

Raul: Very well. Today is the 1st of December of 2021. This is Raul Necochea from the Department of Social Medicine. I'm with Dr. Terry Gordon on this beautiful Chapel Hill day, doing an interview for the Black Alumni experience at this UNC School of Medicine. Welcome, Dr. Gordon.

Terry: Thank you and we're sitting outside on December 1st, an achievement.

Raul: Dr. Gordon, can you start by telling us about your place and date of birth?

Terry: Yeah, sure. I was born in Pinehurst, North Carolina about 60 miles 70 miles south of here in 1947.

Raul: And can you tell me a little bit about what your place of birth was like, what your family was like growing up?

Terry: Yeah, so Pinehurst, historically, and to a large extent now is sort of an enclave for wealthy people who have generally moved here from someplace else, most commonly from northern climes like Connecticut, Boston, New York. And this was called – Pinehurst was called the Mid South resort. Mid South, as in not Miami. And then of course, as everyone knows, it's a place of lots of golf courses. So, a lot of golfers there. My family, my grandparents, were essentially domestics. My grandfathers were actually small-scale farmers. And the domestics worked for those people who had sort of immigrated here from the northern climes, as maids.

And so they either worked for individuals or they worked in hotels. And that's them. So, I was born in – at the hospital there in Pinehurst, now called FirstHealth. I was one of the first babies not born on the segregated basement ward. But I was born – I was housed on the main floor but still segregated. It's fascinating. An uneventful birth, I understood. And I lived initially with one of my grandmothers briefly and then moved over to Southern Pines, which is an adjacent town about two miles away from Pinehurst where I basically grew up through high school.

I have three brothers. Another one is in healthcare. He's the CEO of Alamance Hospital, Moses Cone. And then I have two brothers who are retired colonels, one of the Air Force, one in the Army. We are six years, 16 years, and 18 years apart.

Raul: Wow. So, 18 years apart?

Terry: Yes.

Raul: Wow.

Terry: My youngest brother is 18 years younger. Yeah. So two clans. So, anyway, I grew up in Southern Pines and there's an interesting story, which I will share. When I graduated, I was second in my class and I applied to come to UNC. I actually was interested in refining – thank you – I was interested in being in the School of Pharmacy. And fortunately, I'll explain it, fortunately, I was rejected. So, at the moment I was not pleased that I was rejected, but as you will come to see, I was glad. So, I went to North Carolina A&T, which is historically a Black college in Greensboro, and it was probably one of the best things that ever happened to me in my life. It gave me an amazing foundation, a great preparation, the whole thing. Allowed me to mature at the right pace. I left there in 1969 and went to Indiana University, Kelley School of Business, and got my MBA.

Raul: An MBA, huh.

Terry: Yeah, I got my MBA. And that was for two years in residence in Bloomington. Then I had a military career for eight years. So, I was a military officer in the Air Force. And I was in the Office of the Inspector General. I had the privilege of working at one point with general “Chappie” James who recently is a deceased, four-star Black general. So, anyway, that was a great experience, a great job. But at the end, toward the end, I had to make a choice of whether to make a career, at eight years, you've got to decide to make a 20-year career or do something different.

So, I actually was accepted at – the last two years, I was accepted to teach at the Air Force Academy in economics, but they required that I go back and get a Ph.D. And so I – that was the dilemma. So, do I go back and get this Ph.D. in economics, or do I do something radically different? Yeah. And as usual, I did something radically different. I decided to go to medical school. And so then I was – long story short, I was accepted at UNC, after a lot of very hard work to try to get ready for the test and applications and stuff. But anyway, managed all of that.

Raul: You were older than most people going into medical school.

Terry: I was, yes, so, I was 30 when I started.

Raul: Wow.

Terry: Yeah, yeah. I was 30 when I started.

Raul: That's already unusual now. That's still unusual now, nowadays.

Terry: Oh, yeah. Yeah, yeah. So, yeah. So, when I came every day, this is the ironic part was, I was glad I was rejected. Every day, when I got on the bus in front of the library, I got to look across the street at the place that rejected me, where I would have been a pharmacist, as opposed to a physician and say, "Thank you for letting me come there because now I am doing something I think is even better." So, every – I always tell kids that I'm mentoring I'm like, "that's why you never get despondent over a decision that happens in your life, there's probably a reason. You just need to make the best of it, because something good is going to happen.

Raul: Yeah.

Terry: You just don't know what it is."

Raul: That's interesting.

Terry: You don't know what it is.

Raul: Can I take a couple of steps back? That MBA?

Terry: Yeah.

Raul: After A&T, what was that about? What was your career hope and plan at that time?

Terry: Well, yeah, it's sort of like you described, it's some of it's circumstances and some of it's intentional. The circumstance part was, and this is a true story, it's a valid story. So, there was a new business school that had been built on campus, and I had never been in it. And I was near the very end of my biology, chemistry time, and I was graduating. So, I said, "Before I leave here I should go see the new buildings." So, I literally walked over and roamed around the new building on the bulletin board, I see this thing it says, "Fellowships in business." And a little line at the bottom said, "You don't always have to be a pre-business major or a business major." I said, "Huh, that's interesting."

Raul: Yeah.

Terry: What the hell? So, I called up and I inquired, and they said, "Well, apply." And I applied, and lo and behold, and I was accepted. And the very cool thing is it was a full fellowship, it included everything. They pay – you pay for nothing.

Raul: Wow.

Terry: Now, the happenstance – that was the happenstance. The circumstance was, if I had not done that, I would have gone directly into the military. That would have not been a good choice, because Vietnam was still a raging war.

Raul: Right.

Terry: Going to Indiana gave me an educational deferment. So, when I finished Indiana, they literally told me, "You're not going to go to a war, we're winding down."

Raul: Yeah.

Terry: So, it was essentially an opportunity to get a new degree for free and not go fight a war, which I wasn't particularly interested in doing. So, I majored in Human Behavior and Psychology and – I'm sorry, Human Behavior, Organizational Theory, Psychology, and Behavioral Performance. I sort of minored in finance and stuff, but that's what I did.

Female: For the coffee, I have to make some is that okay?

Terry: Yeah, please.

Raul: Thank you.

Terry: Yeah. So, that was the MBA and, yeah. And I later used it my career but, yeah.

Raul: And then you went into the military?

Terry: Yes.

Raul: Okay, walk me through that one again.

Terry: So, once I – they had slotted me initially to go in some science areas of the military. Once I got my MBA, they decided to put me in an area called management analysis. And basically, management analysis is the internal consultants. And what that – all it means is that I was doing consulting studies for the generals, and the colonels. So, they would call me and say “the officer's club income sucks. Figure out what the hell's going on because the officer – the manager is not telling me the story.” So, I'd go over and do a study and give them recommendations.

Female: I divided up against all y'all real quick. I'm not exactly sure how much any of you want. I figured I'd kill it.

Raul: Thank you.

Female: No problem.

Terry: So, I know when I got in –

Female: Sorry.

Terry: It was really fascinating –

Female: Thanks.

Terry: That was an era of Black pride and all of that stuff. So, one of them I got was there was accusations which turned out to be true that the Black airmen were being charged with more adverse administrative charges than other airmen. So, I had to go to four different base – I had to go to four bases and accumulate data. And it was a six-month project, it was a huge project. And it turned out it was true. They were, at almost twice the rate. So, the – off the sergeants, and all they were literally charging the Black airmen who did the very same offenses twice as often as the White airmen. And so I took that to the general and he's like, “Oh, my God.” And so basically, they had to call a big conference and have all of us. But – and they told them to stop it. But it's just – it was – it basically demonstrated institutional racism, even when I didn't – even when it wasn't called that.

Raul: Right. No, that whole – Yeah, those are new words we're using now and very common now.

Terry: Yeah, but it was clear. It was a clear trend. I mean, it was very obvious. So, that was my – that was probably – and that was

probably my best-written study. I've really enjoyed that study. It was like a 45, 50-page document. It was a huge document.

Raul: That is very interesting.

Terry: Yeah.

Raul: Do you still have that? Can it be shared?

Terry: I might. It may be at my home in Michigan, but I will try to pull it out for you. Yeah.

Raul: We'll stay in touch about this because some of the intent of this project is also to document some of you guys' stories, all of the alumni stories and photos, works that you have done as part of your career, and professional development are really, really important. This sounds like exactly up the alley of what we're trying to do. Where were you mostly stationed in your military years?

Terry: Two places. Little Rock Air Force Base, and Scott Air Force Base. Little Rock is near Little Rock. And Scott is near St. Louis.

Raul: Wow. Okay.

Terry: So, those were my two locations. And then I got – like I said, I got assigned to the Air Force Academy. But I left as I was getting assigned. So, that was obviously in Colorado.

Raul: Yeah. That's when they asked you to go get a Ph.D. in order to teach.

Terry: Economics, right. And the other reason I started – that's a terminal job. So, once you're there, you stay there and teach you don't really – you don't get to go do another assignment. That's what you do.

Raul: That's pretty much me.

Terry: And it was a pretty – it was a prestigious appointment. It's just that I didn't want to – I didn't know if that's what I wanted to do the rest of my life. And I think taking care of patients was much better.

Raul: And then medicine?

Terry: Mm-hmm.

Raul: Right. Okay. So, what you were doing it sounds to me like it didn't have much to do with health yet.

Terry: No.

Raul: Okay. Walk me through getting into – why does that interest come to you?

Terry: Well, I had – so I had – at A&T I was an undergrad in biology and chemistry, and at least two of my classmates. Actually my roommate had gone directly to medical school. And so as I was getting toward the end of this military thing, I started having more conversations with them, “So, what's that like? What are you doing? Are you glad you did this? Would you do it again?” And all that kind of stuff. And they just kept saying to me, “We’ve known you a long time, you could do this if you want to do it. It’s not – it’s arduous, but it's not impossible.” I'm like, “Yeah, but you know –” My brain’s been flipped from chemical molecules to return on investment, and now I gotta try to flip back to chemical molecules.

I was like, “Yeah, that's hard.” And he goes, “Yeah, but we know you, we think you could do it.” So, I basically said, “It's either now or never,” and I have never, ever wanted to live a life of regret. Never. So, whenever I think that I might want to do something, I try to do it, even if I feel that I want to try to do it. I don't usually fail, but it's like, “Okay, so you're 30. And you're not gonna get this chance again. And, so this is gonna be it.” So, I set about a process of studying about eight hours a day, for eight or nine months.

Raul: Wow.

Terry: I mean, it was really intense. I cloistered myself. I had a house. And I basically got – I got MCAT tests, books. I got all my – I got chemistry books back out. I got physics books back out. I got all that stuff back out. And I just went through a process. And I've always been fairly good at writing. So, I knew that I could do a personal statement. I knew I could do that part. And I'm fairly decent at conversation, so I said, “I can do an interview.” I really know how to do interviews. I was interviewing people. So, I could do it right. So, that two-thirds, I think I can do that.

The third that I'm gonna have problems with is this MCAT because I am really rusty. Right? I gotta be really rusty. You know, being a psychologist, you'll love this part. So, anyway, I studied like crazy.

I took the test. And I never opened the envelope when I got the results. I have to this day not opened the envelope.

Raul: Really?

Terry: Never. And I said, as I often do, "What is the real objective here?" I said, "The objective is medical school. Is the objective a test? No. Is the objective a test score? No." They accepted me in medical school, I don't care about the test. I don't care about it. I don't care what the test score is. And I have never opened this. I've never. I tell that to the students too because I – the point I'm trying to make to them is when you're focused on an objective, make the objective the objective, not these intermediaries. Because these intermediaries can throw you all off and get you all upset or whatever, "I didn't score enough. I could score better," whatever. I don't know. I wanted to go to medical school. I got in medical school. That was my objective. So, I got in several medical schools. So, I'm like, it must have been okay.

Raul: Were are you hoping to come to UNC? Were you geographically open?

Terry: I was geographically open, but I recognized early on – I was clearly – I was clear-minded that UNC disproportionately takes people from North Carolina. And so I'd never relinquished my residency. And so I knew that if I reestablished my residency back in with my parents, that I would be – I would get some few points for that. And I talked that up when I was on the interviews, I talked that up, and I was like, "Yeah, you know I'm a resident and this is great." So, I used that to an advantage. And then – so I have no – I don't know what happened to Colorado and all these other places. I was not a resident there. But yeah, so, but that was cool.

But I really wanted to – I wanted to come here because I like the mission statement as it was described to me, and I thought that I might have wanted to be in primary care and that was a heavy emphasis here, or more of an emphasis than other places. So, and then I could come home and be closer to my parents and my brothers and stuff like that. So, I'm like, "If I'm gonna do this, it's gonna be hard. I'll need a support system. I'm not gonna stay out in Colorado and away from everybody." So, I came here and I was perfectly happy with the decision. I think it was a good decision.

Raul: What year did you begin medical school?

- Terry: So, I came here in '77.
- Raul: 1977, so you're graduated in '81?
- Terry: '81, mm-hmm.
- Raul: Wow. Do you remember how many other Black alum – Black students that were in your class?
- Terry: So, there were approximately 15, I think.
- Raul: 15, and at that time, were we at – at 90 people admitting or 100.
- Terry: We were about – Yeah, about, yeah, about 80 or 90. Yeah. Yeah. So, I think there were 15 of us. Yeah.
- Raul: I mean – proportionately, I mean, it's – I don't think we're – I have to look at the numbers. Did it look to you like it was a small proportion, compared to –?
- Terry: No, it was one of the best numbers they ever had had. No, no, they had not done that well. The class before me was pretty good. It wasn't quite as large. And then it started dropping off like crazy when I – apparently, it dropped way off. I actually was on the admissions committee when I was here. So, that was an interesting experience. So, I got to see some of the machinations that go on and realize how random it can be from day to day. I mean it literally it can depend on who's at the table. Which faculty show up, which students show up? How strongly you advocate for somebody? What the numbers are looking like?
- Yeah, it's a really random process, well, it used to be random, it's now – it used to be – I was impressed at how random it was because I had come out of business school, where I studied statistics and we talked about deliberate – all this deliberateness, right, and how to structure programming and all this performance evaluation and review techniques. And I'm like, "This is pretty random." So, I was like, "I don't think people realize how random this can be." But it is what it is. It's partly structured, and it is partly psychological. And like I said it if some professor was there who really liked the students, and then one of the student reps was there. It's like, those two could really talk it up. And if a student and a student rep and a professor really liked the student talking, that student's probably going to get in.

But if the professor said, “Something’s bothering me about this person, “whatever, and the students said, “That person's probably not getting in.” So, it's – yeah it was a very interesting process.

Raul: Being older than most students and having had a career before coming in, how do you think that shaped your time at UNC? Did it make you more confident for example?

Terry: Oh, yeah.

Raul: Yeah?

Terry: Oh, yeah.

Female: Are you all right guys?

Raul: Yes, thank you.

Terry: Yeah. I had my obvious student anxieties, but I literally – I mean, and I'm not – I didn't ask for this role. But I literally became like an uncle to some of these other students. I mean, I can literally remember going into my lab group, where we separated ourselves and have students sitting there crying, and I was going in confident, I'm like, “Dude, what's going on? What’s wrong?” How are you doing? What's up?” “I can't do this. I can't.” “Come on, man. Come on, let's go downstairs and talk about it or whatever.” So, they started for better or for worse, they started to look at me as more stable. It's not like they were wildly unstable. But some students were just having a harder time.

Raul: It's rough.

Terry: ‘Cause it's tough – upfront, right when you get all this stuff. And everybody thinks they're brilliant when they get there and God's gift to the world and they suddenly realize how stupid they are. And all of a sudden, it's like, “Oh, my God, I'm gonna fail. I've never failed anything. I'm gonna fail.” No, you're not. 99% of us are gonna be fine. We're gonna all get through this. Students get admitted almost always get out. So, I was good at saying that. So, that and the MED program really helped. So, the MED program really – I was confident just because I was – had been dealing with more crap, right, figuring out how to get through crap. But then when they gave me the MED program, it really sort of got me sped up in science and biochemistry and anatomy and just sort of speeding up on studying and all that, then I really felt pretty good.

Raul: MED was prior to joining medical school. No?

Terry: Yes. So, I went the summer before. They actually suggested. They said, "Well, you've been out a long time, maybe you should go to MED program." I said, "Of course, I'll go to the MED program, I'd love to go to the MED program." And so I did. And I think I came in June and school started in August. And it was just – I mean, it was great. It was perfect. Because like I said, I probably could have been okay. But it clearly put my confidence at another level. So, yeah. I felt pretty good.

Raul: Do you remember who you were closest to in the Med school?

Terry: Student or faculty?

Raul: Faculty, students, administrators?

Terry: Yeah. Yes. There was – I'm trying to think of his name. So, Evelyn McCarthy was a person who ran the MED program, she was my initial contact, I was fairly close with her. But that was just for the MED program. And then there was a Divinity Reverend who was essentially in the Dean's office as Associate Dean for Inclusion. That wasn't the exact title. But that's what he was. And his name – I'm blanking on his name. And so he was on the admissions committee also. And he was Associate Dean for whatever. He was a really dynamic – he had a booming minister voice and a very dynamic guy. But so he and I – and because I was older, and we're literally about the same age.

And so he was in the Dean's office, and I was a student. So, we became and because – from the committee, we became pretty good friends and we would sometimes meet after and talk about his frustrations and my frustrations and stuff like that. And student-wise, probably one of the students I was closest to – and actually a long history, and I'm actually just reconnected with him. His name is Tillet Mills. He's now a cardiologist in St. Louis. I met him in the MED program. We played tennis. That's how we decompressed. And we played racquetball, which I taught him. He didn't know how to do that. So, we played it at the old Carmichael.

And we would play every Saturday. That's where I saw Michael Jordan, first time. And there's a story that we'll obviously maybe get to at some point. But I ended up reconnecting with him at Mayo Clinic because I had to leave Ann Arbor, and there's a story, but I

had to leave Ann arbor. So, when I left Ann Arbor I went to Mayo Clinic and so he was there. And so we became roommates, actually.

So, from Chapel Hill, we reconnected there, and then we just recently connected not too long ago, because one of our student mentors at the MED program just died. Ophelia – Her name was Garmon. She was in primary care in Charlotte, at Novant, and she died last week, literally. And so I called him and “Ophelia died” sort of thing. And so we – he and I had been communicating anyway about some other things. But I forgot what did you asked me?

Raul: I was asking about people that you were closest to, including –

Terry: So, Tillet, and then faculty-wise, probably Dr. Orringer, Eugene Orringer, the hematologist was a – he was a really good guy, and really gave me some good advice. Like I said, I should have kept my – I should have stayed here with him and done hematology. But that's okay. Everything's fine. I almost said a bad word.

Raul: That's all right. Can you tell me about a time when you either felt unwelcomed or it made you feel like you didn't belong here at UNC as a med student?

Terry: Which one do you wanna know about? I didn't have – I – quite frankly here in medical school, I did not have a whole lot of those. I had more of those, like what happened in Boston when I would go away from here. It also happened in Danville once when I went to do a urology thing. But at UNC, I never had a lot of overt. Now, a lot of that was because I think I was older. And I had been used to dealing with differences, and people who don't necessarily look like me and think like me, and I, for better or for worse, learned to work with them and learned how to be in relationship with all kinds of people. And so what some students may have felt as negative experiences, I just decided I was a grumpy ass old man who was just irritated. He was just a grumpy ass old man.

Okay, I'm moving on. So, sometimes, I think it depends on your level of sensitivity. And I had more of a shield than some of the students. But there were a few occasions where – there were a few occasions where as a student, you felt like you're being kind of put down. And the leader of the team or the pack or whatever would turn to a White student and he says just sort of the opposite of what they just told you how to behave. And you would – and sometimes

they would tell you and sometimes they wouldn't, sometimes you'd hear it, and it's like, "Well, I just said that. Why is it right when he said it, barely changed it, and I just said that."

And that would happen not – that would happen occasionally. Again, like I said some seals – or some people were more sensitive to that. And there was lessons through that, I guess. But it could be very irritating and very – as a student, you're very sensitive to that anyway, right? 'Cause you want to be accepted, you wanna be part of a team and be a contributing member. So, you're always sensitive. I do remember one guy. He was telling me how to think. And I was thinking to myself, "Dude. I'm a major in the military, I know how to think." So, he's saying, "This is how you're supposed to think."

And it was really very demeaning the way he was doing it. It was as if I had – it was my first day of undergrad college. "So, this is how are you supposed to think, you do one and then you do two." And I'm thinking, "Dude, I'm in medical school. The hell are you – what are you – how do you think I got here?" And you just have to kind of just go, "Okay, thank you. I appreciate that." And I guess he was trying to be helpful. It didn't feel very helpful, it felt very demeaning. And those are the kind of stories you go back to when you're having – so every Friday, we would have Black dinner. So, the Black students would get together, not always all, but we'd kind of – it would usually be six or seven of us.

And we would pick a place, and we would hang out. And that's where we would talk about, "Okay, tell me about your week's shit." And we would literally, we could just recount stories after stories after stories, and they're like, "Yeah, no, he did that to me, too. Oh, my God, he's such an ass." But it was helpful because that support meant that you weren't in it – You weren't alone. It wasn't – you felt – you could feel that you were being terrorized. And you go, "No, he's an equal opportunity terrorist. He just doesn't like Black people or he just doesn't like students or he can't – he doesn't want to be bothered or whatever." But at some level, you knew it wasn't just you. So, it felt better, right?

Raul: Yeah.

Terry: Whatever is happening to me is kind of somehow it's part of the system. And so –

Raul: It's a shared misery.

Terry: And so, it's shared misery, right. Shared misery is always better than –

Raul: Oh, yes.

Terry: Individual misery. So, that was always good. I went to most of those dinners. And that's all, they were kind of BS sessions or who to stay away from, who to watch out for, who to be attracted to, where to go to do this rotation with that rotation, or who's on our side and who's not on our side? Yeah, all that stuff. So, it was helpful.

Raul: Yeah.

Terry: It was very helpful.

Raul: Changing tack slightly, how did you finance all that education in medical school?

Terry: Yeah. So, it was wonderful. So, I had the GI Bill because of the military. And after tuition, room, and board, and food, I had \$50 left every month.

Raul: Huh?

Terry: Every single month, there was \$50 left, I could do whatever I wanted with it. And I had had some savings because I had a house when I was in the military and I sold my house. So, I had a little bit of – it wasn't a lot, but I had a little bit of a savings account. So, if I really need to go off to – like, a couple of times, I had to go off to do weddings of buddies from the military or something, I had – that was not a problem. But room and board was completely covered, and books and tuition, and I had \$50 left every single month.

Raul: That's amazing.

Terry: And – I mean, it literally ran out exactly in June, that I stopped. So, it ran out the month that I graduated, the month after I graduated. So, I graduated in May, it ran out in June.

Raul: It's like planned with military precision.

Terry: It was total precision. And it was completely – my parents were willing to help me. But I was like, “No, I got it. This is good. I got it.” And there –

Raul: How was it by the way? I mean, you having your career, a steady paycheck, a house that was yours, and then going from that sort of financial stability to the GI Bill. Was that difficult? I mean to make this sacrifice financially, for a while?

Terry: Yeah, it never felt terrible, like a sacrifice. I've always espoused the idea that there's two ways to be wealthy. One is to make a lot of money. And the other one is don't spend it. And I fall usually on the side of don't spend it. So, I don't have raging needs for stuff. I have stuff but I don't have – I'm not a big car guy. And so I always imagined medical school to be like I was a – be a monk. So, I decided I'm going to be a monk. Right. And what that means to me is I'm going into intense study and removal from society for four years, in preparation for something higher and better. That's what monks do. So, that's what I'm gonna be, I'm gonna be a monk.

My girlfriend didn't like that, but I said, “I'm gonna be a monk.” And so that's kind of the way I thought of it. I thought it is – this is an era of sacrifice and contemplation and study, and intensity and all of that stuff. And it's not supposed to be a happy time. This is supposed to be an okay time. Happy but it's not supposed to be a really – I'm not supposed to be joyful. I'm supposed to be getting stuff done. And once I get done, then something better is supposed to happen. So, that frame of reference is – actually I use that with a lot of students. I say, “You got to understand what you're here for.”

I always go back to the goal and objective. What is your goal objective? Your goal objective is not to be happier. Your goal and objective is to complete this. And once you complete this then you will be happy, trust me you'll be happier. I said, “Think of yourself as a monk.” And I even started pulling out some books for them. “Here's what monks would do. This is what monks do. Right? They go to these ascetic places, and they remove themselves from society and all of the influences and all of the distractions.” I said, “You got to lock it down. You got to focus, you got to focus, focus, focus, focus, focus.”

Stop thinking about what other people are doing and the fraternity people on Friday. That's not your life. You are a monk. And I never forgot the kid – the young boy, I think he was from the far western side of the state, he was a young White guy. And he was a nervous

Nellie. He was – I mean to the point of he was having severe panic attacks.

Raul: Wow.

Terry: And I talked to him for a solid month, about Monkism.

Raul: About Monkism.

Terry: About Monkism. And I had him read things about monks, little short things. I said, “Here's what monks do, here's what monks do.” And basically, I talked him down to understanding that first of all, you're not stupid, you got here, you got to be bright. Right? And so what you got to do is not let your fears and anxiety of what might happen in the future interfere with what you're trying to do today. Because all it's going to do is make your future not happen, right? Because you're going to destroy it today. And I mean, he would literally be shaking in – Yeah, he was –

I'd come in the room, and he'd be shaking and crying and I'm like, “Steven, what's wrong?” But over the course of that month, and this really gets wild, which is I almost went into psychiatry, he would come back to me every couple of weeks, and we would go get lunch, and he would tell me how anxious he was about whatever is just realistic. “No, no, nope, Steven,” I said, “We're all feeling the same thing. No, you just got to focus.” I said, “You got to get back in your monk mind.”

Raul: Monk mind.

Terry: You got to get in your monk mind. And he'd go, “Okay, okay, I got it, I got it, I got it.” Anyway, yeah, it worked – that's how it worked.

Raul: When you were towards finishing your four years over here, had you more or less figured out that you liked one path, two, more paths for residency? Do you have – were you not sure what you wanted to do?

Terry: Yeah, I was not sure. Truth be told, I really liked psychiatry. Yeah. I really, really, liked psychiatry, because I've always been fascinated about the idea of motivation, what motivates, what motivates behavior. And that's, in essence, what psychiatry is about right. And, then how our minds get us into these places, circumstances. But I clearly realized, first of all, they don't make

that much money, two, they're not all that highly respected among colleagues, unfortunately, which I think is really inappropriate, but, and their science is suspect. And I imagine that I'm a scientist, I'm a doctor scientist.

So, I had been accepted to come back to McLean, in Massachusetts to work, to do my residency. But before you can be a resident in psychiatry, you have to do a year of medicine. And so I said to myself, "Ah, I'll do my year of medicine, and then I'll make my decision. So I got one more year to make my choice." So, I launched into internal medicine anticipating that I may stay in internal medicine, depending on my experience, or I'm gonna go off to McLean. And this is where the story gets really interesting. I'm in Ann Arbor.

Raul: Wait, why were you in Ann Arbor?

Terry: So, after medical school, I matched in Ann Arbor.

Raul: Okay, for internal med?

Terry: For internal medicine. So, I was an intern in my first year of residency. I'll shorten this up a little bit. Halfway through my internship, I inherited a stalker, a homicidal stalker.

Raul: Whoa. You have to say more about that.

Terry: Okay. Well, I'll go on and then I'll come back. So, I inherited a homicidal stalker. And there were no stalking laws back then. And she was very persistent and determined and sort of tracked me all over the place. Pretty much made my life a living hell. So, that's when I left and went to Mayo Clinic in Rochester. That's why I went to Rochester. Because I was trying to get away from the stalker. And so, in the midst of all that turmoil, I never got to reconsider psychiatry again because I was working on getting away from there. And so I was literally just, I gotta stay in medicine. I gotta get out of here, and I can't get out of here and go to psychiatry, because I haven't finished my first year of medicine. And so I'm halfway through it.

So, all I can do now is just shift my medicine to a different place. And that's when I shifted up to Minnesota.

Raul: Mayo.

Terry: Yeah, Mayo.

Raul: Wow.

Terry: Yeah. So, now you can ask me about the stalker.

Raul: What happened with that stalker?

Terry: So, this all started – there’s a funny part and a not so funny part. But anyway, this all started in my student clinic, my residency clinic. So, every week we had a half-day of clinic where you worked in the Student Health Service. And I was just very experienced. And she was on – this lady was – this young person, she was a student at the University. She was on my schedule, and she said she had a breast lump. And so I said, “Oh, okay.” I didn’t know her. I go in and introduce myself, you know the whole thing, very appropriately called in the nurse, and she gets undressed, and I do a breast exam. I’m like, “I don’t feel anything.”

I said – I asked the nurse, “Why don’t you check?” The nurse checks and found nothing. So, I go out and I tell my chief, “This is the complaint, we don’t feel anything.” He said, “Well,” he said, “Just be safe, let’s just do an ultrasound.” We didn’t do MRIs back then, so an ultrasound. I said, “Okay.” So, I go back and tell her the story. And I said, “You don’t need to come back, we’ll forward this to you if it’s negative. If it’s positive, we’ll get in touch with you and tell you what the next steps are.” And she had a very unusual effect. I mean, just sort of this “I’m looking at you, but I’m not looking – I’m looking through you.” And she had this weird smile. And then I finally said to her something like, “Are you all right?”

Raul: Yeah, that must have been discomfiting.

Terry: Oh, it was very discomfiting. Even the nurse said first – she said, “You think something’s wrong with her? Something else is wrong with her?” And I go, “Something else is wrong but I’m doing a breast exam and I’m getting out of here.” So, anyway, the long story goes, I go back to my clinic next Tuesday. Guess who’s there?

Raul: The same person?

Terry: And so I said to my fellow intern, I said, “Something’s going on. And it’s an attraction, something going on. I’m not liking this.” I said, “Tell you what, I’ll take two of your patients if you will go see

her. So we'll switch. I'll take up two – I'll do two of yours and you can just see her.”

Raul: A deal.

Terry: And I said, “Here's the story. You just got to go in – all you got to do is go in and tell her she had a negative exam, come back in a year.” So, I go into a room to start seeing his patient, which now is my patient. And I hear all this ruckus. “You're not my damn doctor. What are you doing in there? Get the fuck out of here. Get out of here. Where's my doctor? I saw my doctor. I know he's here.” And she's screaming. So, they came and they said, “You got to come because she's going crazy. She's going nuts.” So, I go in and of course, she comes and I say, “Hi.” Oh, God.

So, of course, I have the nurse in again. And so I tell her all this stuff. And she doesn't smell great. And I'll tell you about that in a second. And I'm thinking – I said, “Have you ever – have you ever talked to a psychologist about anything?” And she said, “No, I don't talk to them anymore.”

Raul: Anymore.

Terry: I said, “What does that mean?” She said, “Oh, never mind.” So, anyway, from that day forward, she followed me constantly in the hospital. She had worked in hospitals, she knew how to – all about the hospital layout. She followed me on rounds. I would find her on rounds. She came to my house and she'd be looking in the windows. She would follow me on dates. She would be sitting on my car when I came out at night.

Raul: Wow. That was very creepy.

Terry: It was very creepy. Very creepy. I mean, this just went on nonstop.

Raul: How long did it last?

Terry: This lasted for almost four and a half months.

Raul: Did you tell authorities?

Terry: I went to the police and they said she hadn't done anything. There's nothing we can arrest her for.

Raul: Okay. True.

Terry: And I said, "Okay, well," and I went to my program director and he said, "Well, we don't know what to do. All we can do is tell you to go to the police." And I said, "Okay." So, I'm an older guy, right? I'm like, "Okay, well, if you people can't do anything, I'm gonna do something. I'm getting the hell out of here." And that's when I called my friend Tillet and I was like, "How do you like the Mayo Clinic? What's going on? Could you put in a good word for me? I'm gonna apply to come up there if you think it's a good idea." He said, "Let me talk to them." He talked to them, and he said, "Come up for an interview." Whatever. Long story short, they said, "You can come."

So, I said I got to get out of here 'cause I got this call later. She was just a stalker. And I got this call from a psychologist who had worked at the Student Health Center. This is the part where I said, "Had you seen a psychologist?" She said, "No more." He called to warn me that I think she's homicidal. He said, "Last year, I was the victim."

Raul: Whoa.

Terry: And he said, "We got her back in the mental hospital. She got treatment. And I think she's off her meds again." Well, she ultimately got arrested, but she got arrested because she was found sleeping in front of my apartment door.

Raul: Whoa.

Terry: I was about to go out to go to the hospital. It's like 6:00 in the morning. I was gonna do, you know, rounds. I was going early. And I looked through the peep hole, which I don't normally do, and somehow she had buzzed her way into my building and she felt – slept in front of my door. So, she was literally sleeping across in front of my door.

Raul: You would have tripped over her going out of your house.

Terry: I would have tripped over. But her intent was for me to wake her up so that she could get my affection.

Raul: Wow.

Terry: So, I obviously was just like, "Oh, crap." And so I called the cops. And that's when she was arrested. Well, it turns out, she had a

warrant for arrest by the university, because she had been living in the Graduate Library, literally living in the library, hence the smell. She had not been bathing. She was unkempt, all of that stuff. So, that's how she got arrested. And then they re-hospitalized her. But by then the momentum is, I gotta go to Mayo now, I'm all accepted to Mayo and I'm leaving. So, off I went. So, that's how I got to the Mayo Clinic.

Raul: Four months into Michigan, you moved to Minnesota?

Terry: Well, I finished up the semester when she was arrested. The pressure was off. I finished – I had maybe, I would say three more months. So, I finished up but by then I'd already been accepted to move, and I was free, packing up ready to go. So I did, but yeah –

Raul: Still medicine when you went to Minnesota?

Terry: Yes. So, I continued internal medicine.

Raul: And that residency, that was – so you completed residency over there.

Terry: Mm-hmm, yeah.

Raul: And that was four more years?

Terry: Two more years. So, it's a total of three years. So, the first year, we call it internship, really is year one of a three-year process.

Raul: Right. And then you finish that. And what was residency like? I imagine the bulk of it happening in Minnesota, what was it like compared to the rigor of medical school?

Terry: It was – so it was a very – as you can imagine Mayo was a very different experience than Michigan. Right? So, Michigan is very much like Chapel Hill, you can almost close your eyes and – and Ann Arbor is just like Chapel Hill, yeah, it feels like Chapel Hill. The town's half the size without the students, all of that stuff. So, Ann Arbor is sort of a classical training program. They assign you to a resident one year ahead of you. And they sort of throw you in and give you lots of – they give you too many patients, and you kind of figure out stuff on your own and you read whenever you can and try to learn stuff, right?

Raul: Mm-hmm.

Terry: And, you rotate through all the things, right? So, you rotate through emergency room, and you go to – so I was assigned a good part of my time at a county hospital in Michigan, outside of Detroit. And the advantage of the county hospital was it was away from Ann Arbor, so I got to do a lot of stuff, right? Yeah, I got to put in a central line, all this stuff that internists do, I got to do a lot. So, it's good for training purposes. But you're really kind of thrown to the wolves. And you're just kind of like, "Figure it out." And the resident ahead of you is there to back you up so you hopefully don't kill anybody or hurt anybody. And then the resident above them is there to kind of teach you some stuff.

And then the faculty would come through and walk you through on morning rounds and try to teach you more. And that's a classical training process. Mayo Clinic is actually radically – not radically different, but different. One of their tenets, if you look at their shield, they have three tenets and patient care, research, and education. And they don't diminish education at all. Education is considered huge, kind of a very big deal. And because of the way they are structured, they don't get penalized like people in other locations. So, faculty here are somewhat penalized for spending time with students because it's not really reimbursed. It's not reimbursable.

So, you can get rewards towards your professorship if you're doing research and getting grants. But you're not gonna, you're not gonna get – unless you get the Teacher of the Year Award, it's probably not going to help a whole lot for your professorship, right?

Raul: That's right.

Terry: You're just considered a good teacher. And you do it out of pride and a sense of history and connection and all of that stuff. At Mayo Clinic it is considered prestigious to teach. They love to teach.

Raul: Cool.

Terry: And they taught all the time. It was a wonderful experience. I mean, they would – rounds would go hours, and hours and hours, hours. You would break for lunch –

Raul: It feels luxurious.

Terry: Huh?

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- Raul: It feels luxurious.
- Terry: It was in terms of teaching and learning. And then there would be a break. And then they would have – they would fill up a hall and formalize lectures, they would have these formalized lectures and tell you, “This is exactly what's gonna be on the boards. This is gonna be on there. We know because we wrote the questions. And they say this is what you got to know.” They would literally tell you – they would print out everything and show you and it would highlight it and the whole thing. And so teaching and learning was a huge deal with them, a huge deal. Now, they were very interested, at that point, there were very few Black residents, probably across all the specialties maybe six of us
- Raul: Wow.
- Terry: And Tillet was there, I was there. There was maybe only six or seven people. But they were interested at that point even in diversifying their faculty because it was very White, it was extraordinarily White.
- Raul: Yeah, it's also Minnesota.
- Terry: The whole town was really White. But you know, it was very hard but they were wonderful people. I mean, just lovely people. Just – I don't even know, it's – they were much nicer than people here. And so some of my friends said just ‘cause they don't have any – “they're not threatened by Black people and there's no Black people here.” But just salt of the earth kind of wonderful people. But anyway, there are other stories. I got very close to many of those families. But Mayo was a very, very, very good experience. Now, the other thing about Mayo is they're very patient-focused.
- Raul: Patients?
- Terry: Patient – a huge patient focus. Everything is about the patient.
- Raul: Right.
- Terry: The one thing that would get you in trouble is if you got a complaint from a patient.
- Raul: Oh, wow.

Terry: Nothing was worse than a complaint from a patient.

Raul: Really?

Terry: You could get taken down. Two complaints and you're pretty much on your way out.

Raul: What?

Terry: You're pretty much done for.

Raul: That is pretty strict.

Terry: Oh, so you don't mess with the patients.

Raul: Yeah.

Terry: And fortunately, we didn't get any complaints. But it was a fascinating variety of patients. So, you could literally get a corn farmer on the same floor, on your thing, you could get a corn farmer, a guy from the Chicago mafia, and somebody from the royal family in Saudi Arabia.

Raul: Wow.

Terry: On the same service. I mean, it was astounding sometimes just to round. But to them, they're all patients, and they pretty much treated them all the same.

Raul: Wow.

Terry: Royals carried on more because they would bring all these gigantic staffs with them and all that stuff. And the mafia guys were very interesting 'cause they would have guards.

Raul: Yeah, no kidding.

Terry: Yeah, they had guards. But they had to give their weapons to our security. So, they never had weapons. One of my favorite professors there who was also a hematologist – hmm, that's interesting, isn't it? Just thought about that. His name was Dr. Silverstein. He was sort of the connection to the mafia in Chicago. So, they all called him when they needed to be admitted. And so when we rounded on his service we had lots of mafia guys.

Raul: Interesting.

Terry: Yeah, one died when I was on working one night, you never want them to die on you 'cause you have to explain.

Raul: I imagine you kind of have to.

Terry: You're gonna have to explain what's happened and stuff to –

Raul: Also it's a patient complaint.

Terry: Well, the guards, I mean, you kind of know – the ones that had cancer and you know they were going down. So, you're always like, God I hope they don't die tonight. Oh, I hope they don't die tonight because you have to fill out all these forms.

Raul: I bet.

Terry: So, anyway, you got this very interesting mixture of people and issues, and things. But so anyway, education is very big. So, it was a good experience from that standpoint. And so I finished that. And

Raul: Do you remember, if there was a special moment when you felt coming to your own as a medical professional?

Terry: Oh, yeah, for sure. I think a lot of people may say it was my first patient that died.

Raul: Yeah. How so?

Terry: He had lung cancer, and that was – and he was my patient in Ann Arbor. And I was intending for him not to die. And he had lung cancer, he had terminal lung cancer. And so when he died, I had to go talk to his family. And that's the first time I had to do that alone. I had seen people have here, but I had to go explain what had happened, that he was gone, and what that meant and support the family and all of that, and I had to fill out all the paperwork. And that's the first time I had to do all of that stuff, right?

From the time he was admitted, taking care of his opportunistic infections, all that stuff, and obviously gotten close to him in the process. He told me his war stories, and I was military – ex-military, so we had military stories. So, that was like, "I'm a real doctor," 'cause you turn your back, and it's like, "There's nobody else to do this. It's on you."

Raul: There's no one else, it's on you.

Terry: This is your deal now. And that's when I think you come to terms with – you don't always get to save people. And this works in multiple directions. And you've got to do the hard stuff, along with the easy stuff. And you got to do the sad stuff along with the joyful stuff. Your doctor has – you have to do all of it. And that's the first time I think I fully realized that I have to be all of that to lots of different kinds of people.

Raul: That's great. You have to do all of it and without your safety net.

Terry: There's no safety net, you're it, you're it.

Raul: I kind of want to go back to this as a theme because this is one of the – for the medical students who are in their first year and second year, there's a lot of safety nets, right, from the older students to the residents, the fellows, the attendings, the organization that has their back all the time and they're trainees, but at some point, they all expect that in some abstract future, that's it. They come into their own as a doc. And the experience is, I'm very – I'm surprised to hear you say that the experience that sort of clued you in was the fact that you had a patient die under your care. It's powerful too. How long did you stay at Mayo? Was it just through your residency? Or did you stay a little longer?

Terry: No, it was two years. I left there. I actually went to a new – a real job in Florida.

Raul: Florida?

Terry: In Orlando, yeah. In Orlando.

Raul: You've been in many places.

Terry: I have been in many places.

Raul: Orlando.

Terry: Orlando.

Raul: Why Orlando?

Terry: It was one of the – well, the job actually allowed me to use both my degrees. So, I was Associate Medical Director right off the bat, and an internist and I got to run one of the centers, which at that time was kind of rare that they would let a new, just newly minted resident, run a center.

Raul: What center was it?

Terry: It was actually one of the – it was – Cigna was developing HMOs. And it was basically a new HMO operation. That's when they were first coming online. And so they needed both my administrative brain and my medical brain. And so they got a twofer. So, that's probably why I got the job. So, that's – so I took it, it was real income. So, I'm like, "Okay, yeah, let's see how this works." But I remember distinctly the uniqueness of it was I got to do both. I got to be an administrator, and I got to be a clinician at the same time, and most people wanted me to do one or the other.

Raul: Right.

Terry: And I really didn't want to give up either of them.

Raul: How did you like living in Orlando working in Orlando in this role?

Terry: Yeah, so it was interesting. I actually enjoyed it initially. It actually turned out to be a disaster. And I was only there for a year.

Raul: What happened?

Terry: Well, that's actually a fairly negative, somewhat negative story. So, I had a great experience with my patients and things like that. And I took care of a lot of Disney people and all of that. We had contracts with Disney, but part of my role was to go – part of my role was to do what was appropriate but not allow excessiveness that was not cost-effective. So, at that point in time, doctors pretty much were billing – it was all private practice at this point, and so they were billing wildly for whatever and getting paid wildly for whatever. And we're running an HMO. So, by definition, we're interested in profit.

Raul: Right.

Terry: And so I'll never forget – I'll give you one example. So, we had a gentleman that I actually diagnosed. He had a lot of neurological

symptoms, and it took me quite a while, but I figured out that he had untreated syphilis.

Raul: Wow.

Terry: From years. Right, and I mean, a total Internal Medicine, kind of what we call “fascinoma.” Things you’d never think about. But it turns out, I figured out that he was – he had untreated syphilis from years ago. So, I put him in the hospital to initiate his IV penicillin. And when I admitted him, they wouldn’t let me admit him, even though I had hospital privileges, one because I’m the HMO doctor and two it’s ‘cause I’m a Black guy. And so they said, “No, no, no, you haven’t been around long enough.” It’s like, “either I have privileges or I don’t. Do I have privilege?” “Yeah, you have privilege, but you can’t do it.”

So, they admitted my patient. And after a week, I said, “Okay, we’ve got to do this for six weeks, he’s gonna be treated for six, or eight weeks,” I forget the protocol. And it was unheard of. At that point, you would just sit in the hospital and get your stuff. And I said, “No, we’re going to send him home. And we’re going to send someone to give him his infusions once a week.” And they’re like, “You can’t do that.” And I said, “Yeah, we’ve got to – we figured out how to do that. We can do it from home. He’s very safe. I’ll be going to check on him. He’ll have nurses. We’re going to take care of that. We’ll get him out of the hospital.” They said, “You can’t do that.” I said, “Yeah, but he’s our patient,” he goes, “No, he’s not. He’s our patient.”

Raul: Oh.

Terry: And they said things like, “How dare you come here and tell us how – you people.” I don’t know if that was a Black reference or an HMO reference. “How dare you people come here and try to tell us how to run medicine? How to do medicine? Where did you learn your medicine?”

Raul: Oh, ouchie.

Terry: And so I said, “Mayo Clinic.” And one of them actually said to me, “We didn’t know Black people went to the Mayo Clinic.”

Raul: Whoa.

Terry: ‘Cause he was trying to get me riled up.

Raul: Wow.

Terry: And I said, "Well, apparently, it's a lot of things you don't know." So, that didn't go very well, either. I said, "Apparently, there's a lot of things you don't know like, I can treat this patient outside the hospital and finish this up." And so they wouldn't release the patient. So, that's just one example. There were multiples of them. But anyway, long story short, I was literally put in a predicament where my job was to go and try to change the standards of practice, the way they were doing their practice, in a safe, but cost-effective way. It pissed them off. And so they basically went to my boss and said, "It's either him, or all of y'all are gonna have to go, and we're gonna sue you and throw you out," and all this stuff.

And so he came and offered me a package to leave. And I was like, "Fine, I'll take it." Well, I negotiated it up a little bit higher. But he offered me a package to leave. And that's when I went.

Raul: Yowzers. And you went, where'd you go after that?

Terry: I went back to Michigan.

Raul: Back to Michigan. Wow.

Terry: Yeah. I went back to Michigan.

Raul: And this time you stayed in Michigan from home.

Terry: I stayed – yeah, I'm like, I need to be more northern than southern. Because I thought about coming to Chapel Hill and I was like, "No, I need to be more northern than southern. I'm tired of the – I'm tired of this fight right now. I'm just tired. And I just want to practice medicine. I just want to take care of people and practice medicine. I'm tired of this racial fight. I don't want to be the first of anything anymore. I just want to take care of people and be happy. Right? I'm tired of being a monk."

Raul: And your stalker wasn't active anymore.

Terry: No. So, our ties were all broken. I don't know what happened to her. She tried – She reached out to me a couple of times in –

Raul: Really?

Terry: In – Yeah.

Raul: After that?

Terry: Yeah. So, the mail got forwarded to Minnesota from Ann Arbor.

Raul: Yes. Thank you.

Terry: Yeah, thank you. The mail got forwarded. So, she tried – she said, “I’m better, and I still want to be friends,” and all of that. Of course, I never responded.

Raul: Lordy.

Terry: Her parents were very sane people. They were nice. And I think she was adopted or whatever. But her parents were very apologetic and very “please don’t leave because,” and I’m like, “No, I gotta go. It’s not your fault. I understand and take care of your daughter.” So, they knew where I was. But they didn’t tell her, and so I never knew what happened to her after that.

Raul: How long did you stay in Michigan after that?

Terry: For about 34 years.

Raul: Oh, my God. So, would it be fair to say that was the longest place where you lived?

Terry: Oh, yes. Oh, by far. I actually – to show you how nerdy I am. I actually have a list in my house of all the places I’ve lived. And it’s a whole page. And this is the place I’ve lived the longest, yeah.

Raul: 34 years?

Terry: Yeah.

Raul: Holy mackerel. So, back at the University of Michigan?

Terry: A small part of it, most of it was actually in – I worked for the Henry Ford Health System, which is a very large – it’s sort of like UNC Med. It’s got all these parts, right. But it’s got a big downtown hospital and big suburban hospitals. And it’s got “doc in the box” clinics all over that feed into the big university. That’s actually where that trend was started. And the reason they did that is because you couldn’t get the White suburban patients to come into

Detroit at that point. So, you put the clinic out there, you put the specialist downtown, and when they got really sick, they didn't give a damn, it was like, "Okay if that's where I got to go that's where I got to go."

So, they would, but they put the clinics near the people and then the specialist back downtown. And so, that was a way of funneling back to the main hospital. But as part of that system, and I actually was at a suburban clinic, I wasn't downtown, I was at a suburban clinic, but part of my experience is at the main hospital and then a small part was at the university. And then I almost went to work. Michigan had developed their own managed care system. And I was in the final running for that one. And another story. They didn't take me they took the other guy and he turned out to be a – he was found to have a lot of child pornography on his computer.

Raul: Oh, no.

Terry: Yeah, it's really a sad start. So, anyway, they came back to me and I was like, "Nope, no, I'm not coming now." So, anyway, another story.

Raul: Over the course of 30 plus years in Michigan, can you tell me about maybe the change that stands out the most to you in your career?

Terry: The change?

Raul: Yeah.

Terry: It's a good question. Are you talking about my medicine and clinical stuff?

Raul: Mm-hmm.

Terry: Probably the biggest change was the arrival of EHRs.

Raul: EHRs? Electronic health records?

Terry: Yeah medical records – electronic health records. Yeah.

Raul: Electronic health records, yes. Huh? Why was that such an important change in your career?

Terry: So, because it fundamentally altered the way you managed patients. It doesn't allow you to focus on the patient. So, and I am by definition – I am by design, or whatever, I am very focused with patients, which is why I had lots of patients is because I always tried to make sure they understood that they were the only thing that was important to me in my life, at that moment. It wasn't true but that's what they were led to believe. This thing permanently altered that relationship. So much so that's why I quit.

Raul: After 34 years?

Terry: That's why I quit after 34 years.

Raul: What was that –?

Terry: Literally that is the reason I quit.

Raul: Huh. Wow.

Terry: Yeah, I know.

Raul: Yeah, no, seriously, walk me through that. It wasn't a sudden decision?

Terry: No.

Raul: No, okay.

Terry: So, the short answer is, and there's more about that, is I was fine. I learned all the systems. And they went through three systems in three years. And when they got to the third one, I basically said, "I'm not learning another one. I don't want to do this anymore." Because it takes literally a year to learn how to operate, manipulate a system so that it's the least intrusive. And so, by the time you get through that process, they switch systems.

Raul: Right.

Terry: Electronic records were never designed around the needs of doctors. They're designed – it's a revenue cycle system. It's all about billing and revenue. The doctor part was added on because, "Oh, by the way, somebody has got to put this information in. Them, those guys got to do it." "Why do we guys got to do it?" "Well, you're the one seeing patients, you got to tell us what the codes are. So, you have to do it." So, we ended up doing it by

default because nobody else wanted to do it. And they didn't want – obviously, the system's not gonna pay people to do it. So, they're like, "Make the doctors do it". So, anyway, we had to learn the system, whatever.

And they sold it to us as more equitable care and higher quality care, it was all bullshit. It's not – for the most part, it wasn't true. It was for the revenue cycle. There are parts that have evolved into being able to better document the quality of care that people receive. And I will clearly say that the reminders and all those things have been helpful. But that's not why it was designed. That came afterwards. And the government, by the way, mostly Medicare, was insistent on these parts need to – have to be added in because we need to know what we're getting for our money. So, it was by default, that this really was built this way. It was not built for that.

So, anyway, when they got to the third one in three years, I just didn't want to learn another system. And it was even worse than that because I was doing volunteer work outside for people with no insurance. It is part of my thing. On the weekends, I worked in the volunteer clinic, and they brought in an EMR. So, I had to learn that one too.

Raul: Oh, man.

Terry: And so I'm learning all these – I'm unlearning one system, I'm learning two new systems. And I'm trying to see all these patients. And oh, by the way, they always wanted you to see more patients the next year to get your bonus than the last year, right?

Raul: Yeah.

Terry: So, you're trying to see more and more people and I'm feeling like I'm not doing a very good job 'cause my job is to be very personable and personalized. And, like, I'm not doing a good job, right. And, and my literally my marriage suffered. And I got divorced, in part because I was at work until 10:00 at night, 9:00 at night trying to figure out how to build up this EMR and all this stuff. And so, I was feeling all of this stress, and this sense of unfulfillment and a sense of I'm not doing what I was sent here to do, and a sense of, I'm not taking care of people, like I think I should be taking care of people.

And so I literally said at some point to myself, “Well, you're a charlatan? What are you doing?” And so they came to me, this is the way the story went, they came to me and they said, “Well, you, you got to go to the class for the new system.”

Raul: The third one.

Terry: The third one. And I said, “When is the class?” And they said the classes are going to go from like, October and November.” And they were like eight classes. And I said, “When is the last class?” And they said – I'm making stuff up. December 12th. And I said, “Okay, I quit December 12th.” And then she went, “Hahaha, that's funny. That's funny.” I said, “Okay.” So, they called and they said, “Dr. Gordon, you haven't signed up for the class, you got to sign up – this is the last class, you gotta sign up.” And I said, “Well, I'm not signing up for class.” And they said, “Well, it's the last class.” I said, “I told you eight weeks ago, I quit.”

Raul: Wow.

Terry: She said, “Hahaha. When are you coming?” I said, “I'm not coming.” She called my boss and she said, “He won't sign up for the class.” So, my boss came and said, “What's the deal you're not signing for the class?” I said, “I'm quitting. What don't you people understand? I am done.”

Raul: At that time you were working still in internal medicine?

Terry: Yeah.

Raul: Okay.

Terry: Yeah.

Raul: So, your boss was the chief –

Terry: Facility chief.

Raul: Facility chief, okay.

Terry: So, the backdrop you need to understand is a little bit of backdrop. So, because of my style or whatever, I had inherited a lot of very well-known people in Detroit. So, I was taking care of the mayor and all of his people, I was taking care of a lot of people in the state government, I was taking care of the wealthiest Black people in

town, and some of the wealthiest White people in town. They liked my people, they liked my patients to be known as coming to their hospital. I had a huge number of them, of those outstanding citizens who are just calling.

Raul: Notables.

Terry: Notables. The people – the guy who owns the Pistons, a lot of notables, right. And, again, my job is to take really good care of them, not ‘cause of who they are, but because they are my patients. And so I was very prideful about that. And so when I said, “I’m not – I’m done,” they went into an instant panic like, “Oh, my God.” And so they decided they were going to give me a private class. And I was like, “You can send somebody out here if you want to, but I’m done. I can’t do this anymore.” Now, I had already decided I was done. And this was just like the last straw.

And so I just kind of used that as kind of like a metaphor for how this had evolved to a bad place that I – that “my marriage is bad, this is bad, this is bad, and why am I doing this? Right? I don’t need to keep doing this.” And so as I used that as – this is what you do to good physicians to make them not want to be a part of this anymore. And you shouldn’t do that. And so I just said, “No, I’m not doing it. I’m not doing the EHR.” And so finally, I convinced them like, you need to give me the paperwork ‘cause I’m not going through a class. And that was the end of it. That was the end of it.

Raul: I mean, now that you’ve mentioned metaphors and wrapping up your exit after 34 years. Well, actually, let me take a step back. After that, did you come back here or did you go to work someplace else?

Terry: No. So, I stayed in Michigan for quite a while. And I sort of plunged in at the free clinic. I just did more free care. That was sort of my clinical experiences. And the other part of my brain, I was also a medical director of a health plan. So, I did more of that and sort of became a consultant. And the consulting piece was – So, some of my very wealthy private patients, ex-patients decided that they really didn’t want me to completely retire and they wanted to keep me on a retainer. So, they got together and put me on a little – it wasn’t too very lavish retainer, but they put me on retainer, and their retainer was, “whenever I get in trouble, or somebody in my family gets in trouble, we want to be able to call you.” I said, “Okay.” And so that’s kind of the three things I did.

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- Raul: So, that – and with that, that allowed you to stick around the Detroit area?
- Terry: Mm-hmm. And I actually have one guy still on the retainer. There's one left. He lives in Florida and Michigan, he goes back and forth. And we're good friends.
- Raul: But you're here.
- Terry: I'm here. But we do all this by Zoom now. And he sends me a patient about once every week or two. So, he's a very well-known guy. And he's like a godfather to a lot of – he's a mentor to a lot of – he's an entrepreneur. And he's a very successful entrepreneur, he did six or eight companies, which he subsequently partly sold and partly retains. But anyway, so they called him and they're like, "Oh, my God." The last one, for example, is a guy who had metastatic bone prostate cancer. I called him, and he's like, "I'm dying." And I called to say goodbye. And he had them call me. I called people I knew at Michigan, and Michigan got him into a precision medicine clinic. He called me back a week ago and said his disease is arrested. So, they figured it out.
- Raul: Wow.
- Terry: That's the kind of stuff I get involved in now. Because he was prepared to die. And I said, "Well, we need to get you in the Cancer Center at Michigan, and I know some people you need to talk to. And when you go, here's what you have to – these are the words you have to say." And I had him talk about precision medicine and individualized medicine. And I don't know if you know the concept but basically, you take tissue from the person, you figure out the genomic structure and you individualize – you tailor the treatment so that it's targeted. It's targeted care, targeted medicine. And if you get the right target, you can arrest the tumor.
- Raul: Yeah. Wow.
- Terry: And so anyway, his has been arrested. And he's been saved. And –
- Raul: Wow.
- Terry: All of that. So –
- Raul: When did you finally come back to North Carolina?

- Terry: So, I came back in 2017. Yeah, I think 2017.
- Raul: Sort of retired now?
- Terry: I'm sorry?
- Raul: Sort of retired when you came back here?
- Terry: Yeah. Yeah, pretty much, doing things more remotely, a few things remotely, but I was still also working for Aetna Health Plan. I had been a medical director with them. And so I was still doing reviews, patient reviews, and appeals. And I actually did that for nine years. I just stopped doing that last year. And I was ready to stop doing that too. I was getting really old. But I was – I did that. And so those were the kind of the two remote things I was doing here. But I was still going – I still have a house in Michigan, which I'm gonna sell this year. So, I've been going back and forth a couple of months here, a couple of months there.
- Last year, pandemic-wise, I was almost all here. Not much there. And this year, like I said, I've decided to sell the house. So, I'm going up there and selling the house. But yeah, I just live like on the end of this building.
- Raul: You're close.
- Terry: So, I'm in a condo, yeah, I'm in a condo. But I found this in '17. I bought it in '17 but I didn't actually move in until '18. And then I've been here pretty much ever since.
- Raul: Wrapping up our conversation, and I'm thinking again, about the students who had the inspiration to do this collection of oral histories. How does being a Black physician matter? How does – if you take stock of being a Black physician and how it has mattered in your workplace, in your family, in your community, what would you say to those students? The newer generations?
- Terry: Yeah. So, the first and most obvious thing that will happen is that you will quickly discover not because you're trying to be unique or different, but you will quickly discover that you will salvage and I'll define that clearly. But you will salvage some patients who have not been cured well for only because you're Black. And I didn't go looking for that assignment. I really consider myself a doctor for everyone. What you may come to find out is that there are people who would be dead if you were not there. I mean, literally, they

would be, and I'm not being dramatic, they would be dead. And it's partially because in the case of an African American patient, it's possibly because there's a level of intrinsic trust that they have.

Again, you don't bargain for this, you don't ask for this. But there's an intrinsic level of trust that they will award you with that will allow you to take better care of them than they have been taken care of, so much so that you can rescue them from bad places. And clearly, they would not be alive because they were in – they were on a very bad trajectory. So, that's the first and most immediate thing. And it's almost like, “what is going on?” I mean, I would have patients who would come back literally every weekend, and we would talk and we'd take care of their medical thing, and they would say, “Oh my god, I never thought I'd have a Black doctor, I just so love having a Black doctor. And I'll do whatever you want. I want this to work. I want us to be really good at this.”

All of a sudden, I'm like, “Oh my God.” And you feel – you almost feel this weight. And it's not a bad weight, it's just like they've given me too much. I mean, they've given away too much of their life to me. But when you get them and they have had a stroke, and they have just not been taken care of very well, and they are getting incapacitated. And then you form an alliance with them and you get them better, and they start having a reasonably adequate life and they become more functional. And they like you better and you like them, you realize you've made a difference. I mean for this person, you have made a difference.

And then all of a sudden you realize this is not just happening one time, this is happening a lot. This is happening way too much. Now, somehow that's an indictment on the whole medical establishment, right?

Raul: Yes, it is.

Terry: Because it speaks to this lack of health equity, it speaks to this lack of trust, it speaks to all this other stuff that we should not have to fill in for. We shouldn't have to be surrogates for what's gone wrong in all of medicine, in terms of health equity. But again, it's not something I went there saying, “Oh, I'm gonna fix this problem,” or, “I'm gonna – this is gonna be my role.” The patients tell you, “This has been a huge piece that's been missing in my life.” And so that's the first and most obvious reason that you know that being Black is important that you're there.

The second is, we are for better or for worse better communicators. I cannot tell you – I cannot tell these students how often you will hear, “Well, why didn't the White guy say that? Now I understand.” It happened all the time. And I'm like, “I didn't say anything unusual. This is the way I talk to all the patients. What do you mean they didn't tell you this?” He said, “They never said that. They never offered this to me. They never said that was an option. They never explained that I could do this or that, or they never tried to get me a cheaper drug that was just as good or –“What? I was like, “Seriously?” “No.”

So, then you suddenly have another aha moment. It's like, wow. There's something about having to explain yourself in medicine so that you are acceptable and accepted. You learn how to communicate on a more elemental level, and a convincing level that other people don't because there's no pressure to do it, don't ever have to learn to do that. Again, you don't realize it until the patients tell you that. I didn't know that I was – because I'm not in the rooms with other people. I don't know that I'm explaining any differently than anyone else. And I will tell you, it wasn't just the Black patients. I got the – to this day, one of my favorite patients who's still on my email list, because I write a little blog every month about Coronavirus, whatever.

One of my favorite patients is a White guy. His name is Rusty, he's actually – that's not his name. He's freckled so he's – we call him Rusty. He says, “I will never have another doctor, but you.” And he was my doctor – He's my patient for 32 years. And he still calls me about his problems, whatever. But Rusty said, “The White guys don't talk like that.” And I'm like, “What are you talking about?” He's like, “My White doctors never explain stuff that well.” I'm like, “What are you talking about? I don't understand.” I literally was like, “Dude, I don't understand.” He said, “Well, you just explain it. And so I get it, I get it. Every time I get it, I get it.” And I was like – and again, I'm like, “I don't know how it's different, because I don't hear what they're saying.”

So, that's the second aha you have, that there's something about your communication that allows you to better connect with a lot of people. And I assume it has something to do with this Blackness and in this way we get medicalized. So, that's the second one. And the third one is probably you have things that you need to teach your colleagues. And they don't always know that they need to be taught. But there are a lot of things you can teach your colleagues, and some accept it more willingly than others. But there's a level of

arrogance that – there's a level of still – of “how did you really get in medical school? How did you really get out? I can't believe you know as much about this as I do.” It's really inappropriate but –

Raul: Yes.

Terry: It's that whole thing still. So, the interesting thing about primary care and internal medicine is you have to know a lot about a lot of things. And so the specialist can be very good about what is the greatest and latest about this issue, right, in this specialty, but they were not so good about how to implement it and how to get patients to adapt and adopt to it. We were really good at that. So, we could take, we could take their plan and make it work much better than they could. The arrogance was but I gave them the plan. And we would – we are always left with trying to get them to understand, but the plan doesn't matter if they don't do it.

You haven't been a good doctor, you haven't got this patient to adopt the plan because all of your brilliance didn't matter. And so we have to spend a lot of time trying to educate them on how to interact with patients, how to talk to patients, how to get this high level of acumen to be translated into behaviors. So, that's the other thing, that's the third Aha. And, again, it's not something you walk in today and just know that that's the way it is it evolves, it becomes obvious to you. You have a pretty damn important role here. It wasn't always as appreciated as it should be. I think it's more appreciated here probably than any place, academic place that I know of.

Raul: Yeah.

Terry: It's very appreciated here. And I think, compared to when I was left here, nation-wise I think, and clearly having gone through a pandemic, people clearly appreciate primary care, because it's like really where the rubber meets the road, kind of thing. But I would say those three aha's were probably things I had not fully appreciated on a sort of intrinsic gut level, I kind of thought maybe some of that stuff was out there. But when the patients confirm and tell you, “No, this is different.” It's like, “Oh, okay. I guess I really do have a role to play here.” So, it's really good for your ego when patients tell you things like that. It's like, “Oh, this is great.”

Raul: I love that that's terrifically insightful. And I'm just sorry I could not capture your faces when you telling me all this. That was very expressive. I'm sorry, recorder.

Terry: Yeah, yeah. So, yeah I know it's been an interesting ride. I would do it again. I would do a different specialty, but I would do it again. Actually, I would probably go – I'd probably be an interventional radiologist or a dermatologist.

Raul: That's another story.

Terry: Another story, you're right. But yeah.

Raul: Thank you, Dr. Gordon. I'm gonna shut this one down for now.

Terry: Okay.

[End of Audio]

Duration: 103 minutes

Interviewer: Record to the cloud. I have a backup over here, which is now working.

Dr. Terry Gordon: I was impressed by your digital recorder and how well it did out in the open with those people in the background.

Interviewer: Oh yeah. I mean not to get too nerdy about these things, but I was very picky about the thing I used. This kind of mic, I got from a recommendation from some colleagues who do podcasts for a living. They have a proper recording studio and whatnot and this is the mic they use. They just attach it to the little crank arm that goes between the speaker and the interviewee and it works wonderfully, and it's got a very large memory.

Anyway, so today is Monday, December 13. I am interviewing Dr. Terry Gordon for the Black Alumni Experience project at the UNC School of Medicine, and this is an addendum to the interview that we had a week ago. Welcome, Dr. Gordon once again.

Dr. Terry Gordon: Good morning, good to be back.

Interviewer: The addendum is focusing mainly on some of the earlier parts of your life and mentorship experiences with people who are very close to your household. You were going to tell me a little bit more about what your family is like and what it was like growing up with them.

Dr. Terry Gordon: Okay, sure. I think that where we left off, I mentioned that we all initially lived with our grandparents and then we moved from one town, Pinehurst to another town, Southern Pines, six miles away. So I actually grew up in Southern Pines with my parents, and I didn't speak enough about my parents who clearly need to be honored here. So, when we moved to Southern Pines, they bought their first home, and that's where we lived the entirety of my high school experience.

My parents were both educators. My father was a middle school teacher and the other half of his career, the latter half of his career, he was the principal of a middle education school. My mother was an Early Education teacher before it was even called that. My earliest experience educationally was with my mother, in fact, and it's an interesting story because I have a lot of interesting stories.

I was about 3 years old when I first went to school. And so, I went with my mother who taught in a one-room schoolhouse, segregated schoolhouse, and she taught three grades. She taught first, second, and third grade. Her students came from as far away as 60 miles by bus –

Interviewer: Wow.

Dr. Terry Gordon: -- because they had to pass segregated schools. The net benefit of starting school when you're 3 means you get a very strong fundamental education in reading, writing, and arithmetic very early. By the time I was ready for first grade, they thought I was precocious when I just simply had memorized the curriculum for the first three grades. So, thankfully my mother did not allow me to advance. She recognized there is also a thing of social maturity as well as academic maturity.

Interviewer: Of course.

Dr. Terry Gordon: So, my task in this early childhood thing was to put coal in the burner that sat in the middle of the room of this one-room schoolhouse, so those are my earliest memories. But what I also want to convey is this very sincere appreciation for parents, who I think pulled off something rather remarkable. They raised four intact, successful males, Black males, at a time in the Deep South when that was hard to do.

And they were able to sort of thread this cultural needle by teaching us to be confident and self-aware and gracious and

attuned to what we needed to accomplish. They were very clear about our goals and objectives, but at the same time they also had to teach us to be cognizant of our environment and ready and designed to deal with adverse circumstances that were potentially harmful to us as Black males.

And so, they taught us in a non-destructive, mental way how to live this duality of life. I think some of the feelings of other parents were, and still some of the feelings of Black parents is, they're unable to teach children how to be successfully dual in these personality traits. I think they were incredibly remarkable, and I think the proof is the fact that I have three brothers who are highly successful individuals. I think I told you last time that I only have three brothers and they are 6 years, 16 years, and 18 years apart.

I didn't want to leave my parents out of this because I think their story is actually quite remarkable. They grew up in a very segregated time, but they were able to get themselves through college, both my mother before – and my father at the insistence of my mother by the way – get themselves through four years of college, albeit at HBCUs, which is not a negative. It allowed us to be a very successful middle-income family. I wanted to share that because listening to the prior recording, I don't think I had given them enough honor.

Interviewer: Thank you for bringing all of that up and for filling in those details. I had a question. I guess the simpler question you can leave for later. It has to do with, why were you going with your mom to school at 3? But the other one, I think is a major theme that I have seen before, the difficulty, but also the great satisfaction of raising all your kids in that environment. This is 50 years ago when there were many forces that made it very hard for African-American parents to do exactly what other parents take for granted.

This ability to raise them all and to raise them all to be successful and to be strong and resilient, did you know other parents and other kids who were like you, all in that way?

Dr. Terry Gordon: Yes, some. Many of them were trying, but the forces were too great for many of the friends that I had. Some of my friends and classmates that were in similar circumstances have been successful, right? And I don't know what this means but most notably those were people who were in two-parent, intact families. The ones that were less successful were either in one-parent families or were so far below the poverty line that they simply

could just not muster the resources to give their children necessary advantages.

Interviewer: What do you think makes it easier or more challenging for these parents to stay together?

Dr. Terry Gordon: Wow. Yeah, that's a whole course by itself.

Interviewer: Just from what you observed growing up, I guess.

Dr. Terry Gordon: There are obviously cultural phenomena that are designed to create obstacles for families, right? First of all, just simply being able to get a job that provides adequate wages and allows you to provide for your family on basic levels like food, shelter, and security; so that's the first one. Can you get a job, and do you get the job or not get the job based on ability, or do you get the job or not get the job based on some innocuous nonsense like the color of your skin? Too often, at that point it was often the color of your skin. So that was the first one, can you get a job?

The second one was, the society and the culture has been designed not to support Black fathers in homes, in intact homes. The laws are almost written so that it makes almost economic sense if you're struggling to push the father out so that you have higher levels of income in the house. And so, you get to know families who have what I called pseudo fathers. They were technically not in the house for the purposes of the social system, but they actually hung around the house. Right?

That's a real shame because you don't get the maternal, you don't get the paternal bonding and the paternal instruction that you need, I think to be a more balanced person. That does not mean that a single parent cannot raise children. I don't ever imply that, but what I mean is that it's more difficult. I think it makes a less-balanced person and when you go out fighting into the world, as you know you've got to be as balanced as possible because the world kind of knocks you off your balance from time to time.

Interviewer: Yeah. I think what you're telling me, I mean it really resonates with me because maybe I didn't tell you when we were having our first interview but part of the reason why I was so keen on this project was because as an immigrant, I see some of the same forces have played in my own experience. All those things I have seen through the eyes of African-Americans who have kind of experienced something similar in this country but for longer, so I

cannot help but reflect on those experiences to understand a little bit of mine and the experiences of more recent migrants who come from all over the place.

One of these things that kind of is something of a pattern has to do with what you said. There is a certain need to have socioeconomic improvements, which usually translates into income for your family which systematically pushes out the males from the households, however they are followed. There is something perverse, that kind of reproduces itself over time when you are not there integrally, when you are there as a male only in some capacity. This is a structural problem, and it's old. This is nothing new.

Dr. Terry Gordon: It's very old, right, but once a pattern is learned it becomes the operating norm. So, for the next generation, it's the operating norm. They don't see it as unusual or inappropriate. They see it as that's the norm for my house. To say that you have to have two parents, they're like, why? What do I need two parents for? My mother raised me just fine. Of course, you're going to say that. You're not gonna say, "My mother was horrible," or that my parents should've both been there.

In other words, we normalize dysfunction, right? We normalized this dysfunction, and so it becomes okay when it's clearly not okay, but of course, that's easy for me to say because I'm successfully the product of a two-parent family.

Interviewer: Now for something a little easier – maybe it's not so easy – but I was curious about why you had to go with your mom to school. You were 3. You could've been out doing other things, but you were there.

Dr. Terry Gordon: There were no babysitters. There were no babysitters, and there were no restrictions 55-60 years ago. There were no restrictions on who could come to the classroom or not. Black schools were undefined and ignored pretty much, and it was just by the sheer power of the teachers and their desire to help these children, help our children, that anything got accomplished.

We got all the horrible, deteriorated books from the White school. Like I said, the infrastructure was a one-room schoolhouse with a coal-burning stove in the middle of the room. The classes were on this side, this side, and this side, and my mother just rotated around. We were talking maybe 12 people. So I went because at

that point there was no babysitter and my grandparents were not available. My grandmothers essentially were not available at that point.

Later on, one grandmother did become available, and she did become my babysitter, but that was practically when I was ready to go to first grade, but I had already done three years of grades one, two, and three.

Interviewer: You were rotating through all the grades.

Dr. Terry Gordon: Yeah, and I had jobs. I literally had to start the fire every morning. That was my job.

Interviewer: What about your siblings? Weren't they supposed to be there with you too?

Dr. Terry Gordon: No. Remember, they came six years later.

Interviewer: Oh, okay.

Dr. Terry Gordon: So, when I was going to first grade then my second brother was born, and then my grandmother was available, so she became our babysitter at that point. He never experienced the one-room schoolhouse thing. By the way, it was way out in a rural area. That's the only place my mother could get a job. It was way out. It was like 25 to 30 miles from our home.

Interviewer: Oh, wow.

Dr. Terry Gordon: It was in a very rural area to begin with, and then they bussed in children from even very far distant rural areas, but that's how they got to school. Going to school was a big sacrifice for these families.

Interviewer: Yeah, and for your mom every day.

Dr. Terry Gordon: Yep.

Interviewer: Where was it by the way?

Dr. Terry Gordon: When?

Interviewer: Where?

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- Dr. Terry Gordon: The school was in West End, North Carolina, which is about 15 miles northwest of Pinehurst.
- Interviewer: Okay. I'll have to get my eyes on a map to figure it out.
- Dr. Terry Gordon: Yeah, it was out in the sticks. It was out in the sticks, and this town had lots of good old boys and it was a sawmill town. I mean that's what it was. That was their whole thing. Of course, over her career all of that went away, and they had one high school, a very tiny high school, but it was all White. They didn't allow any of the Black children to go there so, we passed that school every day on our way to our school.
- Interviewer: Can you tell me a story about your dad and how he supported you or encouraged you, or at least modeled some things that you took with you into college and medical school?
- Dr. Terry Gordon: He was an interesting story. He is a guy who could have gone bad, say probably my mother. So, he went off to war, World War II, and he comes back, and he wants to marry my mother, but she refuses to marry him unless he agrees to go to college. And so, he has the GI Bill, which by the way many Black people were not allowed to have, get access to.
- But he was able to get access to the GI Bill, and it was basically through the people at [Fayetteville State] University, who became very skillful with how to get the GI Bill for Black students. That's where he went to college, but he went after. My mother had already graduated. So he comes back, he wants to get married, and she says no. You've got to go to school. He goes to school and becomes very serious about education.
- He really likes education, and because there are not a lot of college-educated Black males, especially teachers, he became sort of like, the go-to guy in his little segregated town, which is Aberdeen, which is also seven miles to the southeast of Pinehurst. So, he becomes the coach of like three teams. He becomes the model, he becomes the role model for all of these students, Black male, and female students. So, he subsequently moved from there to one other school and then we moved to the other school. Believe it or not, he was actually my mother's boss. So, he became my mother's boss, which was very interesting at home at night, right?
- He became my mother's boss at the West End School as her principal. Some of the things he taught us that we didn't really

know we were being taught were self-confidence, learning how to speak eloquently for and about yourself. He didn't allow us to misappropriate the language, and he wanted us to experience as much as we could experience but with a lot of caution, and he was very careful not to scare us with the caution.

I remember one time. Here is an example. He bought me an old car because I was going back and forth. I was at A&T [North Carolina A&T University], and I wanted to work in the summertime, and my summertime job was at Camp Lejeune, on the other side of the state, so he bought me an old car. I remember one day he sat me down and gave me this really unusual warning about, how did I drive to school? I did not quite understand that. I said, "Well, I take this road, and I do this road, and I do this road." I said, "I take this short cut, and I go this way."

He said, "You can't take the shortcut." He'd never said anything like that. He said, "Always go the way we always go." I'm a young male, so I'm like, taking the damn shortcut. Why am I gonna drive an extra 10 miles? It was not until later that I realized, reading the paper that this little corner, this little northwest-most corner of our county that I had to drive through by the shortcut was High Falls, North Carolina. High Falls was the place rampant with Ku Klux Klansmen. They were not averse to stopping you, and questioning you, and throwing you in jail.

He did not give me that fear. He just said, "You can't go that way." He didn't say, "Be afraid of these people." I knew by the way he said it, which was totally uncharacteristic. He said, "Do not do that." And he never said things like "do not do that." He would say things like, "Do you think that's a good idea?" Or, he would say, "What do you think you should do?" So, he was very good about how he was raising us. He was very intentional, but this was very instructive.

Clearly, he was afraid for us, and now I know why he had this worried look on his face. It was kind of like a terror, worried look. And so, there by the grace of God, I didn't get stopped and wrapped up into the Klan.

So, he taught me lots of skills: education, speaking, confidence, resilience, jumping back up after somebody knocks you down, the idea that defeats are not really defeats. They just look like they are setbacks, and it's how you respond to them. It's not the thing; it's the response. Don't dwell on the thing, dwell on the response.

Again, I think that's a real value of a parent and especially a male parent because mothers in their sympathy and empathy tend to allow you to dwell on the thing. They want to make it all right.

Fathers tend to be more about, okay, so what you gonna do about it? How are you gonna respond to this thing? Get up, dust yourself up, quit crying, come on, tell me how you're gonna fix this. That's what I need. There is a point where you need to be hugged. That's the mother, and there's a point where you need to be kicked in the ass and let's move on. That's the father. That's the balance. You need both of those.

And so, he was good about that. He would listen and he would go, "Okay, so what are you gonna do?" I can't tell you how many times I got slapped around in medical school, and like, oh God, I don't know if I can do this. I've got a thousand things to do today and here comes one more thing and I can't—they're hollering, and four people are telling me to do one thing at one time. He would go, "Focus. Focus. Do the next best thing with the greatest return."

I remember he used to always say that; "Do the next best thing with the greatest return." That's a lesson I've carried. I mean just today, looking at my mutual funds, do the next best thing with the greatest return.

Interviewer: Literally the greatest return.

Dr. Terry Gordon: There were a lot of lessons that you obviously don't realize until you kind of leave and go off on your own and then you're like, "Oh crap, so that's what he was trying to do. That's what he was trying to say." As we all well know, the older we get, the smarter our parents got because we're like, oh hell, that's what they were doing. They were trying to help me. They were trying to protect me. I'm sure when you're trying to deal with your own children, you're like, "Just do what I tell you and you'll see later. It's really good for you."

Interviewer: Yeah, several times today.

Dr. Terry Gordon: So, there were many, many lessons. Those are a few; a remarkable role model. My mother died suddenly of respiratory collapse. We don't know why she had respiratory collapse, but I actually got back in time to be in the hospital room, so I was the last person to see her alive. She died on my watch, actually. I was in the hospital, and then my father died about eight years later with a very rare

tumor, a gastrointestinal tumor.

Interviewer: Did they live in Pinehurst the whole time or did they move around?

Dr. Terry Gordon: They were born in Pinehurst and then they lived in Southern Pines. We all lived in Southern Pines, next door. They lived there their entire lives.

Interviewer: Then you had a had a great reason to come back here too.

Dr. Terry Gordon: Yeah! I mean, it works better, it feels better, hell it's warmer. The support system is here. I like being involved in things. They insisted that I run for my community board, and then I just signed up for a class. One of the advantages of being in a college town is you have these highly-educated people who don't have enough to do. They have this thing, this shared learning experience where they have this whole semester of classes, and we get together and talk about these really in-depth things in a very safe space, and it's incredible. I mean it's really incredible.

Interviewer: That sounds great!

Dr. Terry Gordon: Yeah, it's called shared learning, and these are incredible academics, the world's experts in things but they're retired, right? So, we get literally get together, 10-12 of us, and talk about all kinds of things. Right now, I'm doing slavery. Next semester, I'm doing the week in review, which is all of the highlights. Then, I'm also doing one called creative learning. Yeah, I'm gonna take creative learning. My attitude is I think I can always learn something new, so that's what I'm gonna do.

Interviewer: That's exactly it. It's a great attitude for a Monday. It's my Monday motto.

Dr. Terry Gordon: Yeah. This is good. It feels good being here. It feels like the right decision. I'm very comfortable. If I could just find a place for all my stuff, then I would be very happy. I have way too much stuff.

Interviewer: It's what happens. That's my cue. I am so glad we had this second chat to fill in the record some more and make a fuller account of it.

Dr. Terry Gordon: Yep. Thank you for this. I thought that I wouldn't have a chance to do that. I'm like, "Oh my god, I didn't say enough about my parents. I said virtually nothing about my parents," and they were central to this whole process.

Interviewer: There is a couple—I mean several of the things you said, really they connect really well with others' experiences including mine.

Dr. Terry Gordon: Yeah, no doubt.

Interviewer: I'll stop the recording now.

[End of Audio]

Duration: 32 minutes