

Dr. Necochea: Okay. Well, welcome, Dr. Harris. My name is Raul Necochea. And can you please say your name, Dr. Harris?

Dr. Harris: My name is Kelvin C. Harris.

Dr. Necochea: And, Dr. Harris, as I mentioned before, this interview is an oral history, and it is part of a project that the Office of Medical Education at UNC has launched with a great deal of support from the students of the local chapter of the National Medical Association. And our goal is to create a bank of oral histories of African American graduates of the UNC School of Medicine and to try to better understand their experiences leading up to medical school, as medical students, and then a little bit about how you transitioned into the role of being a physician wherever that career has taken you.

And to begin, would you please tell us your place of birth and date of birth?

Dr. Harris: I was born in Greensboro, North Carolina, September 15th, 1960. And I grew up in a family, my mom and dad. And I had an older sister who was two years older and a younger sister who was two years younger. My dad was a graduate of North Carolina A&T State University. He had a biology degree. He worked as a cytologist for a while and ended up in pharmaceutical sales.

My mother is a graduate of UNC Greensboro. She did two years at North Carolina A&T and then completed her degree at UNC Greensboro in education. She was an elementary school teacher for a while and then went back, got a master's degree in guidance counseling and became a guidance counselor and then subsequently got another master's degree in administration and became an assistant principal.

Dr. Necochea: Sorry. An assistant?

Dr. Harris: Assistant principal in the Greensboro [audio cuts out] [00:02:43]

Dr. Necochea: An assistant principal in Greensboro, you said? Got it.

Dr. Harris: And so, I was born and raised in Greensboro and attended the public schools in Greensboro. Actually, my fourth-grade year – no, I'm sorry – yeah, fourth-grade year, it's a school on campus at UNC Greensboro when my mother was working on her education degrees. I went to elementary school that year on UNC

Greensboro's campus. They had a school on campus that was maybe K through six. And that was actually the first time that we were in an integrated school. So then, subsequently two years later, Greensboro City Schools integrated and started busing my sixth-grade year.

Dr. Necochea: Wow. And before that it was not integrated.

Dr. Harris: Right. So, I went to a neighborhood school that was about three blocks from my home. So, we used to walk to school. I mean you wouldn't think about letting your 7-year-old walk three blocks to school now, but we used to. You know, my friends and I, we, all in a group, and my sisters, we would walk to school.

Dr. Necochea: By sixth grade, you were old enough to understand a lot in middle school, right? Can you tell me a little about what it was like to be bused into an integrated school?

Dr. Harris: Yeah. So, way back then, sixth grade was still elementary. And so, junior high, which is now middle school, was 7th through 9th, and high school was 10th through 12th. So, my last year of elementary school was sixth grade. I was bused across town to a brand new school called Frazier Elementary. And it was different because it was an integrated setting. But we had good teachers. And at that time, the kids – we had come from a segregated situation where there was real discipline in the elementary school that I attended in my community. There were not a lot of behavioral issues. There was fear amongst the students, which bred respect. And it was a learning environment.

I did see some change in that when I was in junior high. And I'm not exactly sure why that was, but it became more of an issue when I was in junior high, that there were some behavioral issues with kids that could potentially detract from a learning environment. But I grew up with really strong teachers. My first-grade teacher lived in the next block from where we lived. And she was just very strong as far as the basics, you know, reading, doing your alphabet, you know, all of those things.

My second-grade teacher was really a disciplinarian. And it was so funny that her reputation – all the kids knew that. And so, we walked in there, and it was business. And she was a strong teacher. My third-grade teacher, extremely strong. She taught us how to write cursive. She always complimented me on my penmanship, is what she called it. Years later, she attended the same church that

attended, and I remember being at home in Greensboro during medical school, and I saw her at church. And she came up to me and she said, “Now you have beautiful penmanship. Don’t you start writing like a doctor writes.”

So, I was very fortunate. I had very strong teachers who were very motivating to us. My fifth-grade teacher was – I went back to my neighborhood school for fifth grade after that fourth-grade year over at UNCG’s campus. And my fifth-grade teacher, who lived on the next street over from us, and her son was actually a good friend of mine. He was a year older than me; we played a lot of basketball together. She was a stickler for reading. And so, she encouraged us. We had reading competitions. We had a book list. And I remember it came down to a buddy of mine and myself as to who read the most books during that school year. I mean I think, from what I can remember, I read maybe 104 books that were on the list.

Dr. Necochea: Wow.

Dr. Harris: We would go to our public library, which the branch was maybe a mile and a half, two miles from where I lived. So, my parents would take us to the library.

Dr. Necochea: Was it a Black library?

Dr. Harris: Mm-hmm. Black Public Library. And there was no question about what was happening in there. So, you had to be quiet. But, yeah, I remember spending time in that library picking out books.

Dr. Necochea: Do you remember if they were mainly fiction or nonfiction, the things that were drawing you?

Dr. Harris: I think I liked a combination of both. I liked mysteries. I liked books that had some type of sports theme to them. So, that’s kind of what I gravitated to. But I mean I just remember each of my teachers being very strong, very supportive.

Dr. Necochea: That’s wonderful. In addition to your father, who worked in pharma sales, do you remember other people close to you who worked in a medical field or a clinical field, in some kind of caregiving capacity?

Dr. Harris: Well, yeah. Actually, let’s go back to my dad because my dad worked at Cone Hospital in Greensboro. And he was one of the first Blacks to actually work in the lab. And so, I mean it’s funny,

when I was in medical school and I was doing a rotation at Cone, I went down by the lab, and out in the hallway, they had pictures of the lab staff over the years, going back to the '40s even, I think. And it was on the wall in the hallway. And so, I looked and saw the pictures with my father in them from the '60s.

And so, my dad would sometimes take me – he would work a little extra on the weekends, and there were times that he would take me with him to work. I remember smelling the formaldehyde. And he would also do a little extra work at a hospital in Asheboro. He would go and help the pathologist do autopsies. He would take me on a road trip with him to Asheboro.

And so, I remember kind of – I was 6, 7 years old – walking down the hallway and going to the lab with my father. And so, I think I must have been 6 or 7 when he bought me a microscope for Christmas. And so, he would bring home some of the histology slides, and I would look at them under the microscope. I had no idea what I was looking at. But that really kind of helped to pique my interest in science.

Dr. Necochea: How old were you?

Dr. Harris: I was 6 or 7.

Dr. Necochea: Wow.

Dr. Harris: And so, that really kind of got me started. So, as the years went by, I had a strong interest in science and math, and I loved animals. I loved dogs. So, at that age, I didn't understand that there were dogs who may be aggressive and might not want to be played with. But I just loved dogs. And so, I developed the sense that maybe I could be a veterinarian. We always had a family dog over the years. And so, through early high school, that's what I thought I was gonna do is go to veterinary school.

And then the summer before my senior year in high school, I attended Governor's School. And I attended in natural science. And so, that was the six-week program. It was in Winston-Salem, in Salem College. And it's part of the curriculum for the natural science students. They took us over to an anatomy lab at what was then Bowman Gray School of Medicine; now it's Wake Forest School of Medicine. And so, that was my real initial encounter with the human side of medicine as far as is this something that I might want to do.

Dr. Necochea: So, you were a teenager, more or less a young teenager, when you saw a cadaver being dissected?

Dr. Harris: Yes. Yes, that was the summer before my senior year in high school.

Dr. Necochea: That's intense.

Dr. Harris: Yeah, yeah. So, they took us on a tour of the hospital, a kind of behind-the-scenes tour, and so at that point, I started thinking, "Well, maybe I should do human medicine," 'cause I started thinking, well, I guess it would be really nice to be able to converse with your patients and get a more in-depth history.

Dr. Necochea: Right.

Dr. Harris: Yeah. So actually, by the time I got to Chapel Hill as an undergrad, I had decided I wanted to go into human medicine.

Dr. Necochea: You went here to UNC?

Dr. Harris: Yes. Undergrad and med school.

Dr. Necochea: What year did you graduate from UNC?

Dr. Harris: My undergrad year of graduation was '82.

Dr. Necochea: 1982. And –

Dr. Harris: Yeah. Medical school was '86.

Dr. Necochea: Right. What did you major in at UNC?

Dr. Harris: I was a chemistry major. And I was lucky enough to get a Morehead Scholarship. And so, that covered my expenses for undergrad.

Dr. Necochea: That's wonderful.

Dr. Harris: So, in high school, my senior year, I took AP chemistry. And we had a really, really tough teacher who was very demanding. But it was really good for us. She had her AP chemistry class set up the way she wanted it. School started at 8:30. We had to be there at 7:30 for her class. We were in class from 7:30 to 9:30 every day.

And the way things were back then, it was not the block scheduling. So, that class lasted the whole year. I think there were 14 of us in the class. So, we got to school an hour before everybody else. But we all did very well on the AP test. It really paid off. And I appreciated her when I got to UNC.

Dr. Necochea: This is another one of those strong teachers you were telling me about.

Dr. Harris: Yeah, yeah, yeah. I appreciated her.

Dr. Necochea: Was she also a Black woman?

Dr. Harris: No. She actually – her last name was Viele, V-I-E-L-E. And I think she was of Eastern European descent. But she had been at my high school for many years before I got there. She was well known for being tough. And of the 14 of us in the class, there were, let's see, one, two, three, four Black males. All 14 of us – and there was only one female – but all 14 of us really stuck together, encouraged each other, and really, it was fine, to be honest. It was fine. I mean it was an early morning situation, getting up early, especially if I had a basketball game, and we got in late from a road game. You know, I had to get up and get going. But it really did teach me discipline.

Dr. Necochea: Yeah. What was it like getting into UNC at that time? Do you remember how difficult the preparation was?

Dr. Harris: Well, I mean, okay, actually, there's one more person I wanna mention who was a role model. And his name was Dr. Alvin Blount, B-L-O-U-N-T. And he was a longtime family physician in Greensboro. He was one of the first Black physicians to get privileges at Cone Hospital. Back then, Greensboro had a Black hospital which was called L. Richardson, and –

Dr. Necochea: Wait. You cut out for a moment there back then there **[audio cuts out] [00:19:18]** a Black hospital in Greensboro.

Dr. Harris: Called L. Richardson.

Dr. Necochea: L. Richardson.

Dr. Harris: Yeah. That's where I was born and my sisters were born. And actually, our pediatrician, who was a White female, was one of the first White doctors to accept Black patients. And her office was

actually in her home. She had a large home on Elm Street in Greensboro. And so, as a kid, I can remember sitting in the waiting area with my mom or dad. And I could hear her kids on the other side of the wall watching –

Dr. Necochea: Watching cartoons.

Dr. Harris: Yeah. And I remember, specifically, thinking, “Oh, gosh, I just wish I were on the other side of that wall ‘cause I know I’m gonna get a shot today.”

Dr. Necochea: I get it.

Dr. Harris: But so, Dr. Ford was a trailblazer because she reached across and saw Black patients, had them in her home, in her office, which was something new for Greensboro.

And so, Dr. Blount, was a trailblazer. And in fact, he just passed away within the past three years and in his 90s. And Cone just honored him within the past several years and basically gave a public apology to him for refusing him privileges back in the ‘60s. So, he tried for many years and finally got privileges.

But he’s been a surgeon in the Armed Forces. He kind of did it all. He did appendectomies, gallbladder surgery. He was a family physician. I think he did deliveries at one point. But as I got older, he was just doing family medicine, and he was my doc. And he gave me a lot of wisdom that I thought I might want to go into medicine.

Dr. Necochea: Cool.

Dr. Harris: So, people like that, I will never forget.

Dr. Necochea: Yeah. And what was the name of that pediatrician?

Dr. Harris: Dr. Ford. And I’m blanking on her first name.

Dr. Necochea: F-O-R-D?

Dr. Harris: F-O-R-D, yeah.

Dr. Necochea: Cool. And Dr. Blount [inaudible] [00:22:07].

Dr. Harris: Yeah, yeah.

- Dr. Necochea: Important role models early on. How do you spell –
- Dr. Harris: So, going back to your question – I’m sorry.
- Dr. Necochea: How do you spell Alvin? Is it A-L –
- Dr. Harris: A-L-V-I-N.
- Dr. Necochea: Got it. Thank you.
- Dr. Harris: Yeah. So, going back to your question as far as getting into UNC. I do not remember having any stress about being admitted to the university. I was lucky enough to have maybe 13 credits already from AP classes. I was valedictorian of my class in high school. I don’t remember being stressed that I might not be admitted to the university. And then of course, I mean I got the word that I won the scholarship maybe early March of my senior year. I mean I just don’t remember any stress about being admitted to the university. And I was just very lucky to be awarded that scholarship.
- Dr. Necochea: Do you remember when you were a student at UNC whether there were any enrichment programs for prospective Black med students? Like today we have MED, for example.
- Dr. Harris: Yeah. So, I was in the class of ‘81 MED, which was the summer before my senior year. And I think MED started a few years before that. **[Inaudible] [00:24:00]** was the director. And she was just such a strong proponent for us to try to get to where we wanted to be. I do remember as an undergrad there was an organization called the Minority Pre-Professional Health Society. And so, that was for minority undergraduate students who were interested in medicine or dentistry. And we would have, if I remember correctly, either monthly or bimonthly meetings.
- And during those meetings, we would have current medical students, current dental students, Black medical and dental students to come and talk to us about their experience, how to strengthen our applications, what we need to do, what courses do we need to take. That was very helpful. As I mentioned, I was a chemistry major undergrad, and a lot of that was based on, I really had a strong chemistry foundation coming from high school.
- And so, I know there were many folks who came into UNC undergrad – if you go back and look at my freshman yearbook and

you see the prospective majors, there were a whole bunch of folks who were pre-med. And a lot of them would take that first chemistry class and say, "Oh, I think I need to be looking at something else."

So, I was lucky enough to have that strong chemistry background. And actually, I placed out of the first chemistry and placed into the second chem class. And on my first day of undergrad class, I walked into my chemistry class that morning, and I just did not expect there would be 300 people in the class.

Dr. Necochea: Oh, it was one of those?

Dr. Harris: Yeah, yeah. So, I walked in. It's this auditorium. And I looked up, and I was like, "Wow." So, I tried to act like I knew what I was doing. So, I sat down probably on the fourth or fifth row, and looking around and looking at people, didn't really know anybody. And then there was a Black gentleman who walked in from the side of the class, at the front of the class. And he walked up to the board. He wrote his name and it said Dr. Slayton Evans. And I'm shocked 'cause he's the professor. So, immediately, I kind of felt this sense of pride, and I said, "Wow, that's a sign from above." And so, he was a trailblazer at UNC in the chemistry department. And he always had encouraging words.

Dr. Necochea: That's wonderful. Do you remember anything that he said in particular to you?

Dr. Harris: Well, I remember I went by his office because I wanted him to know who I was. I know he noticed me in class because there were only five or six Blacks in the class. And so, I was in class every day 'cause I knew if I didn't go, he would know I wasn't there. I went by his office during his office hours, and I introduced myself. And he said, "What do you want to do?" And I said, "I'm pretty sure I want to go to medical school." And he said, "So, are you majoring in chemistry?" and I said, "Well, yes." He said, "Excellent. You do well. You'll have a great chance of getting into medical school." He said, "Nobody should deter you from what you want to do. Just go get it."

Dr. Necochea: That's great. Do you remember being at UNC if anything or anyone actually played the opposite role, you know, of discouraging or putting obstacles in your way to get into medical school?

Dr. Harris: No. You know, I can't think of anybody who was really trying to deter me from going to medical school. But I do remember that there would be students who would come up to me, White students, who would come up to me, and they would say, "Well, what did you get on your test?" And I'm saying, "Okay. Excuse me, I don't know you." "Well, aren't you a Morehead scholar?" And I'm saying, "Yeah?" And so, I got a sense that they felt that I was a token Black and maybe that's the reason that I got the scholarship.

And so, at age 18, 19, my response was to just kind of put the stiff arm out and, okay, I don't know you. I really don't want to know you. And I'm gonna mind my own business and stay in my lane. And maybe that was not the right response because I can truthfully say that I did not come out of my undergraduate experience having any real White friends. I had tons of White friends in high school and junior high. But when I finished my four years in Chapel Hill as an undergrad, I can't say I really had any White friends. And I was surrounded by White students, you know, in my dorm, in my classes.

And so, I often look back at that and I think maybe I didn't respond in the right way. And I've had this conversation with a couple of people. And they said, "You know what, they didn't try to be your friend." And I said, "Yeah, but maybe I missed out on something. Maybe I could have taught them something about Black people." But I think I developed that I had these people that I had no idea who they were trying to find out what did I do on my test, and what was my lab score, and that kind of thing. So, that's how I responded to that.

Dr. Necochea: And they somehow had figured out that you were a Morehead scholar.

Dr. Harris: I have no idea how they knew that. No idea. But I kind of picked up on this sense that, yeah, you got it because you're Black.

Dr. Necochea: Yeah. I get that.

Dr. Harris: They needed a quota. So, there were four Blacks in my class of, I think, maybe about 65 scholars. There were four of us who were Black.

Dr. Necochea: When you were in your undergraduate years at UNC, and you were already thinking about going into medicine, what do you remember

was the reputation about the UNC School of Medicine?

Dr. Harris: I mean my memory is that the reputation for the medical school was excellent. I figured it was not gonna be a slam dunk to get in. I understood medical school was the real deal. But the reputation was excellent. But it was not until I left and, actually, when I started interviewing for residency, I even understood how strong the reputation was for the medical school because as I went my fourth year and started interviewing – interviewed a lot in the Florida area because my girlfriend, when she finished at UNC – she went to undergrad at UNC – she was a year behind me. We actually both grew up in Greensboro. We went to high school together. And I played basketball, and she was a cheerleader.

But I didn't know her very well in high school. Our parents knew each other for 20 years before we knew each other. So, her freshman year in Chapel Hill, my sophomore year, we started dating. She's now my wife. But after she graduated undergrad she got her MBA in Atlanta at Atlanta University. And then she took her first job in Tampa with IBM. And that was my fourth year of med school. She was in her first year in Tampa. So, I actually went and interviewed at several programs in Florida. And I remember distinctly walking in and sitting down to talk with people, and they're looking at my resume, and many of them were shocked that I was coming out of Chapel Hill.

Dr. Necochea: Why?

Dr. Harris: My conclusion was that, how did this Black guy get into this great medical school? That's kind of what I felt because this is 1986, '85, '86, and several of the programs said – they pulled me aside and took me to a special room and said, "We're very interested in you. And we think you could be our first Black resident and be very successful."

Dr. Necochea: Wow.

Dr. Harris: So, this was in Florida. And I specifically remember University of South Florida that that happened there. And I'm thinking to myself, "It's 1986. You never had a Black resident. What is up with that?"

Dr. Necochea: Yeah, right.

Dr. Harris: Then I had to start thinking, do I want to be a pioneer? Do I want

to go through all of that extra stuff?

Dr. Necochea: That's a great question. I would like to circle back to that later on. Do you want to be a – it's a heavy one.

Dr. Harris: Yeah.

Dr. Necochea: Can we backtrack a little bit to you going into UNC medical school. Did you ever want to go to a different school, for example? Why did you choose UNC in the end?

Dr. Harris: So, after my MED experience, I wanted to stay in Chapel Hill. First of all, it was a great school. It was a state school. There were four schools – let's see, okay, so I applied to UNC, East Carolina, Howard University because I had an uncle who had gone to Howard for medical school, and he did his residency in OB-GYN there, Bowman Gray, now Wake Forest.

I did not apply to Duke. Duke had a situation where they were doing all of their basic sciences in one year. I didn't quite understand why that was. A lot of that, I thought maybe Duke just wanted to be different. A lot of that may have been my UNC versus Duke bias as well. But I actually talked to some students, and they were in class every day from 8:00 to 5:00.

Dr. Necochea: Wow.

Dr. Harris: And their performance on the national boards was not as good. And I think they were trying to cram all of that into one year. So, I mean they probably sent me eight or 10 applications. And I think I did go over there and did a tour. But I never applied. It just didn't jibe with me. I did apply to Washington University out in St. Louis, a very prestigious school. I think it was a top 10 school at the time. I went out for an interview. I didn't know anybody there. A bad experience with a cab driver who took me on an extra route to get more money. And so, my ride back to the airport cost twice as much as it cost from the airport to the campus.

Dr. Necochea: Oh, come on.

Dr. Harris: And so, I remember I got my bags out of the car, and I gave him \$20.00 'cause he was going to charge me \$40.00. He said, "The meter was \$40.00." I said, "Well, it cost me \$20.00 to get from the airport to the campus. So, I know you took me on a wild goose chase. I'm giving you \$20.00, and this is it." And so, I remember

walking to the airport, I came to the airport, checking my bags in and saying, “I’m never coming back to St. Louis. I’m not coming to medical school here.”

But I got accepted to the other four schools. When I got accepted to UNC, I called Washington University, and I said, “Can you remove my application? I’m no longer considering Wash U.” So, I don’t know if I was going to get accepted or not. So, I was four for four of the schools that I actually really considered going to. But I mean I remember, after MED, saying, “I want to stay in Chapel Hill.”

Dr. Necochea: That was 1982 that you began at UNC, right?

Dr. Harris: Yes.

Dr. Necochea: Do you remember how many Black people there were in your class, men and women?

Dr. Harris: Yeah. My recollection – we had about 20 out of 160. And we had quite a few Black females in my class. And maybe there were a couple who had been decelerated from the class ahead of us. But we had a decent percentage, 20 out of 160. We felt supported. Dr. Bondurant was a proponent for diversity.

Dr. Necochea: Yeah?

Dr. Harris: Yeah. At SNMA, he would ask us, “What do you need?” For my second year, we wanted to go to Atlanta. They were having an SNMA conference. And he told one of my classmates who was actually my roommate, and he said, “What do y’all need? You need a stipend to go? You need a car to drive?” He provided us with a car to drive down to Atlanta, gave us a stipend to help pay for the hotel.

Dr. Necochea: This is Stuart Bondurant?

Dr. Harris: Stuart Bondurant.

Dr. Necochea: Cool.

Dr. Harris: Yeah. He was very, very supportive of us. Dr. Marion Phillips was in an administrative capacity at the School of Medicine. He was a strong supporter. There was a Dr. Hank Frierson who used to run the test-taking skills lab. Had some experience and exposure to

him during MED. And he was a strong proponent for us as well.

Dr. Necochea: I can imagine that you were also close to students who were a little older than you.

Dr. Harris: Right. It was very common for students in previous classes to pass down notes and things from their basic science classes, their third or fourth year. And they'd say, "Hey, I got notes for that class if you need notes." And so, we did the same thing. I've got a good buddy who was a couple of years behind me. And I had no idea – you know, my nickname was KC because of my initials. Years later, he said, "Hey, man, your notes were popular, man. We just called them the KC notes. Yeah, you have the KC notes." I had no idea. He told me that a few years later.

Dr. Necochea: If you had known, maybe you could have made some money off of your KC notes.

Dr. Harris: It was a different thing back then because it was pre-computer. But there was a lot of money spent on copying notes.

Dr. Necochea: Oh, yes, of course.

Dr. Harris: And actually, there was a premium on, "Can you find a copy? You got somebody who – can we make some copies for free at this place or that place of your notes?" It was pretty funny.

Dr. Necochea: That is funny.

Dr. Harris: Going back to my decision about medical school. I specifically remember when I went to Bowman Gray, Wake Forest, to interview, there was a second-year student who – there were maybe two or three second-year students, one of whom was a Black male. And they took the group of interviewees on a tour. And I pulled him to the side. And I said, "How many Blacks are in your class?" And he said, "You mean now or when we started?" I said, "Oh, that's not a good sign."

So, they had a class of about 105 students. I think UNC was 160 at that time. He said, "Well, we started with seven, and two went to the second year, two Blacks." And he said, "Yeah," he said, "What did you major in?" I said, "I majored in chemistry." He said, "Oh, okay, you should be fine." He said, "Let me show you one of my biochemistry tests." And so, the biochemistry test was an essay test.

Dr. Necochea: Essay?

Dr. Harris: Yes. And that bothered me because subjective grading kind of opens up possibilities that you don't get what you deserve. And my parents had a very good friend who actually was a minority recruiter at that school of medicine. And as a kid, we used to go over to their house in Winston-Salem. And her husband was a well-known local artist. And he and my father were in the same fraternity, and then later I joined that same fraternity, Kappa Alpha Psi.

But she called me several times and said, "You know, we really want you here. We really want you here." And I said, "Mrs. Watts, I just can't take that chance with subjective grading. I would be much more comfortable in a situation where it's an A, B, C, D question, and I put the wrong answer, and I know I got it wrong, or type K question, or whatever. But an essay biochemistry test," I said, "I just don't know about that."

Dr. Necochea: I'm really curious now about how does one write an essay in chemistry?

Dr. Harris: Yeah. I mean I was a chemistry major. It really boggled my mind. But he actually pulled it out and showed it to me. I don't know if he was – maybe he was just trying to help me know the real deal. Maybe, subliminally, he was saying, "Hey, you might not want to hang out here, man. It's a monster to get through." So, I specifically remember that experience.

Dr. Necochea: In Chapel Hill, I mean you had your experience as someone who had been doing great in chemistry and all the sciences needed for medicine; you were a Morehead scholar; you were local. Do you remember going in and transitioning from the role of medical student, if you felt confident about yourself going in?

Dr. Harris: I felt good going in. I mean I knew that it would be a lot more work than as an undergrad. I don't know if I understood how much time it would take. I'd be having an understanding that my study skills would definitely have to be put pushed up a notch. So, my thing was to try to read the material before class, hear it in class, and then review it again. So, that's three times that I've reviewed the material. And then, of course, you kind of figure out over time what the main concepts are and what they really want you to understand so that you don't get caught up in the minutiae, but you

understand the major principles and concepts.

So, the Black students, many of us, we had study groups. We really supported each other. We had long nights together. But we encouraged each other. And that support really meant a lot. I mean we really helped each other through that first two years.

Dr. Necochea: Yes, when you need to pass in order to make it, to continue. And it's different when you start working in wards and doing all the clinical labor and training. Before I go to that – actually, maybe this can be something that cuts across your preclinical and your clinical years, but I wondered if, alongside those very supportive colleagues, and you also mentioned professors and administrators, if there was a time when you felt unwelcome at UNC or you were made to feel like you didn't belong in this place?

Dr. Harris: Yeah. I mean I think most of us of that group of 20 had times where we felt as though some of our White colleague students looked upon us as token.

Dr. Necochea: Token.

Dr. Harris: I mean there were some students who were very, very nice I got to know. But then there were others who had a real kind of standoffish attitude. And it kind of went back to that you're a token; they had to meet the quota. That's why you got in. So, we felt, as a group, that we needed to excel. Even in our clinical years, there would be students, Black students, who were ahead of us who would kind of give us some direction and say, "You may want to try to do that clerkship, have this person because this faculty person is a known racist." There was one in particular who was in surgery.

Dr. Necochea: Surgery.

Dr. Harris: Yeah. I did everything I could to avoid him. I mean he was well known to be a racist and a sexist. And I did everything I could to avoid him. But the first clerkship of my third year was general surgery. He was a vascular surgeon. I didn't want vascular surgery as one of my electives during that clerkship, but I got vascular surgery. So, on the first day of vascular surgery, he calls all the third-year students in, and we're sitting in a room. And he goes to each student says, "Oh, wannabe Dr. So and So, tell me about yourself." So, that's what he said, "wannabe doctor."

Dr. Necochea: "Wannabe doctor."

Dr. Harris: Yeah. "Wannabe." "Tell me about yourself." And so, there was a White female sitting next to me. And so, he looks at her and says, "What's your name?" So, she says her name. He looks at his list, and he says, "Oh, so tell me, I bet your goal in life is to marry a rich doctor."

Dr. Necochea: Wow.

Dr. Harris: And this young lady was extremely bright. She was a very bright student. And I had gotten to know her some. And I could feel the heat coming out of her ears, the steam. I mean she was – and I kind of [inaudible 54:25] the leg to say, "Okay, calm down. Calm down. Just kind of maintain your poise."

And so, then I was next. And so, he looks, and he said, "Oh, don't tell me. Your name is Dr. Harris Harris." I said, "Yes, sir." He said, "Wow, you're a sharp dresser. Is that what you wanna do in life?" And I said, "Well, no sir, I wanna be a medical doctor." And I tried to, in my mind, laugh it off 'cause I expected it to, because I mean it was well known. And so, the other students ahead of me had warned me this is what you can expect from this guy.

So, I was somewhat lucky because I think we were on vascular for maybe two and a half weeks out of that clerkship. And he was on vacation. So, he was there that first week, and then he was on vacation the rest of the time that I was on it.

But I remember there were certain rotations where students ahead of us would say, "Go get that high pass. You won't get an honors on this rotation. No matter what you do, they're not gonna give you honors." And that was just the reality of the situation.

Dr. Necochea: It's incredible –

Dr. Harris: You got a high pass. If you got a high pass, you were doing about as well as you could do.

Dr. Necochea: It's really incredible when you have some of those faculty who are well known as being racist and sexist, and all-around not good colleagues how much of a longevity they can have in years.

Dr. Harris: Oh, yeah. He was a distinguished professor, was well known in vascular surgery. But that's just who he was. And that was just the

facts. Actually, going into my third year, I thought maybe I wanted to do general surgery. And I remember getting some understanding they had a pyramid program at the time, which I didn't quite understand until I started that third-year clerkship. And there was an intern who was just out of medical school. And he was on call every other night. The night that he was post-call, he was getting out of the hospital at 6:00, 7:00 p.m.

I mean it was just absolutely crazy. And then you're competing against your colleagues to get to the second year because they bring in a certain number, and then only a certain number get to the second year of residence. And then they whittle it down a little bit for the third year. And so, I think maybe three months in, I don't remember which of those, I think I was on that rotation for almost 12 weeks maybe. I did plastic surgery as part of that, general surgery, vascular surgery, maybe one other.

And I don't remember which rotation he was on, but he had already decided in the first three months of his internship that he wasn't going to do general surgery. He was going to switch to anesthesia. And I just remember talking to him about the fact that it just was a crazy life. He thought he really wanted to do surgery, but he just didn't want to be in that atmosphere for five years.

Dr. Necochea: Yeah. Exactly. The environment, it is as strong as the discipline itself.

Dr. Harris: Right.

Dr. Necochea: Changing tack slightly, how did you finance your medical education? Was it as expensive as it was today?

Dr. Harris: Oh, gosh. So, for medical school, I got a \$6,000 a year stipend from the state. I think it was the department of human resources. They had some type of program that you could apply to. And I was lucky enough to get it, \$6,000 a year. I think my tuition was \$1,200 a semester for medical school.

And so, what I would do is, at the beginning of the year, I would take \$3,000 of that 6,000 and buy a three-month CD at the bank 'cause the CDs, actually at that time, you could actually get a little investment on the CD. You can't do that now. But back then, the CDs actually paid a little something. So, at the end of that semester, I would go back to the bank and get that money out and use that money for my second semester. So, it was not a major

burden on my parents for me to go to medical school.

Dr. Necochea: I'm sure they appreciated that.

Dr. Harris: Oh, yeah. And so, as far as that money from the state, if I came back and practiced in the state in an area of need, for each year that I was here they would waive that \$6,000 per year.

Dr. Necochea: That is a very interesting deal.

Dr. Harris: Yeah, yeah. And I figured that, as a minority student, if I practiced anywhere in North Carolina, I could make a case that I was serving a need as a minority physician. I didn't feel pressed that I was gonna have to pay that money back. So, it worked out really well.

Dr. Necochea: Dr. Harris, it's a little after 8:00 p.m. I don't want to press on your time a little too much. I want to know, of course, more about residency, and what it was like, and post-residency. But I'm hoping perhaps we can pick up another hour to finish up, maybe later, maybe next week?

Dr. Harris: Okay. Let's see, I'm on call next Thursday. Let me look at the calendar here. What about next Tuesday?

Dr. Necochea: Next Tuesday, the 7th? I can do that. Do you want to meet at the same time?

Dr. Harris: Yeah. That's good.

Dr. Necochea: Great. I am going to send you a note to the same email that I just sent you this link.

Dr. Harris: Okay. Good.

Dr. Necochea: And a little reminder. And, yeah, I'm really enjoying listening to all of these stories that you have. This is exactly the kind of thing that I was hoping you would – actually, let me stop recording this. They don't need to – they don't need to –

[End of Audio]

Duration: 63 minutes

Interviewer: Recording to the cloud now. And here's my backup. Oh, wait, hold on. There we go. Okay, I have my recording on right now. And, once again, welcome Dr. Kelvin Harris. This is Part 2 of the interview we started last week. When we left off, we were about to start discussing what happened after medical school and beyond the school of medicine. And the first question that I wanted you to tell us about was residency. And how did you pick a residency program for you?

Dr. Harris: Okay. So, my residency search. I started interviewing at programs probably in the November-December time frame. I've actually – no, I'm sorry, September-November time frame I had several interviews. And my girlfriend at the time, now my wife, was actually in Tampa, Florida. She started working there with IBM after she finished her MBA. And so, I interviewed at some programs in Florida. And, several of them mentioned to me that they thought I could be their first Black resident. And I was fairly shocked about that. This was 1985, late 1985. And so, I also spoke with my advisor, who was an OB-GYN professor.

And, I asked him about programs up in Michigan. My sister was in graduate school at the University of Michigan in Ann Arbor, and I was kinda looking for a way to be able to go up and visit her. And so, I looked at the program in Ann Arbor. And I also interviewed at the program at Wayne State University in Detroit. And almost immediately, when I got to Wayne State, and recognized the fact that there were so many African Americans and people of color on the faculty. And two or three of them pulled me to the side and said, "This is where you need to be." And try to say, "We rank you for – if you rank us first, we gonna rank you first," but they pulled me to the side and said, "This is where you need to be. We need someone like you. You're coming from a great medical school. And all of your references are wonderful. And we would like for you to be here." And so, I really had not thought seriously about going to somewhere where it was gonna be so cold.

I mean, growing up in North Carolina, and in North Carolina the first 25 years of my life, but as I started to reflect when I reduced my rank order list, I ended up saying, "Okay, yeah, that's where I wanna go." And so, that was my first choice. I submitted my list in January. And then, on the next day in March, I got my first choice. And I really had a great four years in Detroit. Yeah, it was too cold for me. And then, so I don't think I could ever get used to that. It was just so different from what I was accustomed to growing up, but I met good people. I really received very good training. I got to

see almost all the pathology there was to see in OB-GYN. I had excellent instructors.

We were extremely busy. Our OB service at our main hospital, we delivered about 8,000 to 9,000 babies a year.

Interviewer: Wow.

Dr. Harris: If you got any sleep on a night that you were on OB call at our main hospital, it was a bonus. It was a rarity. But looking back, it was really excellent training. And so, when I finished my residency program, I felt ready to be in private practice. When I did consider doing a fellowship, at one point, I was thinking about reproductive endocrinology, and then later, I started thinking about maternal-fetal medicine. And I decided to just stick with general OB-GYN.

Interviewer: So, your residency was in OB-GYN?

Dr. Harris: Yes.

Interviewer: Three years?

Dr. Harris: A four-year residency. So, I was in Detroit from 1986 to 1990.

Interviewer: Whoa, wow. Feeling cold but learning a lot.

Dr. Harris: Yes, yes. That four-year period, I mean, the first time it snowed late, well, maybe it was mid-October, it was my first year there, and I thought, "Oh, man. This is beautiful." And I lived on the 17th floor in a high-rise, and looked out, and could see the snow. And look across the river to Canada, and then realized that nothing stops. You have to keep rolling. So, I got to the point that I just absolutely hated going out in the snow and just dealing with all the slush and that.

Interviewer: Oh, yes.

Dr. Harris: But, yeah, I realized that when you're outside in Detroit during the winter, you don't stop and have a conversation. You wave and keep moving.

Interviewer: Yes. Wave and keep moving. That's, watch where you step.

Dr. Harris: Yeah, exactly, exactly. And watch out for the ice.

- Interviewer: Was there a special moment or a special event during residency when you felt come into your own as a medical professional?
- Dr. Harris: I don't know if there was a real moment, but I do remember thinking early in my third year – I rotated through all the various subspecialties. I did a rotation in pathology during my second year. Early in my third year, it just all came together.
- Interviewer: Wait, you cut – you muted for a moment.
- Dr. Harris: The total picture just came together for me. All the pieces came together. And so, I felt at that time that I was good. I was ready. I understood all of the major concepts. There were still surgeries that I needed to learn, but I understood the “why” of OB-GYN essentially. And everything just kind of –
- Interviewer: Just kind of clicked. Last time we talked, you told me about some important career mentors and people you learned from when you were in med school. What about in residency? Who were your most influential career mentors?
- Dr. Harris: There were a few. One was Dr. Meriwether. He was a general OB-GYN doc who was on staff on faculty, had a special interest in sexually transmitted diseases.
- Interviewer: Sexually transmitted diseases.
- Dr. Harris: Exactly. And he was actually one of the people during my interview. And I remember it was on an elevator. He and I were the only ones in the elevator. He said, “Okay. Forget all of the dumb stuff. This is where you need to be. We want you to be here.” So, that kinda raised my eyebrows, but he actually served as a mentor during my four years. He would take extra time to show me certain things about how do you manage this patient? How could you manage this patient on an outpatient basis?
- Interviewer: You're cutting in and out again. Sorry, I'm sorry.
- Dr. Harris: Sorry. If you were in the office taking this patient, what would be some of the things that you would take into consideration as far as your management actions? So, he was really great in that regard. There was a private OB-GYN, Dr. Lall, who had a strong interest in laparoscopic surgery. So, we used to operate with him. And it used to be competition to get into the OR with him because he was really good at operating laparoscopically. And this was still in

some of the early years of laparoscopic surgery. And some of the techniques had not been developed. The technology, as far as instrumentation **[audio cuts out]** [00:11:09].

Interviewer: Wait. You're cutting out again.

Dr. Harris: Okay. The technology was still somewhat primitive as far as the techniques and the instrumentation, but he was an excellent laparoscopic surgeon. He took me under his wing as well. I just really enjoyed operating with him. Another thing I learned from him, he really truly knew his patients and cared deeply for his patients. So, he had no problem going the extra step to take care of his patients.

Interviewer: Can you give me an example of what you mean?

Dr. Harris: He would call his patients and check on them, which is something I adopted. When I operate on someone, if they go home that same day, I'll call them that evening and check in to see how they're doing. Many of them are surprised that I do that, but for me, it gives me peace of mind if they're doing fine. And then also, I can answer any questions that they may have. Questions that may have come up since they went home from the operating room. So, it serves a dual purpose, but I learned that from him. And that's one of the benefits of residency is that you get to see different people do things in a different way, and then you can kind of adopt what you think fits you. That's one of the benefits of a residency. There's a GYN oncologist, Dr. Deppe, who was a tremendous surgeon and just very practical when it came to taking care of patients. He kinda taught me the fact that better is not always better. And so, when you are looking at the end of a surgical case and everything is dry or is about as dry as it can be, trying to get it drier is not always the right answer.

You can conjure up bleeding trying to get things drier. And so, little tidbits like that I've learned from him, but just a very practical but very bright surgeon and GYN oncologist. He was a native of Germany and still had somewhat of an accent.

Interviewer: Interesting.

Dr. Harris: Learned a lot from him.

Interviewer: When you think about residents, what is it that residents need the most, in your opinion?

Dr. Harris: I think, first of all, they need someone who actually takes the time to help them understand what's right and what's wrong when it comes to managing patients. I think it's important for them to have the experience of actually making decisions on their own. I don't think it's necessarily important for them to be up for 36 hours or 30 hours straight, but I do think it's important for them to be able to understand the importance of seeing things through. And so, you kinda move more towards a tag team type of training, I think, with some of the limitations. And I understand; I mean, I know there were times when I had to open my windows in the middle of January and turn my radio on very loudly just to try to stay awake as I drove home from on-call. And after being up for maybe 30 hours, it wasn't safe, but I do think it's just very important to be able to see a case through from the beginning to the end as much as you possibly can because I think in the real world that's what patients expect. I'm not comfortable doing major surgery on someone and then having somebody else to round on that patient that's in the hospital for a couple of days. Having someone else to round on their patient, and then, I see that patient back in the office two weeks later.

I'm not comfortable with that because I really think my patient expects me to come by and say, "Hello. This is how your surgery went. Let's check on your vital signs. Let's look at your labs." And so, I think they expect that I will be involved, and that's what I would expect. And so, I know some groups are not set up that way. And actually, my group has more kinda transitioned as it's gotten larger. And some docs in my group do that. They operate on someone, and they don't see them in the hospital, and I'm just not comfortable with that.

Interviewer: After four years, once you finished residency, did you stay in the Detroit area or –

Dr. Harris: Yeah. So, my program actually offered me a position. And it was a clinical instructor position. I would have been in practice there, general OB-GYN, and I wasn't crazy about staying in Detroit and raising a family there. And so, I got married my third year in Detroit. My wife, who previously was in Tampa and then had moved back to North Carolina in Winston-Salem. We got married my third year early in my third-year residency. And so, at the end of that, in that December of my third year, she moved to Detroit. And so, a year and a half later, I was finishing residency. And so, we started talking, and we thought – both of us were from

Greensboro, and said, “You know it would be nice to be back in North Carolina so that when we start having kids, the grandparents wouldn’t be too far away.” We thought it would be good not to be back in Greensboro.

We wanted to kinda feel like we were grown up and on our own. So, we started looking at the Charlotte area, but I interviewed at several spots in North Carolina. And so, one of my first interviews was in Pinehurst in Moore County. And so, I didn’t really think I wanted to go there, but I thought it would probably be good to have some practice interviewing and just kinda understanding what it would be about. And so, I flew into Greensboro. Drove my parents’ car to Pinehurst, which was about an hour and 15 minutes away. And checked in at the hotel, and I went down into the lobby to meet the docs that I was gonna be interviewing with. And it was on a Sunday afternoon. So, I check-in. I go down, and I’m standing in front of the registration desk. And so, I’m looking to try and figure out who it may be.

So, a guy walks past me, goes up to the registration desk, and says, “We’re looking for Dr. Harris.” And so, I heard this. And so, the person pointed over to me. And so, he turned around and looked at me. And the look on his face was one of surprise and shock. So, he didn’t quite expect that I would be an African American male. So, he tried to hide his dismay, but it was so obvious I kind of chuckled to myself. And so, he said, “Hey, hello. Dr. Harris, I’m glad to meet you. Glad you’re here.” So, he took me over to the little restaurant area in the hotel.

And they had a special room in the back, and they had kind of reserved this room. And it was closed off. And so, there were four other docs, all White males from this group. We sit there, and we have dinner. And then they actually started asking me clinical questions.

Interviewer: Wow. Boom.

Dr. Harris: So, I didn’t really understand that’s what it would be like. Actually, that was the only interview I did that they asked me clinical questions, but I guess in retrospect, they wanted to see if I actually knew anything about OB-GYN. So, the youngest guy in the group actually leaned over to me, and he said, “I wondered if you might be Black. I want you to meet my nurse. She’s never met a Black physician.”

Interviewer: What?

Dr. Harris: Oh, okay. So, this is early 1990, maybe February of 1990. And the other thing he said, "I want you to scrub into surgery with me tomorrow." And I said, "Well, I don't actually have a North Carolina license that I would be able to do that, but I can come in and observe if that would be okay?" So, I met him at 7:00 the next morning, and we had a little breakfast before surgery. And it was funny because as I walked down the hall with him, I recognized that there were people peering around doors, looking, "Wow, who is that guy? Who is that Black guy in the suit? And why is he...", so I'm wondering, "Okay. Where am I?" And so, after surgery, he takes me to the office, and he introduces me to his nurse. And it's a Black female.

Thinking, "Okay." So, his nurse is a Black female, and she's never met a Black physician. So, I mean, that was just truly eye-opening. So, I just kept thinking, "Okay, I only drove an hour and 15 minutes from Greensboro. Where am I?" Later that day, they had set me up to go on a tour with a local realtor. And it was a young, White female. She was probably early 30s. She took me and showed me and showed me some places. And then she said, "Do you wanna stop and get a bite to eat?" And I said, "Well, yeah, I haven't had anything yet. We can do that."

So, we stopped at this little place. And it was a really nice day even though it was February. So, she said, "Do you wanna eat outside?" They had some chairs out in front of the restaurant. And I said, "Yeah, that would be good." So, we were sitting out in front of this restaurant. And then I noticed everyone is staring at us. This young, Black male eating with this young, White female in Pinehurst. And so, there was actually almost an accident because someone who were looking at us to the point that they almost ran into the back of the car in front of them. And so, later that day, when I finished the interview and went back to Greensboro. On the way back, I just kept asking myself, "I mean, what in the world is going on?" And so, I had another interview in Burlington, which was about 25 minutes from my home.

And it was this the similar type thing. "We've never had a Black male in our group. That would be something different for us." And so, I started wondering if maybe I should be looking at starting my own practice because, I mean, coming out, I was just thinking, "Okay. Maybe I'll join a group of three or four, maybe be the fourth or fifth doc. Be on call maybe six days a month and have

some balance of life and work.” And there was another incidence where my residency director – this was a couple of weeks after I was at Pinehurst. And he paged me and said, “Can you come up to the office? I wanna speak with you.” And I said, “Okay.” I’m trying to figure out if I did something wrong. And so, I go into his office, and he has this pained look on his face.

And he said, “I got a call. There was an OB-GYN group. I know you wanna go back to North Carolina. There’s an OB-GYN group in Rock Hill, South Carolina, near Charlotte. They came across your CV, and they were very impressed, went to UNC, and you were a Morehead scholar, and all those things. And so, I had a nice conversation with the person. And after about 10 minutes, they said, “Well, I have one more question for you.” And he said, “Okay. Well, what is that?” And he said, “Well, is Dr. Harris Black?” My residency director was a White male. He was probably in his mid 40s. And he.

Interviewer: Sorry, say that again.

Dr. Harris: He was from California. And so, he just was not accustomed to that way of thinking. And it really hurt him to have to tell me that. And I said, “Well, I appreciate you telling me that. This is 1990. I just didn’t expect that it would still be that way, but obviously, it is.” And so, I started thinking about whether I should just start my own practice. In Gastonia, I got a contact from their hospital recruiter. And I came down and took a look at the situation. And they committed to help me get started, basically. And that’s what I ended up doing.

So, I started a practice in 1990 on my own. I was solo, a solo practitioner.

Interviewer: Wow. Where? In Gastonia? Wow. You said that the last time that we talked last week that as you were moving through the training that you were not keen on the idea of being a pioneer in anything. That it was a lot of work to do that. I mean, I can’t help but think that starting your own practice is kinda –

Dr. Harris: Well, yeah. I actually ended up – and to be honest, I didn’t realize that’s actually what I was doing at the time. I was a little bit naive, but when I went to my first surgery department meeting, and I looked around the room. And there was myself and a room full of White males. There were not even any females in the room at the time as far as members of the department of surgery at our

hospital. Then I started to understand a little bit better that, “Yeah, gosh, I’m a little bit of a trailblazer at this hospital.” And so, the first year or so, I would look up. I’m in surgery, and I would look up, and I’d see all these different people in the room. And I’m, “Who are these people in the room?” And they were nurses, nursing directors, and I guess they were just trying to make sure that I knew what I was doing, but I don’t think it was a racial thing. Apparently, that’s kinda what they with all the new docs, all the new surgeons.

I had to pass muster and get certified in their eyes. And so, yeah, I mean, not really until I went to that first surgery department meeting did I understand that I was in a little different place from Detroit.

Interviewer: I like how you put it earlier that you drive an hour and a half only from Greensboro, but you drove back in time.

Dr. Harris: Yeah, I mean, that just kept coming to mind, “Gosh, where am I?” because I was not that far from Greensboro. It was astounding to me that was the case down there. And so, even at my hospital in Gastonia, there were instances where – I remember one time when I got called to the emergency room, and I had on a sport coat. And I’m walking into the emergency room, and the security person – I’m walking in thinking about the patient they just called me about. And so, I’m kinda oblivious to what’s going on around me as I walk in the door, but there was a security person there who, as I walked by, he put his arm out. And I walked directly into his arm, and he kinda shook me up. And I said, “Oh, sorry.” And he said, “Well, who are you?” And I said, “Well, I’m Dr. Harris, and I was called to see a patient here in the emergency department.” He said, “Oh, oh, I’m sorry. I’m sorry.”

And so, this was actually at a time when we didn’t have name tags to wear. More often, I would have my white coat on with my name on the coat, but at that point, I didn’t. And so, for the next two years, probably when I ran into this guy in the hospital, he would apologize every single time. And I said, “It’s okay. It’s fine. Don’t worry about that.” And then subsequently, his wife becomes my patient, but it was an education for him. I remember I got on an elevator one day, and I had a suit on. And there was an older, White female, and she was looking at me, and she said, “Excuse me, aren’t you that new minister at the church that’s over in Sunset?”

And I said, "No, ma'am, I'm not a minister." And she said, "Yes, you are. You're that minister. I know you are." "No, ma'am, I'm not a minister. I promise you. I'm not a minister." I didn't tell her who I was but thought about it later, "Oh, okay. A Black male at the hospital with a suit on, either I'm a minister, or I'm here to pick up a body to take it back to the funeral home. It can't possibly be a physician." So, that was enlightening.

I had another experience where I'm in the hospital. I have my white coat on. I go up to one of the medical floors to see a patient for consultation. And so, I go to the nursing station. I find the patient's chart, and I go back to the physician's area, and I'm sitting there looking through the chart. And a nurse comes up to me, and she takes the chart and then closes it down right in front of me. And I kind of leaned back, "Excuse me. Is everything okay?" And she says, "Well, who are you?" And I had my white coat on, my name is clearly here, and I said, "Well, I'm Dr. Harris." And she says, "Oh," and walks away.

So, she doesn't say, "I'm sorry about the mistake," nothing. And so, I was fairly hot, but I calmed down because I said, "Okay. If I say something to her, it's gonna be my fault. No win situation, so just move on." Do what you need to do. Go see the patient. Take care of the patient, and just move on. So, that was, yeah, that was not a good situation. And then I had a situation with a patient's boyfriend who – I was about to do a laparoscopy on the patient. She was having chronic pain, and when I got to the outpatients' surgery center, the nurses came up to me and said, "Dr. Harris, we just need to mention this boyfriend. He's really acting up."

I said, "Well, what's going on?" "Well, he was asking if you were Black, and he didn't know if he wanted you to do surgery on his girlfriend." And so, I said, "Okay." So, I go into the pre-op holding area, and he's standing there. And the patient says, "Hey, Dr. Harris, I'm ready for my surgery." And he said, "Ugh." And I say, "Hey, sir, how are you?" So, he really would not even look me in the face. And so, he said, "I wanna be in the surgery." And I said, "Well, you know, she is actually gonna be under general anesthesia, so the policy is that you cannot actually be in the surgery. After things are going, I'll come out and speak with you as soon as it's over."

He said, "Well, I don't want you to do the surgery." And I said, "Well, why is that?" And again, he can't look me in the eye. And so, I was gonna try to make him say it. "Well, tell me why you

don't want me to do this surgery?" And so, eventually, he said, "Well, because you're Black." I said, "Okay, so does that disqualify me from being a good physician?" And he wouldn't answer. The whole time his girlfriend is saying, "Dr. Harris, don't pay attention to him. I need my surgery. I want you to do my surgery." And I said, "Look; you know, if it's gonna be a problem, we can find someone else to do the procedure. You'll have to go back home, and you can make some other arrangements."

And she's saying, "No, no, no. Don't pay attention to him." And so, eventually, he says, "Okay. You can do the surgery." So, I performed the surgery. I go out to speak with him and tell him everything went fine. Again, he still would not look me in the eye. So, the patient does fine. When she comes in for her post-op check a couple of weeks later, he comes with her.

So, I tell my staff, I said, "Okay. I tell you what. I'm not turning my back on this guy because I don't know exactly what to expect from him. So, if something jumps off, you just be ready, get some help. Okay, because I just don't know what to expect from this guy." So, I go in to see her. He's kinda standing over in the corner. My assistant is with me. And so, the patient is doing well, and.

Interviewer: Say that again. You cut out again.

Dr. Harris: She has some scaring in her abdomen and pelvis, and took that down and did some **inaudible** of the scaring. And so, she's feeling much better. And so, he's standing in the corner, and he says, "Well, I think I owe you an apology," and I say, "Oh, okay." And he said, "I'm sorry. You're a great doctor. You took great care of my girlfriend. I appreciate that." I say, "Well, you're welcome. It was my pleasure." So, the next time I saw that patient because I was concerned just how that relationship was, and it lent itself to some abusive components of a relationship, and I asked her, "Are you in an abusive relationship?" And she says, "No."

And I say, "So, if you were, there are options for people to help you. And so, just please let us know." She said, "No. He's not abusive. He's got some ways that he's working through. I think that whole scenario helped him, but I do promise you if it any point he becomes abusive to me, I will let you know." So, I mean, some of those times, it really helped me understand. First of all, where I was living, Gastonia is a lot different from Greensboro. At that time, weren't very many Black professionals in Gastonia. So, I kinda stood out, I guess. So, in retrospect, I was somewhat of a

trailblazer.

I think I was one of the first Blacks to do surgery at my hospital, yeah. I had another situation where a grandmother of a patient that I delivered called the office, and she wanted to speak to me because she was concerned about her granddaughter. And this was a White female grandmother, and she was concerned about her White female granddaughter and the fact that her baby looked dark. And did she know whether the baby was Black? And obviously, she didn't know who I was, but I'm on the phone with her. And so, I said, "Well, ma'am, I would assume that she would understand that maybe there would be a possibility that the baby may be Black depending on who she was with, so I don't think she was too surprised." Looking back, some of that was just kinda funny. It was funny, but it's the real world.

Interviewer: I mean, I suppose, yes, it is funny. I get the funny part. I also get that if you don't laugh about these things, about some of them, you can't really do your job.

Dr. Harris: Right, right. Sometimes you have to grin and bear it and move on. Yeah, yeah.

Interviewer: How long did you – are you still in practice in Gastonia?

Dr. Harris: Yes. I'm still here. So, I started my practice in 1990, and I had a couple of partners over the years. In 1997, we became part of a larger multi-specialty group, which was actually based in Charlotte, called the Nalle Clinic. The clinic had a western division, so it had some internal medicine docs and family medicine docs in Gastonia. So, we were the western division for about three years, and then we, basically, bought our practice back because it just wasn't suitable. And so, in 2007, I became part of a hospital medical group.

Interviewer: Wait, say that again. You're –

Dr. Harris: Became part of a hospital medical group, CaroMont Medical Group.

Interviewer: Carolina Medical Group?

Dr. Harris: CaroMont. Yeah, CaroMont, C-A-R-O-M-O-N-T. So, that's the name of our health system is CaroMont Health at Gaston Memorial Hospital. Gaston Memorial Hospital when I moved here, and then

changed its name to CaroMont Health.

Interviewer: Sorry, it changed its name to what?

Dr. Harris: To CaroMont Health.

Interviewer: Got it.

Dr. Harris: Yeah. And so, we joined CaroMont Health in 2007. There were three docs in the practice and a midwife. We eventually got to four docs and a midwife, and then they merged us with another OB-GYN group, which was in the CaroMont Health medical group. And so, now we have 10 docs and five midwives.

Interviewer: Wow. If you look on back to your career since you came back here and you started working solo and taking on all these responsibilities, what would you say you were proudest of?

Dr. Harris: I think I was most proud of the fact that my practice provided quality care. It was intimate. I knew my patients. They knew me. When I had one or two other docs, we still had a very intimate practice. It's not like that now on the OB side. So, I'm still trying to adjust after doing it one way for so many years. And now, I'm in a situation where when I'm on call, I may not have ever met the patient that comes in in labor and the patient that I'm taking care of. So, it's a little bit different dynamic. I'm very proud of the care that we provided to our patients when I was in private practice, solo practice. And I think we developed a really good reputation in the community.

And I'm just very proud of that. I have patients who still remember that. I saw a patient this week who is 48 years old, and the first time she saw me, she was 17 years old. She was a junior in high school. And so, she's 48 years old. So, it's amazing, but that's one of the special things about OB-GYN. So, I saw her when she was a teenager. I saw her after she got married and finished college. I took care of her during her two pregnancies, and now I'm providing perimenopausal care for her. So, that's just been very rewarding.

Interviewer: If we bring this back to the students, as you remember, the inspiration for this project came from medical students who are part of SNMA, and they wanted to learn more from older practitioners. And I wanted to close by asking you what your experience has taught you about how we in the medical school can

find better ways to support our underrepresented minority students?

Dr. Harris: I think the key is to understand that racism is a very real thing. My experience at medical school was definitely different from my White counterparts. I don't think there were any of my White counterparts who went in to do interviews in the third or fourth year of patients in the hospital, and the patient says, "Can you pick up my tray? Aren't you here to pick up my tray? Or aren't you here to clean up my room?" "No, I have a white coat on. I'm a medical student. I'm here to interview you. I don't work for housekeeping. I don't work for dietary." I don't think any of my White counterparts had to experience some of that.

I don't know if that kinda thing is still going on. I assume that some of it is because you're talking about patients and families who are from all areas of the corners of the state and beyond who may have very different experiences where they live. And so, they bring some of those biases with to the hospital in Chapel Hill or wherever the students may be seeing patients. Standing and acknowledging that there's still bias and racism, and then supporting the student to get past that. And I think that's the real key is to be supportive when those things occur. I remember when I was in medical school, and I was at Charlotte Memorial Hospital at that time. And our team goes in to round on a patient. It's a young Black female, and she had kinda a plastic bag on her head. It was the time that Jheri curls and people would wear the plastic bag because they got the Jheri curls. I was the only Black on the team that was rounding, and I don't remember; I think maybe it was the GI team or something. I think it was my fourth year in medical school.

So, after we talk about the patient, someone asked me, turns to me, and said, "Well, what's that plastic bag that she's wearing on her head?" And so, I said, "Well, you know, I'm not sure. Why don't you go ask her why she has the plastic bag on?" So, I mean, subtle things like that, it's racist. I had a resident at the same hospital, OB-GYN resident. It was during a North Carolina senatorial race, and Jesse Helms was one of the – he was running for reelection. And Jesse Helms was an avowed racist. And this resident, a White male resident, is telling me why I should vote for Jesse Helms.

Interviewer: Why you should vote for –

Dr. Harris: He's telling me why I should vote for Jesse Helms, and he says,

“Well, you’re educated, so you’re a different Black.”

Interviewer: Oh.

Dr. Harris: And so, there was absolutely nothing that I could say. I definitely couldn’t speak my mind because this person had an impact on the grade that I was gonna get for that elective. So, I didn’t say anything much about that. I’m not discussing politics with him anyway. He felt comfortable enough to tell me that I’m a different Black because I have an education, and I should be voting for Jesse Helms. So, but acknowledging that it’s there, and then supporting the student and addressing those racial concerns when they occur. And, again, previously, I mentioned that there were some in my class in medical school who would sometimes have a condescending tone. Not just to me, but to other Blacks in our class, as if we didn’t belong. And I hope that that has gone away plus 40 years later. Hopefully, that has gone away, but I would bet that it probably hasn’t completely gone away. That there will be some of that sentiment amongst the White students.

They needed to get a quota of Black students, and that’s why so and so is here.

Interviewer: I wish I could – yeah, I agree. It’s less, but it hasn’t gone away, and you don’t see it as much in the early years of medical education. I mean, partly it’s because admissions has become a lot more deliberate about weeding out that kind of attitude and behavior. Very good, actually.

Dr. Harris: That’s good.

Interviewer: But when you’re a medical student is who moving into the wards, and you start, you don’t have the cohort to kind of protect you and lift you, but instead, you have patients who come from all the walks of life, including, like you said, many corners of North Carolina where racism it’s the air you breathe. Then, yes, students run into this kind of intolerance and xenophobia, and racism. Less and less, but, yes, they find it, and it shakes them still. One thing that has – I mean, I’ve only been here about eleven years on the faculty would be, and what I have noticed is that’s the first thing I’ve noticed that it doesn’t happen early but happens later. And it does still happen less, but it does happen. The other thing that is interesting is that our underrepresented minority students now, it’s a wide spectrum of underrepresented minorities. Students, including African American students who are still the majority of

the minority. Students whose parents who are African, more of those now, Hispanic students, of course, South Asian students, East Asian students, and –

Dr. Harris: Native American.

Interviewer: Yeah, exactly, Native American some of them. Not as many as you would think, but in what I observe is that, all of those, vast, much larger group of underrepresented minorities students growing in our ranks. Whenever they encounter racist incidents, they see this experience through the lens of African American students who faced this earlier and for longer. It's, for me, I'm an immigrant. The experiences of racism and xenophobia that I have encountered they've gotten filtered through because of my understanding. "Oh, how is it that African American professionals and students have seen this?" So, I'm constantly comparing what happens to me and what I see or what others before have experienced. And it's also part of the reason why I was so keen on working with SNMA students on this project because I know people like me are not the only ones – we're far from the first. And it's useful to understand how is it that racism has changed or not changed in the place where we live. I mean, we all like it here, but we don't want to be writing another rah-rah story about North Carolina. We need it to be a fuller account.

Dr. Harris: Yeah, exactly. So, I mean, we're making progress. We still have some ways to go.

Interviewer: Yeah, exactly. And I'm very happy that students wanted to do this project and learn from it, and then show it to others. And that's the part –

Dr. Harris: I really was enthused about the project because I think for them there are resources that sometimes they don't understand they have because they're decades now. It's been decades since Black professionals came through this medical school. And so, there are a lot of resources that they have. A lot of knowledge, a lot of history, and sometimes this generation doesn't seem to be as in touch with some of the history because they didn't experience some of the things that I experienced. I remember when there was certain restaurants we couldn't go to when I was kid. And so, that's not something that they experienced. And so, it's not a touchable thing for them. So, I really appreciate the fact that they actually want to understand some of the history. And it is funny for me to even be saying that because I sound like my father.

Interviewer: You are a part of history.

Dr. Harris: My father would say, "Son, it's important for you to understand the history." And he told me that as a young kid. And so, I think that might maybe one reason too why I enjoy looking at documentaries and things that talk about history, and the Civil Rights movement, and some of those things. And so, here I am wandering back in, and I'm sounding like my father. So, I appreciate what he's given me as far as an appreciation for history. And so, it's good that this present generation has some interest in that.

Interviewer: I'm thrilled that they do. I wish I could go back more to some of the things you said. I mean, they're gonna stay with me there. That this sense that being a pioneer or trailblazer in some things wasn't your Plan A, but it's how it turned out.

Dr. Harris: Yeah. So, in 2005, I became the first Black chief of staff for my hospital.

Interviewer: All right.

Dr. Harris: When they called me and asked me if I would be interested in doing that, that was not the first thing that came to my mind. I mean, the first thing that came to my mind is, "Do I have time to do that? And exactly what does it entail?" And then, one of the administrators, senior administrator, pulled me to the side and said, "We really need for you to do this. And, you know, this would be historcal." He said, "Yeah, you would be our first Black medical chief of staff." I said, "Oh." So, I spoke to my wife, and we talked about it, and I said, "You know, I'm gonna miss some evening meals because there are gonna be a lot of meetings that I have to attend, like board meetings and all types of things, but I feel I need, that I need to do this. And I need to be in role. They need to have some diversity in the room."

So, I was appreciative that they felt that I was up to the task. And then, actually, at the same time that I became chief of staff, I was actually appointed to the hospital board by the county commission. And so, that was another responsibility that I – because I was gonna be at the board meetings as the chief of staff. I wasn't actually going to be an appointee to the board by the county commission. So, that actually came along at the same time. And the hospital CEO helped to direct that. And I had a conversation

with him, and I said, “Well, as the chief of staff, I’m representing the physicians. And I just wanna make sure that there’s not gonna be a conflict of interest. As an appointed board member, I would have a fiduciary responsibility to the hospital. And I just wanna make sure that’s not gonna interfere with my responsibilities to the medical staff. So, we worked through that. And I ended up serving two terms on the board. So, –

Interviewer: That’s impressive. I think it’s time I let you and get a good night’s rest. And I really sincerely appreciate you giving me the time to do this, and coming back and doing it a second time also, and giving me a really full and generous picture of what’s it been like.

Dr. Harris: I appreciate the opportunity. It’s been fun for me. It really has made me think about some pleasant memories and some not so pleasant, but that they have been a part of my life. So, I appreciate this opportunity.

Interviewer: Thank you very much. And I’m gonna turn off the recorder now. Where is it? Pause, stop.

[End of Audio]

Duration: 64 minutes