted the students in Raleigh, North Carolina State students, and I did early women's health – early age women's health and menopausal health, and I did that for three years, and then I went to work for the AHEC, Area Health Education Center.

We were not called either adjuncts or clinical assistant professors, but I worked for the AHEC for four-and-a-half years in the outpatient clinic at Wake Med, so that's what I did. After that, I did start up the Chavis Heights Women's Health Clinic in downtown Raleigh in that project or in that low-income community. And we did those deliveries through the health department and through Wake Med for the four years I was there. And I think the program continued through the Health Department for another – another eight or nine years.

Candace Barr: So, what is your proudest moment or position of your whole career, would you say?

Dr. Linster: I'm thinking it's gonna be the Chavis Heights Clinic. I was working for UNC through the AHEC, but I'm thinking it's gonna be that clinic, because it was very successful, it took the clinic to where the patients were. They didn't have to come up Newburn Avenue, and for some of them, that was a long way to go. They didn't have the bus token or anything like that; the bus didn't always stop at the place where they could get over there and get to the bus, they were late for their appointments. It was just a whole logistical thing for them to be able to access that care, and taking it there and having the newborn or pediatric aspect made it a lot easier.

I'm thinking that's gonna be it. I'm thinking that's gonna be it. And on a personal note, I'm very proud of the fact that I was able to get past this fear and not so much loathing, but fear of blood, and needles, and all of that. The idea that it's not hurting me, it might be a little bit, as I called it, **biteish** for the patient. That it really isn't hurting me, and blood is just red, and red was never a color I liked, but it's just red and it runs all over the place. Think of it, I don't drink so I couldn't picture it as wine so it ended up being think of it as a red sauce you're putting on your pasta or something like that, it took a while but it's a personal achievement I like.

So, now I can see all kinds of blood and look fondly on the times when I just hit the floor, pass right out, hit the floor.

Candace Barr: And I have one more question for you. So, what advice would you give a current Black medical student on how being a Black physician matters, whether it's in the workplace, in your community, or even in the family space?

Dr. Linster: I think people need to see people who look like them; they don't even need to know that you share any experiences with them; I think people need to see people who look like them. So, just being present, doing a mirror check, knowing who you are, just being present in these fields, it makes all the difference in the world to a patient who comes in for any reason – even if they're the dreaded malingering bunch. If they see somebody who looks like them and you are there, and you are present and able to do something for them, that's the advice I would give everybody. Choose this field because you can be present and make an impact on everybody's lives.

And you're not gonna be able to do that if you're going into this not knowing who you are thinking, oh, I don't deserve to be here or anything, understand that whatever little thing you think you're doing for somebody, it's probably magnified a hundredfold in that person's life. I mean, even if it's a small child, a little girl who sees you coming in and you're taking care of their mom, or their dad, or their brother, or their sister, or a friend, they just had to come along because nobody was home to keep them. And they see you, if you are there, if you are able to put yourself in that space, you've made an impact in and of itself.

So, my advice is to be, like I told my son, be there, be a Black neurosurgeon, listen to people say, oh, are you going to be the next Ben Carson, and then just absorb that and walk away. You're gonna be you, but they see you there, and they apparently saw him. So, if you are there, you can make an impact; if you don't wanna do it, if you are going to be the worst example of what we can be or what we are, you can still have an impact; it'll just be a negative impact. So, put yourself in that space, go out, apply for these programs, be in these residencies, have an off-ramp just for your own mental health, but be there, be present.

Candace Barr: Okay. Well, thank you, that was some great advice and something I'll be doing, as well as when I go into these virtual interviews now, I'm doing the mirror check and letting myself know you deserve to be here.

Dr. Linster: You do. You do. And that's the thing, everybody, especially my children, but everybody who knows me, and even my patients over

the years, if you ask them anything about me, that's what they're gonna say – I wish I could tap into some of her confidence. But it's not my confidence; it's just saying to you there are all kinds of, they call them hacks now, but there are all kinds of little tricks to get through the day. The mirror check is the best one because you cannot go out and do anything for anybody else or for yourself if you don't know you are and what you are about. And that's the most important thing, the amount of signing, exhaling, confidence that you get from that it's not able to be measured, it's just there.

Candace Barr: All right. Well, thank you so much it was a pleasure to interview you, thank you for helping with this project; so, the next steps of the project, I will send you an email with the consent form for you to fill out and then send that back to me.

Dr. Linster: And it is easy to sign on online.

Candace Barr: Yeah, you should be able – if you have adobe or even have it where you can sign – that should be alright. And then, also, I'll send this audio, I'll send it to the people that do the transcripts, and they'll also do a transcript, and I'll also send you that transcript as well, whether it was something that they don't have in there correctly or something that needs to be altered or adjusted to make sure everything's in there. I'll be sure that that happens in there, and then along this process, we'll follow you up every step of the way of how's it going? And hopefully, I'll see you at some medical alumni events or even virtual events.

As well, I'll be there either discussing the project or just getting to know the alumni because I am a loyalty fund scholar, so usually I go to some of their events.

Dr. Linster: Oh, contribute.

Candace Barr: Well, thank you for your contributions, too.

Dr. Linster: I've been not so much remiss but not as enthusiastic of late, especially after the Silent Sam and all of that stuff going on and some of the other things. But as my son said, it's a part of our history; I finished there, you finished there, they won't hire Shannon to work there, but we're clearly Carolina people, so that's his thing. We're clearly Carolina people; we look good in blue. But thank you again, and I will send my thanks to the professor.

Candace Barr: Dr. Necochea.

Dr. Linster: Necochea. Yeah, for including me but thank you very much, and if there is anything else I can do for you guys for the program, just contact me.

Candace Barr: Thank you, have a wonderful weekend.

Dr. Linster: And congratulations on your fourth year. Good luck with your interviewing and your residency choice. Good luck.

Candace Barr: Thank you.

Dr. Linster: All right. Thank you, and you enjoy your weekend as well.

Candace Barr: Thank you. Bye. Bye.

Dr. Linster: Bye.

[End of Audio]

Duration: 94 minutes