

Interviewer: All right, so we should be recording. Let's just start off, if you wouldn't mind sharing, kind of just your full name, date of birth, place of birth. And then I'll start asking you some questions related to your childhood and formative experiences.

Dr. Nichols Sure. My full name is Harold Alfonso Nichols. I was born in Columbus County, North Carolina in September of 1951; September 17th.

Interviewer: Okay. Can you talk to me a little bit about what your family was like and what things were like growing up?

Dr. Nichols Well, I graduated high school in 1969 and I went to a segregated school which included years 1 through 12. There was no kindergarten and the community that I grew up was composed of working-class people. And in the age of segregation, we were isolated into our community. We had the, you know, the church, the school, and a few merchants with convenience stores and that sort of thing. The main thing was that everybody recognized the value of a good education, and everybody was encouraged to go to school.

During my lifetime, during the time that I was in school, the literacy rate in our community went from, I would imagine, I've seen reports, where it was in the low 20 percent, to, by the time I graduated in 1969, it was over 90 percent with the majority of the people graduating from high school and about 10 percent of the graduates would go on to college.

Interviewer: That's great. What about, what about your family? Do you have siblings or –

Dr. Nichols My mother and father had four children. My oldest brother was born in '47, then I had a brother born in '49. I was born in '51, and I had a brother born in, I think '57, I think it was.

Interviewer: Four boys.

Dr. Nichols Mm-hmm.

Interviewer: Wow. Okay, okay. Who was most influential in your youth? Who – what other people that you remember specifically or groups of people, either in the community or in school?

Dr. Nichols Well I think – first of all, you have the influence of your parents by way of their parents. And then the second influence really was the

school that I went to and some of the faculty members there. And when I say influence, they kept alive the value of reading, writing, and arithmetic, and preparing your homework, and questions like: "Did you make your grade?" That was the main question at the end of the school year about this time whenever you visited a neighbor. You know, this is country. You know, people would always ask: are you gonna make your grade? So, it was this type of atmosphere that was more – that was very nurturing.

And then they had, whenever you talk with them, they would tell you: "Stay out of bad company; don't get a record in the courthouse," and things of that nature. And that was a constant feed. That was the most positive thing and influential thing.

Interviewer: Yeah, absolutely. It sounds like you had a lot of good advice and support from community members.

Dr. Nichols That we did.

Interviewer: Yeah. How did you become interested in medicine? Was there a family doctor or someone who, you know, you had kind of looked up to or aspired toward?

Dr. Nichols Yeah, that was interesting. At that time in Columbus County, there was one Black doctor. He had graduated from Meharry Medical College in around 1928, somewhere in there.

Interviewer: Wow.

Dr. Nichols And he, you know, did not have privileges at the county hospital. That was a reflection of the segregated system that we had at the time. So, he didn't admit patients to the hospital, he actually did outpatient medicine. And whenever members of the family, including myself, when you needed hospitalization, he just referred you to one of his white colleagues for your admission to the hospital. So, being interested in medicine, you know, it was something that you wanted to do whenever I went to visit him on occasion. You know, we would ask him about "How do you become a doctor?" and he too would be encouraging. Go to school and this and then. And when you asked him, I said "Well, what's the best medical school to go to?" he said Meharry's.

Interviewer: Of course. Yeah, don't blame him. It's a great one.

Dr. Nichols Yeah, that's how we – and we're talking about a kid that's maybe 12 years old. By the time I got to North Carolina A&T, I was a

professional biology major. And aspirations to go to medical school were the – I would say the predominant ambition of the people in my class during orientation when they put you in the auditorium and everybody's "oh, what are you gonna do?" this and that and the other. You know, about 90 percent of the people going to medical school.

Interviewer: Wow.

Dr. Nichols I mean, that was our ambition.

Interviewer: Right. So, you said you graduated in 1969, was the school still segregated when you graduated?

Dr. Nichols I was the – we were the last segregated class in Columbus county.

Interviewer: All right. Wow. So, when you finished high school you said you ended up at NC A&T. Had you thought – did you think about anything else or is that just where you had wanted to go from the start? What kind of influenced your decision there?

Dr. Nichols Well, going to A&T, remember this was 1969, this was during the Vietnam War. My oldest brother had served in Vietnam and had returned in 1968, just before the Tet Offensive. And that was very traumatic. A lot of people don't understand how traumatic that was for communities, such as mine who the majority of the people that went to my little school. If they didn't go to college they went to armed forces, but after that they were in Vietnam. So, I decided you know when senior time came, it was time to go to school and you go to A&T and the course that I liked the most when I was in school, in high school was biology. And I'd done some science projects and that.

And so, one thing led to another, that's how I went to A&T. And then the war footing and mentality that the nation was in, the discussions on the campus, they sort of all encouraged you to strive for – just to have an objective. And so, medicine was a good thing to want to do. It was a good ambition to have. Nobody criticized you if you said you wanted to be a doctor. Nobody criticized you if you said you wanted to be a teacher. But you might get a lot of pushback, if you said you wanna be a chief of, you wanted to be a [inaudible] [00:09:44] to the joint chief of staff. You might've got some pushback then 'cause the war.

Although we supported the nation in the war effort at A&T. We had ROTC was booming and it was very popular. That was a

- traumatic time in trying to decide what you wanted to be with your life or do with your life.
- Interviewer: Yeah. No, I imagine so. What year did you – did you graduate in '73 then from A&T?
- Dr. Nichols Yes.
- Interviewer: Okay.
- Dr. Nichols Yes.
- Interviewer: Tell me a little bit more about your college experience just overall as you think back on it.
- Dr. Nichols Overall... To give you the contrast, my little town, Hallsboro, had a population then of just over 400, approaching 500. When I got to Greensboro my dormitory had a 1,000 people in it. So, that was the contrast.
- Interviewer: Wow.
- Dr. Nichols I met students from all 50 states. That was very interesting. And I had my first white instructor when I was at A&T in my English class. And it was a lot of newness, it was a lot of newness. And the students from down in southeastern North Carolina, we were of essentially two types. Some would try to pretend they were from New York. And then others would say, "Well I'm from the country, so if you're gonna hold it against me I'll be country." So, it was that kind of dynamics. Now, the class –
- Interviewer: I've gotta ask, which one were you?
- Dr. Nichols I just said "Well, I'm from Columbus County." And sometimes you would play that off as if you didn't know anything and that turned out to be your advantage. Yeah, I was from Columbus County, but people didn't really understand in the different social strata that were in North Carolina.
- Interviewer: Right.
- Dr. Nichols The Piedmont was very, very different from southeastern North Carolina. Some of that still persists today. I would say the majority of that persists today.
- Interviewer: I agree.

Dr. Nichols The classes and A&T and going to class, it was a wonderful thing. Here again, you know, we had the war in progress, and all kinds of political debates about whether we should be in Vietnam. There were debates about the impact of affirmative action. And the schools, there were concerted efforts by different predominantly white schools to recruit Blacks and graduate school and professional school and so forth. And you would see these flyers posted all over the bulletin boards. These things would attract your attention. You say, well – and they would have the criteria to apply and so forth. And the instructors were encouraging. So it, overall, it was a very good experience.

Interviewer: Good. Yeah, it sounds like it. You know, something that's obviously a huge topic right now in higher education and in professional schools is around kind of student loans and the debt that students incur in schools. Was that an issue for you in undergraduate? Were finances something that were a major barrier?

Dr. Nichols When you don't have money, the idea of repaying money is really not a significant entity. You know that if you don't have money, you're happy if somebody borrows it for you. I mean loans it to you. And if you don't have the fiscal savvy that people have, you don't really look at the fine print. All we knew was when you got to A&T you had a clean room, you had a good shower, you had a cafeteria there that you could eat perhaps all that you wanted. You could become a glutton if that's what you wanted. And that was different. So, if you had to borrow some money to be a part of that action it was worth it.

Now, when you look back, could it have been structured differently? Of course. But when you a student and your parents send you to school, and they know they don't have money and it's a big sacrifice. The whole community, everybody, lived on loans. That was just the fact of life.

Interviewer: Right. Yeah, no. That's a great point. So, you came in as a biology major, you came in knowing you wanted to study medicine. Was there anybody sort of in your undergraduate experience who really encouraged you? Were there programs that could, you know, to help support that ambition?

Dr. Nichols Well, there were other students, this meeting students from other part of the country. Some students went to vary fine high schools with advanced classes in biology, chemistry, and the premed

curriculum. You got a chance to talk with them and they would tell you in the course of your conversations what it took to go to medical school. And that in itself was encouraging because these were guys and girls that you went to class with, and you liked them, and you had that comradery. And so, all of that sort of surrounded you with a cheerleading squad.

Everybody was trying to do better. Not everybody, but the ones who made it through comparative anatomy, botany, and zoology. The ones who made it through that did well. You started coming together as a group and those were the people that you would find yourself meeting with from time to time.

Interviewer: Sorry, somebody knocked on my door and my dog is having a field day. Sorry. Yeah, so it sounds like you had a good support system with the other students there. What made you start thinking about UNC? What drew you to UNC as a med school?

Dr. Nichols Well, there were graduates of A&T who were in the medical school and they would come back to the football games and to the basketball games and they would be introduced. Now, I didn't know they because they had graduated before I got to A&T, many of them. I never knew them as students. And they would encourage you to apply, and then they would tell you about the application process. You know, here again, I had no physicians in my family and the ambition to go to medical school or to go to UNC that was something that was like, you learned from TV – TV doctors and stuff like that.

The actual reality of application process, interviewing process and all those types of things, you learn that from the students at A&T who had gone to Carolina. Even the advisors, they – you know, this was relatively a new thing.

Interviewer: Yeah. How were the – But there were people who had already graduated from A&T that had gone on to Carolina?

Dr. Nichols Yes.

Interviewer: Did the institution have a good reputation among – like, were those students having good experiences and what were the kinds of things that they, I don't know, told you were – what sort of impression did UNC have from those conversations? 'Cause I imagine it's a pretty big shift going from A&T to a predominantly white institution and one as huge as UNC.

- Dr. Nichols It was. And the communication was that UNC will accept you. You can go to medical school. The work is hard, you have to stay focus. And don't expect to run the bell curve up on the exams, but you can do the work. You will be able to pass. That was uniformly the communication that I got from everybody that I talked to who were students in the medical school at that time. And when we got there that was the communication from the upper class.
- Interviewer: Okay. Did you think about going anywhere else? Did you think about going to Meharry since, you know, your childhood doctor had pushed it?
- Dr. Nichols Yeah, I did, I did. But I couldn't get into Meharry. I only got accepted to Carolina.
- Interviewer: Okay. All right, so tell me a little bit then about your time at UNC, once you got there. What was just sort of the overall experience first, to start with?
- Dr. Nichols Well, the first time after going to – after getting on campus, it has to set in that you are in medical school. It's a long way from Tobacco Road to Chapel Hill, so that was the big thing – that you are at Chapel Hill now and you are expected to be successful. And as everybody had told me there, you was put before a huge volume of material and you gotta make sense out of it. And some of it you haven't made sense out of it even to today, but you have to manage it. You have to pick and choose. And so, in retrospect that was what was going on, but when you're first there, you're just overwhelmed by the task, by the perceived task that you have. And you say to yourself "Gosh, now did I bite off too much or what?"
- I mean, that was natural and the student advisors they were very good at acknowledging that for everybody. In fact, our student – one of our preceptors in, I think it was the first year, or it may have been the second year, said it wouldn't be a bad idea if everybody had a session with the psychiatrist. Just because it's so stressful and everybody is gonna experience this. And I found that to be true. I found that to be true.
- Interviewer: Yeah. Tell me what it was like to be one of few Black people in the class and was that something you thought about a lot?
- Dr. Nichols You thought about it a lot, but it was not the dominant thought. It's sorta like, once you got there and you in the class, and the lecture started, and there was time to buy books and so forth, you might think about that, but it wasn't the major thing. It's like, I guess,

breathing. You think about it, but you don't think about it every time you take a breath. It's just a fact.

Interviewer: Right. You gotta just keep on going, right? Gotta keep breathing in and out.

Dr. Nichols Yeah, and then you get to a point where I don't think about breathing. How many times have I taken a breath since this interview started? But I'm conscious of the fact that I'm breathing.

Interviewer: That's right. So, who were you closest to in the school? Were there particular students or faculty members or administrators? And kinda what – what drew you to those people?

Dr. Nichols The fact that we were Black. You could go into the auditorium, in the lecture hall, and let's see, I think we had about 12 people in the class. And of those 12, probably 9 of them were sitting in an area maybe 12 by 12 in that huge lecture hall. And the morning conversations, discussion, the Watergate debacle, and so forth. That was something that we would do, and it was a different perspective. So, that was the thing that drew us to each other to be honest. That was it.

Interviewer: Yeah. What about faculty members? Were there – were there any that you were close to that were particularly supportive? Were they all kinda just blend together at this point?

Dr. Nichols There were faculty members who were easy to get along with, but they were easy to get along because they were not – they didn't come across as being judgmental or prejudice. Then some faculty members, in spite of what they said, you couldn't feel comfortable with them because, you know, some of them, they were under the influences of the time also. So, being close to a faculty member was when we were talking our separate sort of assemblies or little parties, you would know that so-and-so, this professor, he's not that easy to get along with or he said this or did that.

And basically, that's what it was, these getting close to people or close to professors was about. But the way the testing and the scoring and so forth was designed you never felt that you had somebody that was gonna spoon feed you. Everybody was just working hard. And that – that's how it was.

Interviewer: Yeah, absolutely. Do you recall facing hardships as a medical student? Especially some that made you maybe doubt your own abilities as a student. Kind of relatedly – I'll – I'll sort of ask.

There's a – there's a string of questions on this one and I'll ask them all and let you just kind of answer what what resonates to you. But you know was there a time that you ever felt unwelcome or like you didn't belong? People talk a lot about now um imposter syndrome, especially that's faced by students that are first generation students who are – just feel like they don't really – they don't belong. That they're maybe there by a fluke rather than earning their spot.

Dr. Nichols I never felt that. I thought. Now I personally didn't feel that. And I wouldn't think that imposter syndrome would figured into my psyche. I thought that – we accepted that Carolina and being at the medical school at the University of North Carolina Chapel Hill was a privilege, but it was more of a responsibility. It was a chance to prove your mettle so to speak. If you can graduate from here, this is a – it would really be a big achievement no matter what you have to encounter. And I think that uniformly that's how the students that I associated with felt. And that was nurtured by the people in the class, both Black and white. I mean, that was my feeling.

Interviewer: Yeah. No, that makes – that makes good sense. What kinds of struggles or hardships did you face that you remember?

Dr. Nichols The biggest struggle in the class was to stay focused and to try – and just keeping up. Like I said, the volume of material that you had to organize and prepare for, it's just indescribable. Some of the books were – you could only choose pages to read, but you had to really listen to what professors were saying and some of the lectures didn't correlate to the material that you were expected to know. A lot of the professors were research oriented, and they would tell us about their research. Well, we wanted – in medical school, your exams focus on basic clinical science. And sometimes we get to the end of a lecture and all of us would say that I don't know what I'm supposed to take outta that. That was a waste of the hour.

I mean, they would say that in effect. And that was a difficult challenge, you know? And... But we shared that, we all shared that. That was a conversation. You know, although I didn't lead that conversation, I was present when that conversation was taking place and my body language would concur with assessments of the other students. You didn't have to say a whole lot. I mean, it – we were all into that. Now I don't think that that's difficult; I think that's just part of the medical school experience.

Interviewer: Right. Yeah. What kept you most steady in your – your pursuit of the degree as you were going through? What – what kind of inspired you and helped you just sorta overcome the challenges?

Dr. Nichols Well, what were you made for? I mean, this is a challenge that I wanted. I wanted to do that. And I was gonna give it my best and with God's help I would make it. And yes, you were alone, there were a lot of people that felt that maybe you couldn't make it. But your – your desire to make it. I think that was the main thing and I never lost that. And I don't think any of the students that were there every lost it.

Interviewer: That sounds like you had a great cohort there with you for sure.

Dr. Nichols Yeah – I – I think so.

Interviewer: Yeah. All right. So, as you move on from medical school a little bit, where did you do your residency and how did that compare to – to medical school? Had you felt prepared for it or were you just thrown under water?

Dr. Nichols I left Chapel Hill and I became – I went into the United States Air Force. I did my residency at – I started my first year of residency at Wilford Hall Air Force Medical Center. It was a thousand bed hospital or thereabouts. It was the flagship hospital in the United States Air Force. I was an intern there and I found that when I got there, I was very competitive with the [audio cuts out] [00:32:03] prestigious schools. No more – they had no better reputation than Carolina. In fact, Carolina had better reputation than many of them. And here again, you met people from all over the country. And they um you were in a military hierarchy and with the way that works.

So, I liked my internship. At the end of the first year, everything is sort of graded out. And I felt that the cadets, are the people who had graduated from the Air Force academy, had an advantage of being promoted to the second year. And initially in January, I was told that I wouldn't be retained, I would go to the field. That's when you finished internship and you become a general medical officer. So, I was gonna be a general medical officer. And then later on, about March, I was told that I would be – I would go to the second year. So, I was happy about that. And – and we – I was very happy with the way I was coming along and the – the whole system.

At the end of the second year, I was told that I was gonna go to the

third year, but I was gonna go to a different program. And so, I went to a different program, and I didn't like that program and I ended up going to the field. And I petitioned for a discharge, and I got it and I continued my residency at the State University of New York at Buffalo.

Interviewer: Oh, wow.

Dr. Nichols And I finished that residency. And then I did a fellowship in cardiothoracic surgery at Case Western Reserve in Cleveland. And you know those residencies required a lot of work and you really didn't have a lot of time to think about other things other than to try to do your job. And that became the priority.

Interviewer: Yeah. Absolutely, I know residency is a grind.

Dr. Nichols I don't know if I answered that – you know –

Interviewer: No, absolutely.

Dr. Nichols Looking back, it was just a lot of work. Just a lot of responsibility. And with every advancement, with every place you went, you had responsibility. And there was no way to fake it.

Interviewer: Right. Was there any particular moment or event where you just – you really felt like you came into your own as a physician where you were just like all right, “I’ve got this, I’m here”?

Dr. Nichols Can I take a break just a second?

Interviewer: Yeah, absolutely. Sure.

Dr. Nichols Just a second. I'll be right back.

Interviewer: Take your time. [No audio] [00:35:20 – 00:36:41].

Dr. Nichols Okay, I'm back.

Interviewer: All right, great. I was just asking if there was any particular moment or event where you felt like you – you really came into your own as a physician?

Dr. Nichols I think it was cumulative. By the time I left Chapel Hill and received a degree and the title, that was a big accomplishment. But then you realize that you don't know how to take care of sick people. People would call you doctor, and it would make you

kinda defensive. By the time I finished my two years at Wilford Hall, I felt that I knew my way in the operating room to actually assist in surgeries and in fact to be able to do some surgeries. Could function in the surgery clinics and always had adequate supervision and guidance. By the time I got to Buffalo, the level of responsibility was immense.

And so, it was a cumulative experience and that's what a residency was about now that I think about it. And I'm only thinking about this as you asked a question. And then by the time I finished Buffalo, you felt like, you know, I'm ready to enter the Kentucky Derby if I were a horse. You know?

Interviewer: Yeah.

Dr. Nichols And it was an accumulating kind of a thing. And I think that's the good thing about our system of medical education and residency. At least that's how it worked for me. I can't – you know... It's all real personal.

Interviewer: I think that's the way education is supposed to work, right? You gain a little bit along the way and keep learning and keep growing. So – so that makes a lot of sense.

Dr. Nichols Mm hmm.

Interviewer: So, who were your most influential career mentors and what was the biggest thing you kinda learned or took away from them?

Dr. Nichols I had a professor in Buffalo that I thought had a lot of confidence in me in the operating room, and in the wee hours of the morning and you know when you were doing surgery. And I told – and you know we were talking, and I said to him, equivalently said, "You know, Dr. Border, I think I can do any operation that is known, as long as I have you there as my professor."

Interviewer: Aww.

Dr. Nichols And so... I mean really, that's how I felt about him you know in terms of – you know he -- he was just a good guy I thought and was interested in the residents and interested in growing a competent surgeon. Like a lot of people are interested in growing a nice crop of lettuce or nice tomatoes or something like that. Training residents was his calling and he enjoyed it and – and you know, he was exceptional as far as I was concerned. Now, everybody didn't like him, but I liked him. And and that was good.

Couldn't like any and everybody, so I'm glad I liked him. He had a positive influence on my career, I think.

Interviewer: What – what made him a good mentor? Was it just the dedication or what made him a good faculty member?

Dr. Nichols Number one, he was smart, and he didn't flaunt his intellect. You know, some of the guys, or some people that you deal with, they flaunt their cre – credentials. And Dr. Border was the guy, you know, he was always rolling his sleeves up and going to where the action was because he knew he could handle it or he had the staff to handle it. And that was the thing that was most impressive about him. You know, I knew he was competent. I knew what he was talking about, and you could be free to say what you thought about how something should be managed. He had a way of telling you a better way and also telling you alternative ways that sorta expanded your acumen. And that was never in a condescending way. It was never a putdown; it was always a pullup so to speak. And very – I met very few people in surgery who had that ability. Most of us are trying to prove that we're the best surgeon.

Interviewer: Yeah, no. It sounds like a rare combination.

Dr. Nichols Yeah, yeah, that – that didn't matter to him. You know, it – it – it really didn't. I can honestly tell you that. And I didn't look for it in other people, it just happened when I had contact with him. And I'm very thankful that I was able to recognize that. I'm sure there were others that were just like that. I mean that – that's how the system exists, but I just knew it in him.

Interviewer: Yeah.

Dr. Nichols So, did I – did I take my picture off, or –

Interviewer: No, no. You're good. You're there.

Dr. Nichols Okay, all right.

Interviewer: So, thinking back on your career, how does being a Black physician matter in your workplace? How does it matter in your community? And how does it matter in your family?

Dr. Nichols That's a big question. I'll try to be honest. You know I'm – I am a physician, a surgeon. That's what I'm expert in. In my community I'll be asked something about politics, or I'll be asked something about the school system – education. I'll be asked who the

Carolina Panthers should draft or whether or not we should recruit a star high school player from Michigan. You know you'll be asked all kinds of things and you have to be real careful. In my community, the struggles, the strife, the disappointments, the hopes, all those things people naturally pour on you. And that's the biggest thing in dealing with it.

When I was in practice, I could easily take care of people with occlusive peripheral vascular disease or trauma to the chest and the abdomen or things of that nature, or malignant disease. Those were things I could easily take care of. But I don't – I didn't have – I don't have the ability to take care of all those things that your community are gonna direct to you. And it is appropriate for them to direct these concerns to you because you're supposedly educated. And we think that educated people have a greater ability to shed light on situations and come up with solutions. That's what people look to you for.

My community is – is really – I mean, my community once upon a time, you know, if they knew that you had – even could read and write that, you know, that put you at a different level and people look to you. I remember when I was a little kid, my grandma would tell me – say "Can you read?" And I'd say "Yes, I can." And she'd say "Well, read the 23rd psalm to me." You know. I mean –

Interviewer: She probably knew it by heart I imagine.

Dr. Nichols Yeah. She said "Read the 23rd psalm." And you – I mean, this is how your whole community treated you and – and you know, it went up, the level, went up to a higher level each time. But that's what a Black physician has to deal with in his community. I don't know if other communities face this at all. But um... And that that has been a challenge too. You – you just can't be a physician. You gotta be a mentor, you have to be an encourager, and you gotta practice good medicine too. Yeah, I mean, you gotta be able to help people and your community will come to you. You go to the barber shop, a guy will say, "Looky here," pull up his shirt and ask me, "Do you know what this is?"

I mean that's – all of our pretense, you know, you can't depend on that. You can go back to see one of your classmates and their mother may be visiting and they'll ask you for a consultation and then they'll ask you about some current event. You know. So a physician – being in my community, and I can't speak for anybody else's community, but I know a lot of things that I was called upon

to give an opinion on that – in my community – went far beyond what I was taught in residency and at Chapel Hill. But it was the – I think we handled it pretty good. At least I was able to retire.

Interviewer: Yup. Yeah, absolutely. So, what – over kind of your career, what has your experience taught you about the ways that we can support present day minority students?

Dr. Nichols The same advice I had got at A&T; work hard and apply. And make sure that when you get your recommendations, you have somebody who has confidence in you... and apply. And once you get in, you gotta work hard. You're not – it's not a crown, it's not – what's that thing they give to Romans when they win the race? The laurel?

Interviewer: Oh, yeah, yeah, yeah. Wreath of laurels.

Dr. Nichols It's not that. Yeah. It's a – you know, you have an opportunity to serve and if you really want to serve, just serve. And we live in the United States of America. It's the best country, but it's not a perfect country. And we got some bad players in the country and some bad attitudes. That's part of what you're gonna have to deal with too. But just work hard and stay focused. You know. Don't look for any shortcuts. Don't look for any gifts except from God 'cause you'll get a good gift from God. These other gifts you should receive with suspicion. You know, and that's the best advice I can give.

Interviewer: Yeah, no. That's great.

Dr. Nichols And you can do it. I mean, it's doable. It's not like – I'm not asking you to dig the Mississippi River with a shovel. I mean, this is doable.

Interviewer: Yeah.

Dr. Nichols Medical school is a discipline just like anything else.

Interviewer: Yeah. No, that's great. All right, just a couple more.

Dr. Nichols It's okay.

Interviewer: Over the course of your career, what are you the proudest of?

Dr. Nichols The proudest of is my wife and my children. Medicine is tough and it taxes you, it taxes your family. And by the time you get through

it, if you still got a wife or spouse and your children aren't on drugs or in jail or have criminal records, you probably have done real well. And I can't – I'm just fortunate in that and I'm forever thankful to God for that. And that's where I am now and that's why you even talking to me. But I'm fortunate, I'm not lucky. I'm just – I was fortunate enough to be in the right place at the right time and you know that's what I'm most proud of. I haven't done anything exceptional, but time and chance favors us all and it favored me in that regard.

Interviewer: That's a great perspective. I love that. All right, so just as we kind of wrap things up are there any other things that you wanted to share today? Anything else we should know? Any other words of advice for our current students? Just anything else you wanna touch on as we kinda conclude the formal portion of this?

Dr. Nichols Oh, you remember Charles Kuralt the CBS new reporter? And he used to – he had this screen – this video snippet, where he would say that the University of North Carolina, the people's university. And you know, that's a good concept, you know, for a medical student to have. Medicine is something that's in every culture, every civilization, and in this state, we have the University of North Carolina School of Medicine. And it's a privilege to be a part of that. Here again, that's not perfect, but in your space and in your time you're there.

So, let it do the best that you can. Not everybody's gonna be successful, not everybody goes to medical school graduates. Certainly not everybody that graduates ends up successful. But it's worth the journey. It's worth to be involved in it.

Interviewer: Yeah. All right, well with that I will stop recording.

[End of Audio]

Duration: 54 minutes