

Dr. Necochea: Very well. Good afternoon. This is Dr. Raul Necochea from the UNC School of Medicine Department of Social Medicine. I am interviewing Dr. Gregory Strayhorn as part of the Black Alumni Experience Project. And, today is Monday, November 7, 2022. Dr. Gregory Strayhorn, UNC School of Medicine Class of 1979, right?

Dr. Strayhorn: No. I entered with the class of 1978, but I finished a year early. So, I actually finished fall of 1977.

Dr. Necochea: Oh. Okay. Thank you for correcting my record there.

Dr. Strayhorn: Yeah. At the time, they didn't have the MPH program. But, I entered the MPH program in epidemiology when I was a sophomore and a second year medical student. And so, I spent what would've been my final year in medical school in the School of Public Health.

Dr. Necochea: Thank you. So, to take things back to the beginning, Dr. Strayhorn, can you tell us where were you born and when?

Dr. Strayhorn: I was born in Pollocksville, North Carolina. That's a small town on the coast of North Carolina. In 1951.

Dr. Necochea: 1951. Were you raised in Pollocksville, as well?

Dr. Strayhorn: Yes.

Dr. Necochea: And, what was your family like? What was it like growing up with them?

Dr. Strayhorn: Well, we were a... Pollocksville is a rural town in eastern North Carolina. And so, it was a large family. There were eight kids. And, it was my mother and father's hometown. And, we had a fairly large extended family. And, as a child, I spent a lot of time working on farms in the area.

Dr. Necochea: With your siblings?

Dr. Strayhorn: Yes. My sisters are within one to three years of my age. So, they were the ones who were old enough to work on farms. And, my brothers who were younger didn't get to do that much.

Dr. Necochea: So, you were somewhere in the middle among the ages?

Dr. Strayhorn: I was third. Two sisters older, one sister younger.

Dr. Necochea: When you were –

Dr. Strayhorn: We were all... There were seven kids that were born within eight years. And then, one came along about 13 years after the last of the seven.

Dr. Necochea: Whoa. The baby. A completely different generation from you.

Dr. Strayhorn: Yes. He's my kids' age.

Dr. Necochea: When you were growing up, who was most influential in your youth?

Dr. Strayhorn: Well educational, my teachers. No one specifically. And, there really were no healthcare providers. My father was in the military, and we got all our healthcare at Camp Lejeune, which is a large military base. And, there was no specific family healthcare providers. We just saw who was there when we went.

Dr. Necochea: Mhmm, And, did you go to school at Camp Lejeune?

Dr. Strayhorn: No. Pollocksville.

Dr. Necochea: Pollocksville.

Dr. Strayhorn: Yeah. Camp Lejeune was about **24** miles south of Pollocksville.

Dr. Necochea: What was your school like? Did you go to elementary and high school in the same place?

Dr. Strayhorn: Yeah. Went to the same elementary school and same high school. They were small schools. And again, it was during the time when the school systems in North Carolina were becoming – Well, in elementary school, they were segregated schools that became integrated when I entered high school.

Dr. Necochea: What do you remember about that experience of going to an integrated high school?

Dr. Strayhorn: It was just high school. There was really no socializing as far as white students were concerned. I got along with a few of them, and there was one in particular that I did some cultural things with, as well as going to plays and dance programs. But, other than that, we really lived in a separate world when we were not in school.

Dr. Necochea: And, you already mentioned that you didn't know closely

physicians growing up either.

Dr. Strayhorn: No. In fact, the only one healthcare provider that I knew was a dentist. We had a family dentist, but that was it.

Dr. Necochea: Do you remember what you liked the most about high school?

Dr. Strayhorn: Well, I liked school. There were some behaviors by the white students that I didn't care for. The high school was a high school for the county. And so, I had a lot of relatives, cousins, and a lot of peers that I grew up with. But, I personally didn't have any major issues. I got along with the teachers very well. All the teaching staff was integrated, as well as the administration. Most of my teachers were white.

Among the student body, the first year of integration, the students seem to have gotten along fairly well. The student leaders like the officers of the student council that was perfectly integrated. The president was black, and the vice president was white, and I think the secretary was black, and along that line. So, it was fairly integrated in regard to the students, and the teachers and administrators. The only thing I didn't like was riding the school bus. So, I would walk quite a distance to avoid part of that experience until I became a senior, and then I became the school bus driver.

Dr. Necochea: Oh. As a senior?

Dr. Strayhorn: In high school, yes. Yes. Students drove school buses.

Dr. Necochea: I've never heard of this. Also, how convenient for you to have transportation. And, a major responsibility to be driving your own peers.

Dr. Strayhorn: Yeah.

Dr. Necochea: Wow. Sorry to get a little bit off on a tangent, but you're saying that was common, right? That students would take on this responsibility?

Dr. Strayhorn: Yes. In fact, students sort of looked forward to doing that in their senior year.

Dr. Necochea: Oh, okay. All right. Back to the main story. You said that you liked school and you enjoyed the classwork. And, I'm wondering if you had your eye on college or were open to other possibilities.

Dr. Strayhorn: No. I had my eye on college throughout school, and at first was considering smaller schools. Smaller colleges in North Carolina. But, during that time, there was an emphasis nationally as far as increasing diversity at colleges. And so, there was an active effort to do that. So, I got invited to apply to a number of colleges, including UNC, and I got invited to – They would have weekends and they would host black students, and I got invited to UNC and to Wake Forest to spend a weekend at those schools.

I also got invited to apply to Duke, but I was never interested in Duke. So, I did spend the weekend at Wake Forest and UNC, and decided on UNC.

Dr. Necochea: Oh. Did you also apply to, as you said, other schools? Smaller schools?

Dr. Strayhorn: No. I didn't apply to any smaller schools. In fact, I didn't get any invitations from smaller schools.

Dr. Necochea: And, why - Sorry. I interrupted you.

Dr. Strayhorn: No. Really, it was the larger schools. If I remember correctly, I also got an invitation from Harvard, and I think it was based on SAT or either ACT scores. I did very well on the ACT. I didn't do great on the SAT.

Dr. Necochea: And, when you had to pick in the end between places like UNC and Wake Forest, why did you pick UNC?

Dr. Strayhorn: One of the things they did during these weekends is make sure that their current black students were involved with us during the weekend. And, I enjoyed my experience with the students at UNC greater than I did at Wake Forest. And, I liked the atmosphere at UNC.

Dr. Necochea: When you were here at UNC, tell me a little bit about UNC in the 1970s. What did you like the most? What did you find most challenging? What did you like the least, if anything?

Dr. Strayhorn: Well, again, I liked the classes. When I had difficulties – Well, I only had difficulty in one class, and the professor was very helpful, and he actually tutored me on a weekly basis until I began to catch on to the course material. It was physics. And otherwise, I liked the course material. I liked the faculty. And, as far as classes all go, UNC was doing reasonably well with the recruitment of black

students. Again, I spent most of my social time with black students. But, I did get involved with some of the activities that primarily had white students participating.

I was a work study student as part of my financial aid. And again, I got along very well with the people I worked with. Both academically and socially, I really enjoyed my experience. Again, I went to school year round, so I finished my degree in three years rather than four. I sort of created a three year track in both undergraduate school and medical school.

Dr. Necochea: Wow. Oh. I forgot to ask you what was your major at UNC?

Dr. Strayhorn: Well, when I started there, I majored in pharmacy. But, I switched out of pharmacy and switched to chemistry, and I was able to get a Bachelor of Arts in chemistry in three years.

Dr. Necochea: Oh, wow. A BA in chemistry?

Dr. Strayhorn: Yeah.

Dr. Necochea: That's interesting.

Dr. Strayhorn: Yeah. They had both the BA and the BA. I mean, yeah, the BA and BS. Many students who did the BA went to medical school and graduate school in the health sciences. In fact, UNC had the reputation, at that time, of having the most premeds of any university in the country.

Dr. Necochea: Wow. So, it sounds like you were already cultivating that as a possibility.

Dr. Strayhorn: Well, I wasn't, actually.

Dr. Necochea: Oh, okay. So, med school was plan B?

Dr. Strayhorn: Actually, after getting the degree, I worked in the pharmaceutical industry for a year. The only reason that I decided to apply to medical school is a lot of my fellow students were applying to medical school. So, I just went over one Saturday when they were giving the MCATS, and took the MCATS. And, I got a job at Eli Lilly, and worked there for about six months, and decided I wasn't gonna become a successful chemist.

And, I got invitations from various medical schools to apply because of my MCAT performance. And, when I decided I wasn't

gonna make it in a chemistry lab, I pulled those applications out from under my bed and applied to medical school. So, it wasn't the long term plan. It just sort of happened.

Dr. Necochea: Oh, wow. Okay. Wow. Dr. Strayhorn, before I forget, I meant to ask you how did you finance your college education? You mentioned you were a work study student. I imagine that helped a little bit.

Dr. Strayhorn: Yeah. It was mostly grants and work study.

Dr. Necochea: Okay. And, here is the other important question that I wanted to ask you: when you were an undergraduate at UNC, were there already enrichment programs for perspective black medical students?

Dr. Strayhorn: Yes, there was. In fact, I don't know if it still exists, but there was a fairly long-term program called Upward Bound. I wasn't aware of it, and I don't think that I would've been able to participate because my parents were pretty stern about working during the summers to help with expenses for school in high school. Yeah. The money went to buying school clothes and the other things that we needed.

Dr. Necochea: Okay. And, that program was called Upward Bound? Like up?

Dr. Strayhorn: Upward bound.

Dr. Necochea: Upward bound. Okay. I'm gonna make a note of that one. I was not aware of it. I know the MED program still exists, but that's different.

Dr. Strayhorn: Yeah. I don't know if the name of the program was changed, but that was the program for high school students during their high school years.

Dr. Necochea: When you were applying to medical school, what reputation did the School of Medicine here at UNC have among people that mattered to you?

Dr. Strayhorn: I don't know. All I know is it was a medical school. It was at UNC. And actually, I didn't get an invitation to apply to UNC Med School, but I assumed it had a good reputation.

Dr. Necochea: And, you had had a decent experience at UNC as an undergraduate, as well?

Dr. Strayhorn: Yeah. I had a very good experience at UNC.

Dr. Necochea: Did anybody discourage you from applying to UNC to the School of Medicine?

Dr. Strayhorn: Well, no one discouraged me. My mother was surprised. Oh, you're talking about the School of Medicine.

Dr. Necochea: Yes.

Dr. Strayhorn: Oh, no. No. There was no discouragement. You know how students who apply to medical school, when they come to the final interview, they dress up in suits and ties.

Dr. Necochea: They still do.

Dr. Strayhorn: And, I had just gotten married, and it was actually when I interviewed, it was during my honeymoon. And, my ex-wife was in nursing school at UNC. And, although I got accepted to other medical schools, I decided to move back to North Carolina so I could reassess after I got into medical school. Well, let me back up. I interviewed during my honeymoon. And, I don't know if you know what a dashiki is?

Dr. Necochea: Oh. Yeah. The outfit.

Dr. Strayhorn: Yeah.

Dr. Necochea: Oh, no. You went to your interview in a dashiki?

Dr. Strayhorn: Yes.

Dr. Necochea: That's bold in 1970 something.

Dr. Strayhorn: Yep. And, I got accepted almost immediately.

Dr. Necochea: Well, I have to tell you some other time about I was a finalist for a major grant when I was in Montreal in grad school, and the only day they would interview me was the day of my wedding. And, they would not change it. It was called the Pierre Trudeau Fellowship. It was the highest paying award one could have as a grad student in history. It didn't go well.

Dr. Strayhorn: Oh. It didn't?

Dr. Necochea: No. My mind was elsewhere.

Dr. Strayhorn: Oh, okay. I'm sorry. But, you made it anyway.

Dr. Necochea: Yeah. I'm okay with that now. So, I guess going back to your most important family relation at the time, you would've been discouraged from going anywhere that wasn't UNC School of Medicine.

Dr. Strayhorn: Yeah. Well, I wasn't a terribly – Well, academically, although I liked school, I didn't always do well in grade school. And, my worst subject was spelling, and it still is my worst subject. And, my parents would stand me in the kitchen while my mother was cooking, and my mother would call out spelling words, and I sort of got punished when I misspelled a word by my father. So, I never became that proficient in spelling, but I did begin to do well in other things.

Dr. Necochea: Yeah. You mentioned a moment ago that your mother was surprised. Was she surprised about you going to medical school?

Dr. Strayhorn: No. She was surprised about my going to college, and particularly going to UNC.

Dr. Necochea: Oh, okay. Why?

Dr. Strayhorn: She didn't think I was smart enough.

Dr. Necochea: Oh. Okay

Dr. Strayhorn: My oldest sister excelled better than the other siblings, and particularly than I did. So, she was sort of the academic.

Dr. Necochea: Yeah. Setting the pace.

Dr. Strayhorn: Yeah.

Dr. Necochea: Now, moving on a little bit. You are a first-year medical student at UNC. What year was that, that you started?

Dr. Strayhorn: I started in '74.

Dr. Necochea: '74. Okay. Overall, as now, the career is split between these early parts where you do a lot of anatomy, pathology, physiology in classrooms, and then you move on to do various rotations and clerkship in wards and in community clinics. What stands out the

most to you about these four years? I know it's an unfair question. There's a lot that happens.

Dr. Strayhorn: Well, you are asking academically?

Dr. Necochea: In general.

Dr. Strayhorn: Well, I was surprised that I didn't find medical school that challenging. At UNC, during the period that I went there as a medical student, they had just completed a major curriculum review, and the overriding philosophy was that the curriculum should be more focused on adult learning. And, during my first year in particular, most of the courses, except anatomy, were self-study. So, we had lectures.

In between lectures, they would pass out these self-study modules, and we'd go up to our lab or take them home because attendance wasn't really required unless it was a small group exercise. And, we'd do the self-study exercises on our own.

Dr. Necochea: Oh. Right. Yeah. It sounds a lot like today, still, where some lectures, you should go, but are not terribly surveilled. And, a lot of self-study. And, some small group activities that you definitely have to go.

Dr. Strayhorn: And, we didn't have a lot of exams. And, the only exam that counted toward advancement was the end of the year exams. So, we had about a week or two off to study. And then, we had the major exams in the various courses, and our overall performance determined whether we were advanced to the next year.

Dr. Necochea: Right. When you started, were there many other African American students in your class?

Dr. Strayhorn: Well, my class was the largest group of African American students. There were about 20 in my class. In fact, UNC, during most of the time that I was there, both as a student and on faculty, had the largest enrollment of African American students of most medical schools in the country.

Dr. Necochea: Wow. Oh. Well, that's something else. Were you aware of that fact when you were there?

Dr. Strayhorn: Yeah.

Dr. Necochea: When you were here, who were you closest to? Including the

students, the faculty, administrators perhaps.

Dr. Strayhorn: Well, there were some students, of course, that I was close to. I never really studied with any other students. I was mostly a loner when it came to studying. But, I socialized with mostly the black students. As I mentioned, I got married the year before I entered medical school. My ex-wife had a son. So, I became a father who came along with marriage. And, my ex-wife was fairly established in the Chapel Hill community. And so, I had a lot of friends and acquaintances based on my ex-wife. And so, they became my friends, as well, and sort of like extended family, and their kids became friends of my son.

And so, outside of medical school, most of my social time was spent with those people. And, they were my major support systems. So, I was somewhat of a loner when it came to social support. I got along very well with all of my colleagues, both black and white. And so, again, my medical school experience was, I thought, a good experience. I didn't have any basic challenges.

I know that some of the black students had some issues, particularly when it came to perceived racism. But, I didn't experience that. I got along with the faculty, and there were some faculty that you could call them mentors, but it wasn't formal mentoring. It was that if I had a concern, I just showed up at their door. And sometimes, I would just show up and their door just to show up at their door. I had some of the administrators who I got along with very well. And, we had a few black faculty who I got along well with.

Dr. Necochea: Oh. Right. Yeah. Did you know Dr. Marion Phillips, by the way?

Dr. Strayhorn: I did.

Dr. Necochea: Yes. He's someone who has come up very often in these interviews, and I still haven't – Anyway, I'm glad.

Dr. Strayhorn: Yeah. We got along collegially, but we didn't have a close relationship. And, black students in general felt that he was a good person, and he was, in general, very highly respected by many of the black students.

Dr. Necochea: And, it also sounds, from what you were saying, that in addition to some of the people you had a high regard for and a good working relation at UNC, that you had also a thick network of people outside, and that came with multi-generational networks with kid

sized relations, your own age group, families attached to that. And, very Chapel Hill-ian, too. I was going to ask you about things that kept you steady in pursuit of your medical degree. It sounds like this is something that really provides perspective, right?

Dr. Strayhorn: Yeah. Well, outside of academics, both in undergraduate school as well as medical school, even if I didn't have the extensive social network, I think I would've done well in medical school. From a social perspective and from social support systems, I didn't find it much different than I did in undergraduate school. I had always tended to be a fairly independent person, and I think that served me well at both stages of my education. Both undergrad and graduate school education.

Dr. Necochea: When you were moving into the period of your education with all the wards and the rotations, how did you like that part of your training? Did you start feeling like this or that specialty was for you, or this or that specialty was not for you?

Dr. Strayhorn: Well again, I knew that certain specialties would probably not be for me because I didn't care for surgery. And, I liked the other specialties. Internal medicine was okay, but I didn't see myself as being an internist. And, at the time, I was also doing my MPH. Again, during my time at UNC, we had a very what I consider short third year, and we had an even shorter fourth year in that it depended on what one wanted to do as far as electives. We were only required to do seven electives in the fourth year. And, that was why I was able to finish up in three years.

And, there were electives that you could do during breaks in the second year, and it did not always have to be strictly clinical electives. So, for instance, the chair of social medicine had an elective that was a seminar, and a number of students in my class signed up for the seminar during our second year. And, that was an elective. So, I started doing some electives during my second year. So, by the time I got to my fourth year, I only was required to do two electives. They were called selectives.

And so, by the time I finished by third year, I only had two more months of medical school. And, I also did some courses in the School of Public Health that were also counted towards my required electives. So again, by the time I got to my fourth year, I only had to do two more courses. And, for the most part, I enjoyed both of my on-campus electives. I mean third year courses, clerkships, as well as my off-campus clerkships.

Dr. Necochea: Wow. Right. Oh. Did you do some away rotations then?

Dr. Strayhorn: I did one clerkship in England.

Dr. Necochea: England?

Dr. Strayhorn: Yeah. In Newcastle.

Dr. Necochea: No way.

Dr. Strayhorn: Yeah. There was a program. I don't know if it still exists. The OBGYN department, which was probably started by one of the faculty there, established a clerkship, an OBGYN clerkship, and I forgot the name of the – It was in England.

Dr. Necochea: Oh. Was it St. Elizabeth's?

Dr. Strayhorn: Pardon me.

Dr. Necochea: Was it St. Elizabeth's in Newcastle?

Dr. Strayhorn: No. That wasn't the one. Or, was it? I don't remember the name of the hospital. It was a large hospital there. And, it could've been St. Elizabeth. But, I did my OBGYN clerkship there, and that was the only one that I did outside of the UNC system.

Dr. Necochea: Oh. Okay. That is so surprising. I lived in Newcastle in 1988.

Dr. Strayhorn: Did you?

Dr. Necochea: I was living at the worker housing at St. Elizabeth's Hospital, which had – Well, of course, they had a large OBGYN program, and my mother was training there. So, she dragged us all out of Peru for several months, and we lived there, and we went to school there. It was the first time that I ever lived outside of my country.

Dr. Strayhorn: Wow. That's interesting.

Dr. Necochea: Yeah. Quite a coincidence. I remember that day really well.

Dr. Strayhorn: Yeah. At that time, there was money set up for students to do foreign fellowships, and it was quasi-competitive. And fortunately, I was able to get one of those. And so, I did OBGYN there.

Dr. Necochea: Wow. Did you do OBGYN for residency, as well?

Dr. Strayhorn: No. Let me back up a bit. One of the reasons that I went into the School of Public Health, and particularly epidemiology, the chair of epidemiology, there were quite a few South American – Well, faculty from South America in the epidemiology department. And, the chair of epidemiology was from South America, and he was one of the leading people in what was called psychosocial epidemiology. They now call it social epidemiology. They don't call it social epidemiology at UNC unless they recently changed it to that.

And, he came and gave a lecture in my first year, and it really turned me on as far as epidemiology. At least, that kind of epidemiology. It mostly focused on how one's social environment effected health. And, I'm sure you're familiar with social epidemiology.

Dr. Necochea: Okay. Oh. Mm-hmm.

Dr. Strayhorn: But anyway, that was the reason I went and enrolled in that program. And now, let me get back to where we were before I cut you off. What was the last question you asked?

Dr. Necochea: I had been wondering if you had gone into OBGYN for residency, but you said no.

Dr. Strayhorn: No. I was being recruited to go into psychiatry. And also, UNC, I don't know if they still have it, but they had a medicine pediatrics residency.

Dr. Necochea: They do.

Dr. Strayhorn: And, I was also being recruited to go into that. But, my epidemiology experience sort of directed me towards family medicine because family medicine during that time used some of the tenets of social epidemiology. Also, since I had not really – Well, I was very much interested in the family and health, and the social environment in health. And, family medicine came closest to that. And so, I decided to go into family medicine.

Dr. Necochea: Oh. Yeah. What was the process like at that time? Interview, I don't know, 10 different programs and see where the match takes you?

Dr. Strayhorn: Well again, I was interested in university programs, and there were not that many programs that I was interested in. And, Duke, UNC. I think I interviewed at the University of Colorado in Denver, and

there may have been one or two other places. And so, I went to those programs and interviewed. Again, I don't think it was much different – Oh, I know the other one. It was at Montefiore.

Dr. Necochea: Oh. Up north.

Dr. Strayhorn: Yeah. In New York. And again, I was drawn to the Montefiore program because a lot of things were oriented towards social medicine. And, had I not been married with a child, I would have gone to the Montefiore program. In fact, I ranked it first. And, before the final decisions were made as far as ranking, I called the – I forget the name of the program that administered the ranking process. But, I called them and asked if I could change my ranking and put UNC first, and that's how I ended up at UNC. No, that's not true. No. I decided to put Iowa first.

Dr. Necochea: Yeah. Iowa?

Dr. Strayhorn: Iowa. University of Iowa. I got accepted at Iowa, and that's where I did my residency.

Dr. Necochea: Oh. And so, you took your young family over to Iowa City?

Dr. Strayhorn: Well, Iowa City was fairly similar to UNC, and my best friend was in graduate school at Iowa. In fact, I had moved him and his family there four years before, and I had moved them from Durham. And, he and his wife were friends of my wife and I. And, it was sort of a small college town, and it felt comfortable as far as having a family, and I think that would've been more difficult in New York City.

Dr. Necochea: Oh. Yeah. No, I hear you. And well, can I ask you a little bit about some of your influential career mentors during residency, and what did you learn the most from them?

Dr. Strayhorn: Again, I wanted to be in an academic program, and it was one of the few programs during that time that required each resident to do a research program as one of the requirements. A research project as one of the requirements to finish the program. And again, I found the faculty very approachable. Again, an example of that was on my first-year boards, I didn't do well in pediatrics. And, we had a pediatrician on the family medicine faculty, and I arranged with him to meet with him on a weekly basis and got tutored in pediatrics.

And, I did that during my second year. And, although I didn't have

problems with my clinical work in pediatrics, that made a difference as far as the exams were concerned. There was some faculty that I would visit with and have dinner with, my family and I.

When I was in... We did our first OBGYN rotation in a small town called Burlington, Iowa, and we worked with two obstetrician gynecologists. And, both of them and their families sort of took me and my family, my wife and son. When I was there on weekends, they would have us over, and have dinner with them, and spend time with them. So, I found it a very sort of a very family-oriented program, and I got along, as well as my wife and son, with many of the faculty. And so, again, I had a very pleasant experience.

When I was a third-year resident, we had co-chief residents, and I was selected to be one of the co-chief residents. Also, when I was a student at UNC in the medical school, I was very involved in student leadership. Do they still call it the Whitehead Society?

Dr. Necochea: Right. No. Now, it's just the student government.

Dr. Strayhorn: Okay. But, I was both vice president and president of the student government. And, I also was very involved with SNMA.

Dr. Necochea: Wow. Impressive. Yeah. So, we're going full circle 'cause SNMA is the reason why I contacted you in the first place.

Was there a special moment, either during residency or when you were done with it, when you felt like you came into your own as a medical professional?

Dr. Strayhorn: Yeah. Well, by the time I finished residency, I felt fairly comfortable with being a medical professional. In residency, I think they do very good at sort of getting you to that point. And so, throughout, you begin to build your own patient base. And, by the time you're third year, you become more independent as far as clinical is concerned. Both outpatient and in-patient. And outpatient, you had days that are designated as your clinic, and you see many of the patients that are assigned to you. And, although you are supervised, there's no one looking over your shoulder. And so, I felt very comfortable by the time I got to finishing my residency.

Dr. Necochea: Is it a four-year residency?

Dr. Strayhorn: Three.

Dr. Necochea: Three years. Wow. Dr. Strayhorn, obviously your career expands much, much more than this special first training period. But, I'm aware of our time and I've already kept you here longer than I could've and should've. If you work backwards from your most recent duties at Morehouse, what would be the most important thing that we should not miss about your trajectory?

Dr. Strayhorn: Yeah. Well, I wanna go back to where we just finished. When I finished residency, I was accepted into Robert Wood Johnson Clinical Scholars Program, and I did that at UNC. And, when I finished that program, I was offered a faculty position in the social medicine department there.

Dr. Necochea: Really?

Dr. Strayhorn: Yeah. Do you remember who the founding chair of that program was?

Dr. Necochea: Glenn Wilson, I think.

Dr. Strayhorn: Yeah. Glenn. Glenn was one of my mentors, and he offered me a position in social medicine. And at the time, Ed Shahady was chair of family medicine, and he offered me a position, and I accepted the family medicine position.

Dr. Necochea: Cool. Wow. So now, we really have gone full circle.

What brought you back to Chapel Hill?

Dr. Strayhorn: I always wanted to come back to Chapel Hill. For a personal basis, my wife and I, and my son were still very connected to our friends. And, I always thought that I would go back to Chapel Hill, and we maintained our connections in Chapel Hill. And, the Clinical Scholars Program that I was fortunate to get accepted in was gonna give me a period of time to develop my academic focus that allowed me to dig more deeply in social epidemiology. And so, I went back to do the Clinical Scholars Program.

And, when I was doing the MPH in medical school, I took the qualifying exams for the PhD in epidemiology. And fortunately, I qualified. And so, the Clinical Scholars Program would pay for my PhD education. And so, I spent two years after residency working on my PhD.

Dr. Necochea: Wow. And, at Chapel Hill?

Dr. Strayhorn: Yeah. And, I didn't finish it during the Clinical Scholars Program. I finished it all but my dissertation. And so, I accepted the position in family medicine, and I continued to work on my dissertation until I finished it.

Dr. Necochea: All right. What was your dissertation on? Come on. You gotta tell me.

Dr. Strayhorn: Well, it was health, mental health, and social health of medical students. Comparing first year medical students at the University of Iowa and at UNC. And, at UNC, they had just changed the advising system with a focus on improving the social environment at the medical school. And, I used the Iowa medical students as the comparison group to see if there was a difference in the students' perception of those two areas of health at UNC compared to University of Iowa.

Dr. Necochea: Wow. I can see that being quite relevant still today. Medical students, how they're feeling these days with stress and anxiety, and the pandemic hasn't made anything easy.

Dr. Strayhorn: So, that's what I did my PhD on.

Dr. Necochea: Wow. Cool. Very nice. And then, 20 years here before you left for Morehouse in Atlanta.

Dr. Strayhorn: Yeah.

Dr. Necochea: How long did you stay at Morehouse and what was your role there?

Dr. Strayhorn: I was recruited to become chair of family medicine at Morehouse, and I chaired the department until my spouse died, who was on faculty at Duke in psychiatry. And, I stepped down as chair after he died and became a regular professor of family medicine.

Dr. Necochea: Okay. At Morehouse. How long were you at Morehouse then?

Dr. Strayhorn: 17 years. I retired in 2017.

Dr. Necochea: Wow. If we try to do a sum up of some of the things that you –

Dr. Strayhorn: Oh, one other thing at UNC.

Dr. Necochea: Yes?

Dr. Strayhorn: I was an assistant dean and associate dean at the medical school, as well.

Dr. Necochea: Really?

Dr. Strayhorn: Yeah.

Dr. Necochea: Wait. What years was that?

Dr. Strayhorn: I came back at UNC in 1981, and finished the Clinical Scholars in '83. And, I was asked to be – I forget what they were gonna call the position. And, I told them that I would take the position if they made it an assistant dean level job. And, that was in '83. And, it was sometime during the '90s – Well, no. It was sometime later in the '80s I got promoted to associate dean, and stepped down after there was a change in administration in the early '90s.

And, I was first assistant dean of academic affairs. My principle job was to set up programs to provide academic assistance for medical students, and particularly students who were having academic issues. And then, I was promoted to associate dean, and I was dean of the office of academic and student programs.

Dr. Necochea: Did you overlap with my colleague Georgette Dent?

Dr. Strayhorn: Yeah. Georgette first was full time in pathology, and she then became assistant dean in the student affairs office. And then, she became associate dean in student affairs.

Dr. Necochea: The timeline of your career is, of course, different than mine because I only arrived here about 10 years ago. But, everything that you are telling me, and all of the people that you have met, really track with what I know about the history of the position that I now have.

This is - It's a little odd, to be perfectly honest, wow, to learn so much about what was happening back then before I arrived. And, wow. I really appreciate that, Dr. Strayhorn. Can I ask you one last thing?

Dr. Strayhorn: Well, I'm free until 2:30.

Dr. Necochea: Okay. Then, I feel less pressure now.

Dr. Strayhorn: I retired five years ago. So, I basically don't do anything.

Dr. Necochea: Okay. Right. And, you are still in Atlanta. Is that –

Dr. Strayhorn: I told you that my spouse died in the early '90s. No, no, no. In the early 2000s. And, I got married again thanks to Match.com. I don't know if you're familiar with Match.

Dr. Necochea: Yes. Of course.

Dr. Strayhorn: I got married again after I met my current spouse. Well, I met him in Seattle, but he was living in Iowa. So, he moved to Atlanta and worked here, and we retired the same year, and we decided we'd be here unless I win the lottery.

Dr. Necochea: Okay. Oh. I think I mentioned to you that I lived in Atlanta for about three years.

Dr. Strayhorn: Yeah, you did.

Dr. Necochea: I was in Midtown. I rented an apartment there with the one whose now my spouse, and it was a wonderful place. The neighborhood was vibrant and interesting. Very close to Georgia Tech. And, despite everything, still quite affordable.

Dr. Strayhorn: Yeah. Well, I started out living in Midtown. No, that's not true. I started out living in Buckhead. And, after I decided I was going to stay here, my spouse and I bought a condo in midtown on Peachtree Street. And, we eventually bought a condo in Buckhead on Peachtree Street Road. And then, we bought a townhouse. And, after we retired, we decided to downsize, and we bought a condo between West Peachtree and Spring Street. So, we live almost on Georgia Tech campus.

Dr. Necochea: When you consider, you know, the arc of your career from UNC undergrad and medical school in Iowa, and then a significant chunk back at Chapel Hill, and then your time in Atlanta, of what things that you've done are you proudest?

Dr. Strayhorn: Well, coming from a small, rural area in North Carolina, I would say I'm equally proud of everything I did after I left the small, rural town. And, if I had to rank them, I would rank them equally high. So, I'm proud of, sort of, everything I did.

Dr. Necochea: Wow. Do you ever come back to Chapel Hill to visit?

Dr. Strayhorn: I did come back. Well, when I first moved here, my spouse who

died was still on faculty at Duke. And so, we sort of traveled back and forth about every other weekend. And, I spent all of the holidays in Chapel Hill. After he died, the frequency of it decreased, but most holidays, I came back to Chapel Hill. I was on a committee at the School of Public Health that brought me back about every quarter.

And then, I still have friends – I had friends. Well, I still have friends in Chapel Hill who I come back and visit. But, I don't come back as much anymore because I only have one friend that I still keep up with in Chapel Hill. The others have moved to Durham County.

Dr. Necochea: And, this is the one thing that I was stating 'cause it helps me tie up everything. You've worked plenty with students, especially when you were here at Chapel Hill. Perhaps also a great deal at Morehouse. And, I wanted to ask you –

Dr. Strayhorn: Well, I sort of gave the student part up at Morehouse.

Dr. Necochea: Sorry. Say that again.

Dr. Strayhorn: I gave the student part up at Morehouse. I do work with students clinically, and I taught a course in their master's of science and master's of clinical research for quite a while. But, I don't sort of do the kinds of things I did at UNC. I continued my scholarly work based on students, and particularly assessing the association of the MED program and academic performance in medical school, and what was one of the major areas that I worked on and published.

Dr. Necochea: Okay. That's perfect. Actually, the question that I wanted to ask you has a lot to do with the facet of your work as a scholar. What has that taught you about some solid ways in which to support present day minority students of different kinds?

Dr. Strayhorn: Well, the first thing is we still need more. I think I was writing about that even back then. But, I'd say my focus was having the right support systems for minority students. Different kinds of support systems for non-minority students. And, the support systems for minority students were one – and the faculty – Well, having the whole medical school environment to be cognizant that minority medical students need to have social programs, as well as the academic programs that support both their success – success academically, but success socially, and helping them integrate into the medical school environment.

And, to provide support that would allow them to be academically successful, as well as develop their leadership skills to feel like they were integrated in all aspects of the medical school environment. Whether it was specifically focused on minority students, focused on students in general that faculty need to have some understanding of the differences that minority students may encounter. The differences that minority students may perceive the environment, and how they acclimate to the environment.

And, particularly those offices like student affairs, for instance, should be aware of how to support students and fund students this. Sometimes, may be a little bit different than that of other students. So, I felt that when I was there as a student, as well as a faculty member and an administrator, UNC Medical School did a fairly good job at doing that. I don't know how well they're doing with the students now in providing support services, particularly for minority students.

But, I think from the administration, as well as the faculty, they were very receptive and, I felt, supportive of students. Although, not all students - not all minority students felt that way. One of the things that, both as a student as well as a faculty, I did was to not only provide academic assistance to students. I always tried to, right at the beginning, even before the students were on campus, introduce them socially to the administrators and introduce them, then, to faculty, and particularly to the minority faculty. So, I would have dinners at my home, and my wife and I would host those dinners for students to begin their acclimation to the medical school.

And then, make sure that we had funds to do those kinds of things throughout the medical school. I mean throughout the year. And, have graduation celebrations for the fourth years when they were graduating to support them participating in Student National Medical Association both at the regional and at the national level. And then, making sure that they had equal access to all of the activities, and – I'm blocking on the word I wanna use. In all of the activities that would enhance their experience such as student travel, both in the country as well as outside the country.

Dr. Necochea:

Yeah. Right. Wow. This is wonderful. Thank you so much, Dr. Strayhorn, for taking all this time to talk to me, and really help me understand, and help me fill in some, I guess, holes in the record that I wouldn't have been able to fill in otherwise. I'm going to stop the recording now, okay?

Dr. Strayhorn: Okay. Well, it's nice to have –

[End of Audio]

Duration: 102 minutes