

INTERVIEWEE: Dr. Jean Spaulding
INTERVIEWER: Jessica Roseberry
DATE: October 3, 2006
PLACE: Private Practice Office

SPAULDING INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry, and I'm here with Dr. Jean Spaulding, and she's trustee of the Duke Endowment. Today is October 3, 2006. And Dr. Spaulding, I really appreciate your being interviewed today. It's a great pleasure to talk with you.

DR. JEAN SPAULDING: Oh, thank you very much. It's certainly my pleasure to speak with you as well.

ROSEBERRY: Thank you. If you don't mind, I thought we might start with a little bit of background of yours. Just for context, if you don't mind my asking when you were born, if that's okay.

SPAULDING: Oh, I was born February 23, in 1947.

ROSEBERRY: Okay. And where was this?

SPAULDING: That was in Birmingham, Alabama. I was born in the South, but soon thereafter my parents moved with my older brother and me; the family's more younger brother hadn't yet been born—to the North, so we grew up in the North.

ROSEBERRY: And where was that?

SPAULDING: That was in Highland Park, Michigan, right outside of Detroit.

ROSEBERRY: Okay. And I thought I might ask how you came back to the South and came to Duke.

SPAULDING: Well, I grew up in Michigan in a very diverse community, which contrasts and compares significantly to my return to the South. But during those growing years, my parents would bring us back upon occasion to visit grandparents in either Atlanta, Georgia or Birmingham, Alabama. So we were children who grew up in a community where we had no concept, in the North, of segregation; and every summer we'd go and get in the car and travel to an entirely different sort of society that we didn't entirely understand. For example, suddenly there was this magic line. You could go to the bathroom if you were north of that line, but you couldn't go to the bathroom if you were south of that line. So as children that made no sense to us. So my parents had taken us to the North deliberately so that we'd have different sorts of growth experiences than both of them had experienced, because they both grew up in Alabama and in Georgia respectively. When we then grew up in Highland Park, which is a very interesting community because of the automobile industry and the influence there, because it was so diverse. Highland Park was about one mile square with innumerable types of people. And everyone then went to the same high school, so it didn't matter whether you were Lithuanian or Caucasian or Filipino. And these are specific people that were friends of mine—best friends that I'm thinking about. Everyone ended up in the same high school. So my growing years brought a perspective of a multiracial, multiethnic sort of context for the United States. I went from there to New York City where, of course, I saw the same, and then started dating a person from Durham, North Carolina. We then—after I graduated from college—had gotten engaged during my senior year, and so I changed my course of action. I was going to go to medical school in the North—either to Columbia or to Harvard—and changed and decided to come to Duke so that we could reside in the same place. And that was a very different sort of experience.

ROSEBERRY: Sounds like it was a little eye-opening, too.

SPAULDING: I used to say that I went back a hundred years.

ROSEBERRY: Oh, my gosh.

SPAULDING: So it was more than an eye-opening.

ROSEBERRY: How did that present itself?

SPAULDING: I was unaccustomed to places where there were so many Confederate flags. I hadn't seen Confederate flags and pickup trucks with gun racks and guns on the gun racks and people as you're walking down the street catcalling and hurling insults. That had not been my experience prior to my early twenties and living in Durham, North Carolina. The other thing that was so striking was that there were no sidewalks. I was accustomed to Detroit and New York, and I come here and there are no sidewalks.

ROSEBERRY: Very different.

SPAULDING: Very different.

ROSEBERRY: Well, was the experience the same in medical school?

SPAULDING: Um-hum. Yes. Yes. It was very much the same in medical school. In my college years, the Vietnam War was the prominent issue for the United States, as I was in New York City from 1964 to 1968. Nineteen sixty-eight, of course, was a salient year for Columbia University—where I happened to be in school—where there was the takeover of the administration building. A lot of protest around a war. And then I come here, and no one seems to recognize that there was a Vietnam War going on, and people were still fighting the Civil War. So it was a very different sort of environment.

ROSEBERRY: People were taking over the Allen Building and people were—race issues.

SPAULDING: On the undergraduate campus, but not on the medical school campus. No.

ROSEBERRY: So did the medical school feel a bit removed from those?

SPAULDING: I think it definitely was removed from those issues that were going on on the undergraduate campus. Very different. The slides that we would get for histology from cadavers or body organs were labeled “white” and “colored” in the sixties, so it was a very different sort of environment.

ROSEBERRY: Were there expectations that were different for you as an African American, or—?

SPAULDING: I was the only African-American—only minority of any sort in the class—so there definitely were different expectations. There was no fading into the woodwork at all. And people would ask or say absolutely outrageous comments to me. Just things that you cannot imagine people saying even at that day and time. Like, Why should they give me a scholarship to come to Duke—which I had earned—because I was a woman, and I was just going to get married and have babies. That was said to me in my admissions interview.

ROSEBERRY: So you had to tough it out?

SPAULDING: It was a matter of toughing it out, and there were not other individuals who were having the same experience at that point in time. So it’s nice now to see that we have 51 percent females in the medical school class, and more than 20 percent underrepresented minorities in the classes. It makes a huge difference when there’s some support.

ROSEBERRY: Did the professors, as well, treat you differently?

SPAULDING: Absolutely. Yeah. Racism was alive and well in Durham, North Carolina in the medical school in the sixties. There were Confederate flags on some of the professors’ cars, which demonstrated their sentiment.

ROSEBERRY: Okay. Did you ever feel threatened?

SPAULDING: Only when the cross was burned by several apparent—it was reportedly medical students—on the front lawn of our apartment when we moved into Colonial Apartments. We were warned not to move into Colonial Apartments because we weren't welcome there. No African-American people had lived there before that time, and so there was a cross burned on the yard—front yard.

ROSEBERRY: So why did you stay?

SPAULDING: I was going to be a doctor, and I certainly wasn't going to let anyone take away my educational opportunities, and that's what so many of the civil rights issues were about. I wasn't going to let anyone decide that, because I was one of 6 women in our class of 100, that we couldn't have an equal opportunity for education as well. So I wasn't accustomed to people telling me what I couldn't do.

ROSEBERRY: Did you feel any support from those women?

SPAULDING: We were a very close group of females, and that was nice. And Nancy—her name at that point was Nancy Butts, now it's Nancy Livingston—Nancy Tribley Butts Livingston—and we sat across from one another in lab. And so she was enormously supportive. She and I ended up going through medical school together, through our fellowship, through our child fellowship in psychiatry, and she's a private practitioner as well.

ROSEBERRY: Well, tell me what was attractive to you about psychiatry, if you don't mind?

SPAULDING: Oh, psychiatry is fascinating. I cannot imagine a specialty that is more interesting and challenging and never grows old. I have learned so much over the thirty years that I've been doing this, from innumerable patients of mine. It's not often that you have a relationship where you get to discuss with someone the most intimate details of their lives, and they completely trust you to help them sort out those issues. And so that's an incredible trust

that's endowed to a psychiatrist, and I think that one has to take that very, very seriously. But it's also fascinating to work with people, and to watch how they can change and modify their lives. There is not the same sort of outcome in psychiatry that there is in oncology. So you can help people get better and do better. It's an optimistic specialty.

ROSEBERRY: You met Mary Ann Black about this time?

SPAULDING: I met Mary Ann Black when I was doing my fellowship. I have to laugh about this, because we have a long, long history of friendship. We were both at the—what was then the Community Guidance Clinic. She was a social worker, and I was doing my fellowship, and Nancy was there as well. Several of us were there. Well, it so happened that Mary Ann and I were the only minorities, I think, of any sort. Again. We certainly were the only African-Americans at the Community Guidance Clinic, and so they put our offices down at one end, right next to one another, and a fast friendship developed from there. Each of us only had one child at that point, so on our days off we would take our children horseback riding or playing soccer or whatever, and we just continued throughout our life spans to be very good friends. Today's actually her birthday.

ROSEBERRY: Can you tell me a little bit about her?

SPAULDING: She is a remarkable individual who grew up in the South. So we've made interesting parallels. Her family—I think most of all her growing years were in South Carolina. She was born in New York, but her whole family moved in the opposite direction, so she grew up in South Carolina. Her father, who is currently a minister, was a policeman in South Carolina. So she tells stories of when the Klan would ride, and she and her brothers and sister would hide, and they'd have to crawl outside the house in order to avoid the house being burned or the house being blown up. So those were her kind of formative memories of early childhood.

Then she went to Benedict College, and then went to UNC for social work, and then established a private practice of psychotherapy as a social worker, while I had a private practice of psychiatry. So frequently we would cross-refer or work on cases and families together. It was a very nice sort of collaborative relationship.

ROSEBERRY: Can you tell me about that Community Guidance Clinic?

SPAULDING: Oh, yes. That was where the, I'd say, psychiatric intellectuals who were working with regard to children and children's issues resided. That's where all of their offices were, so you had this very small building with all of this brain power packed into this building: John Fowler, and Charlie [Charles] Keith, and Hal Harris. All of these distinguished psychiatrists were there, and they were always available. Wonderful supervisors. And they taught me so much about what I do on an everyday basis. It was an excellent experience.

ROSEBERRY: What were you doing there?

SPAULDING: I was a child fellow, which means that we would actually see children as a part of the residency and fellowship program. We'd see children, and you'd be the therapist for that child. You would have a team, and you would report back to your team, and the team was usually led by a psychiatrist, although not always, because they had amazing psychologists and amazing social workers there. And so the thought was it was an interdisciplinary approach, and that was early on for that kind of work to be done. On each team you'd have at least one psychiatrist, one social worker, one psychologist, and then a lot of us as learners—as fellows or interns.

ROSEBERRY: And this was a Duke program?

SPAULDING: And this was a Duke program, yes. The building is at the corner of Trent and Elba. You'll see this tiny building there where they still do see some children. It's evolved over time, but they still see some children in that program there.

ROSEBERRY: I want to go back just a little bit to the Department of Psychiatry when you were in medical school, and I wonder if you could tell me a little bit about the atmosphere there?

SPAULDING: When I was in medical school, Dr. [Ewald] Busse was the chairman of the department, and then after I was in my residency Dr. Keith [H. Keith H.] Brodie was chairman of the department. So both of those gentlemen established such groundbreaking views of psychiatry. Dr. Busse was responsible for, really, a view of the aging process. That had not been well studied prior to that point. Dr. Brodie brought a refreshing view from California, with regard to psychiatry, across the board. He's always been very involved in the American Psychiatric Association, so these gentlemen elevated the department to quite a significant level. I would say, within the department, there were no problems. Everything was very welcoming. For example, when I was assigned a case, while I was at the Community Guidance Clinic, of a set of grandparents who had a grandson that needed to be evaluated, and when I came out to greet them, their immediate reaction was, "Oh no. She's a black person, and she can't treat our grandson." The Division of Child Psychiatry and the Department of Psychiatry took the posture that, If you're going to have your son treated here, you're going to have your son treated by the person that we choose. And so the grandparents backed down. We developed a wonderful relationship over the subsequent two years, and the child ended up being just fine.

ROSEBERRY: So it sounds like there were some people who were more open and accepting than others.

SPAULDING: Yes. Exactly. I think that's called society.

ROSEBERRY: Well, I understand that you were raising a family at this time.

SPAULDING: I was.

ROSEBERRY: Was that difficult to—you were talking about some of the problems, or some of the challenges, I guess, of being a female and an African-American, and here you also had some family responsibilities. Was that an additional challenge?

SPAULDING: That was a joy. That was an absolute joy. The challenge was that in medical school, my view was I needed to be able to concentrate on learning how to become a physician, and I did not need the distractions of fighting with people who, for whatever reason, did not think I should be here based on my race or my gender. So all I wanted to do was to study medicine, and I was at this incredible institution with a new curriculum, which was fast paced. I came here well prepared for that from Columbia, and I just wanted to be a medical student. I was not allowed just to do that.

Then in my personal life I was a married woman, and we decided that after my first semester of medical school that we would try to get pregnant. Well, I got pregnant immediately, so I was, then, of course, the only pregnant woman. It had to look like—it would be very obvious—so I was the only pregnant person in the medical school class, and my daughter Chandler, (*refers to picture*) the one in the bridal gown, was born in October of my second year. So she was born literally a day after my psychiatry exam. So I started my psychiatry rotation, had Chandler, and then I took ten months off. Well, in the process of taking the ten months off as a very married woman—and I had a full scholarship to come here—full merit scholarship to come here—the Mary Duke Biddle Scholarship, there was a challenge raised by some powers that be in the medical school with regard to my scholarship. Though I had honors—high honors in many classes—I had taken off to have a child, essentially to raise a child for that first year,

and so when the threats came that my scholarship would be taken away, and there was no reason for this—again, I was just trying to like raise a child at home and have ten months off. So then I had to say, “Well, if indeed you take my scholarship for being a married woman having a child, which I don’t think has anything to do with my being a medical student, then we’ll have to go to court to resolve this.” And suddenly I had my scholarship back.

ROSEBERRY: So you were pushing some of those—you talked about fighting back some at Duke.

SPAULDING: Um-hum. Right. I thought it would be rather unjust to remove my financial aid for having a child. I didn’t think those two had anything to do with one another, although it did remind me of that comment that had occurred in my first interview here, which was, “Oh, all you’re going to do is get married and have children.” I’m like, “Yes, I am. I am going to get married, I am going to have children, and I’m going to be a doctor as well.”

ROSEBERRY: Well, tell me a little bit about that scholarship?

SPAULDING: Well, it was a full scholarship that paid for everything. It paid for tuition. It paid for books. It just covered everything. It paid for equipment. It covered everything. And it was a full four-year scholarship, so it was reinstated, and it just carried me on until I graduated.

ROSEBERRY: That was from the Biddle Foundation?

SPAULDING: It’s through the medical school, and I don’t know if they still have that one, but it was named for Mary Trent Semans’s mother. So it’s a scholarship that she apparently set up.

ROSEBERRY: Okay. Well, after the Child Guidance Clinic, what came next?

SPAULDING: What came next? All right, then I finished my fellowship, finished my residency, finished my fellowship, and then I was offered a position on the faculty to be the director of community psychiatry. And that offer came from the good Dr. Brodie. And I thought

that was just a wonderful opportunity. What would have happened had I accepted that would have been that I would have been the youngest person to be the chairman of a division. And my interest was at that point in having a second child and establishing a private practice in town, which apparently had not really been done. And all of my mentors said, “Don’t do that. That’s a mistake. You should stay in academia.” But again, I decided what I wanted to do, so I put out a shingle, and all sorts of wonderful people came to see me. I had spent a lot of time at the VA, because it was the Vietnam War, and I really wanted to understand from the perspective of people who were returning from that war what that experience was like. And there was nothing known as posttraumatic stress disorder at that time. They didn’t have a label for what was happening to the veterans when they would return from the war. So it was of interest to me to spend as much time understanding the psychology of war, and what it does to one, as I possibly could. And then when I put out my shingle, instead of me seeing men—I had learned a great deal about men during those years—I saw women. It was as though women had been waiting for a female psychiatrist to come to this area. I can’t say “to town,” because I ended up seeing people from far, far, far away, and I have had a very active practice ever since.

ROSEBERRY: Still with the same sort of—?

SPAULDING: I would say that I still see predominantly females, although I see upon occasion some males. I see two this afternoon. My two patients this afternoon, after I finish talking with you, will be both young men. And I see predominantly people—from children—the youngest I’ve ever seen was eighteen months of age—up through, I’d say, the thirties. I have a huge concentration of young women who are college-aged, so I see a lot of Duke undergraduates, or a fair number of Duke graduate students.

ROSEBERRY: So what are some of the concerns of that population?

SPAULDING: Eating disorders, depression, anxiety, how do you take the stress and pressure of society that it places upon you and incorporate that into being a woman in this modern time? That's kind of the theme of what we work on a great deal. The men don't have exactly those issues. They're usually more depressed or anxious. But for women, it seems to be more and more the issue of: How do you accomplish it all? There's the pressure to be a professional woman. There's the pressure to have a family, to be married, to be the superwoman. That's hard.

ROSEBERRY: That sounds like you did many things as well when you were also accomplishing many things.

SPAULDING: So I think that gives me a unique perspective on how to incorporate things and how not to stress yourself out over trying to reach certain goals. And how to set realistic goals versus unrealistic goals. There was a panel that I put together to speak in Eastern North Carolina, and I happened to invite several women to be on the panel with me, one of whom is Patty [Patricia] Morton, married to Thrus [Thruston] Morton, who is responsible for DUMAC. And Patty is an investment individual. And trustee Kimberly Jenkins. I also asked Beverly Purdue, who is our current lieutenant governor—hopefully soon to be our governor. And the theme that we all talked about—and this was in front of probably 400 other mature women—was, Can you have it all? And how do you find the balance in life? And we all said, We don't know how to balance life, but this is what we've done. I think if you take that attitude about it, things have a tendency to work out pretty well.

ROSEBERRY: Well, what about some of those—you were talking about veterans and veteran women—what are some of the concerns that that population might be thinking about?

SPAULDING: There were very few females who were veterans at that time. They were primarily males, and I think over the two years that I spent at the VA, I probably saw—I'm sure I saw less than five females. So the people who were coming back at that point were men, and I now understand from several women who are at the VA—especially in the Department of Medicine—that that population has shifted and changed, and they have many more females over at the VA than they did in the sixties. So that's a good thing. Although I'm afraid that with the Iraq War we're going to see a lot of seriously injured men and women that are coming back.

ROSEBERRY: So private practice.

SPAULDING: Um-hum.

ROSEBERRY: And then did you return to Duke?

SPAULDING: I had done a variety of things.

ROSEBERRY: Okay. I'm sorry.

SPAULDING: That's all right. I, from the beginning of my private practice, have worked with residents in psychiatry. And so I did a larger amount of that than I do now, because now I work primarily with medical students. So I would do some sort of instruction of residents, or some supervision of residents, early on in the seventies and the eighties, while I was doing private practice as well. And then in the late eighties and early nineties, I was asked to be on the Women's Studies Council. I was on the Women's Studies Council for Duke, and then I was asked to be on the search committee when Dr. Brodie was stepping down as president. And I did that, and that's the search committee that identified Nan Keohane to be the next president. So she was then installed as the next president, and then I got a phone call asking me if I would be on the Board of Trustees of Duke University. And you certainly can't turn that down. So I did that, and then I was asked by Ralph Snyderman to work more closely with him to help create—

while I was on the Board of Trustees—to help create the health system. So that was accomplished. We created the health system to integrate a lot of the medical facilities, and with the thought that we would grow from one hospital to three hospitals, which we now have. So I did that. But then I was asked also to work with him in a different capacity, which was then to be Vice Chancellor for Health Affairs. And that was a very interesting time, because I had not had any experience as a hospital administrator at all. So that gave me really a very steep learning curve, and I learned an incredible amount about health care. And I was able to do that for four years before I was asked to be on the Board of Trustees of the Duke Endowment. So I switched from being on the staff side of Duke to being back on the trustee side of Duke, and I've been doing that since 2002.

ROSEBERRY: Very good. Well, I wonder if we could start kind of with each of those and tell me about the search for Dr. Keohane, and what the committee saw in her.

SPAULDING: Oh, it's hard to say what the committee did *not* see in her. She was the president of Wellesley at that point. And I remember vividly a question being posed in one of our committee meetings whether or not a woman could transfer her skills from being the president of a small women's college to being the president of a very complicated university which also had a medical center attached to it. And the medical center is a very complex organization, and I think there were so many of us on that search committee who thought, Well, of course she can. This woman can do that. Maybe not everyone can do that, and certainly there might be a fair number of men who could not do that, but this woman has that ability to translate from one institution to another, to transfer the knowledge gleaned from one to the next, and to grow into the presidency. Which she did in marvelous fashion. Just incredible fashion. So I think that that was an extremely gratifying experience for me. Just watching Nan, then, not only in the interviews, but

then over the subsequent ten years, was an absolute delight. So I had an opportunity to work with her as a trustee, which was fantastic. And then toward the end, I worked with her as an administrator. So it was a different twist on our relationship.

ROSEBERRY: Can you tell me about some university-medical school issues. I know that there have sometimes been some push and pull between the two of those, and I wonder if this would be a good time to talk about those?

SPAULDING: Well, let me go back and talk about the fact that when Nan came, there was no freshman on East Campus. So one of the tasks that she accomplished—and only one of many tasks—was to convert East Campus to an all freshman campus. I think that was a wise decision. The trustees had a retreat where we discussed that up one side and down the other, and if you're talking about tensions, there were many people who thought a lot would be lost in translation by having all of the freshmen cloistered away on East Campus. Well, now when we look back on that, it doesn't seem odd at all. And it freed up space on West Campus for upperclass people: sophomores, juniors, and seniors, to really move over and have a different sort of bonding experience there. But they would have established close friendships and close bonds during that freshman year. So I think that was a wise accomplishment. So over time a lot of time things that look like tensions, and pushes, and pulls get resolved. And you look back, and you think, Well, there was never a problem there at all. I would say that there's a similar sort of relationship with regard to the university itself and the medical center. At times, the medical center has undergone such tremendous growth and change, that there have to be some tensions. And I think the establishment of a health system where we were saying we had from cradle to grave care, including starting with the nurseries all the way to hospice, and then acquiring home health care and acquiring hospitals—all of that in between. That was a time—and that happened in the late

nineties under Ralph Snyderman's leadership—that was a time, I think, with a lot of push-pull and tension, because it was such a huge vision. And it was extremely important to secure Durham Regional Hospital as a part of that entire spectrum of care. That has been accomplished. Things work well now. We have the three hospitals. Again, no one even thinks anything of having the collaboration between Regional, Raleigh, and then the home base, Duke Hospital. But during those times, there were a lot of details to be worked out by a lot of individuals.

ROSEBERRY: Well, tell me about your role in that Durham Regional—

SPAULDING: Acquisition.

ROSEBERRY: Acquisition.

SPAULDING: Well, I started work on January 6, if I'm not mistaken, 1998. And on January 7, we had a presentation to make to the county commissioners, to convince them that Duke, compared to the other presenters, would be the appropriate partner. So quickly, overnight, I had to write my remarks, and figure what I wanted to say that would be hopefully convincing. And then Dr. Snyderman and I went on a series of speaking engagements around the county. We met with the Durham Committee on the Affairs of Black People. We met with the People's Alliance. We met with a large number of individuals of different political persuasions to help them understand why, again, we felt that Duke would be the very best partner. So that was a primary role for me with the others. Ralph Snyderman, Bill Donelan, and Mike Israel were the other three primary individuals during that first six months that I was Vice Chancellor for Health Affairs. And then by the summer, the county commissioners took their vote and decided that Duke would be the appropriate partner. That was my role during that entire venture.

ROSEBERRY: What was the reasoning that Duke would be the most appropriate partner?

SPAULDING: Well, our view was that it would give us the responsibility for all of the health care—looking at the hospitals—In Durham County. There would not be a competing hospital where we have this segment of the population, and they have that segment of the population. And so I think that that has worked well. Between Duke, and Lincoln Hospital, and Durham Regional, we are the essential health care providers at that level of critical care. And then if you look at—If you kind of roll it down to private practitioners—most of whom are associated in one way or another with the health system—it does give us kind of a wrap-around opportunity to give health care from the people who have the lowest degree of wealth, and frequently the least access to care, all the way to those who have the greatest degree of wealth, and usually the most access to health care. Everyone in-between in this county.

ROSEBERRY: I think there was some community anxiety during that time?

SPAULDING: Um-hum. There was. There definitely was, and UNC made a very good pitch, along with two other private institutions, Tenent and HCA, both of whom also wanted to acquire Durham Regional Hospital. And I think in hindsight probably the county commissioners would say that they made the right decision.

ROSEBERRY: Was Mary Ann Black a county commissioner at that time?

SPAULDING: She was the chair.

ROSEBERRY: She was the chair.

SPAULDING: Of the county commissioners at that time, so it was so funny in our relationships, but it was the logical extension of what we used to do. When we were both practicing psychotherapists, there were all these things that we could not talk about. And so there were always absolute spaces—blank spaces in our relationship. We'd get right up to the point of talking about something. It was, "Oh, no. Can't talk about that." So we had set that model in

place over the previous twenty, I guess, years at that point. So when all of these issues were going on, and I was with Duke, and she's a county commissioner, we'd say, "Oh. Can't talk about that." So there were many evenings where we would just talk about kids.

ROSEBERRY: Let's talk a little bit more about Duke and the community, and just kind of what the relationship has been. And you've seen both sides of Duke, I guess, from within and without.

SPAULDING: Um-hum.

ROSEBERRY: And I wonder if you can talk a little bit about Duke's relationship with the Durham community.

SPAULDING: About that, I would say that certainly there have been a lot of facets to the relationships between Duke and Durham. And so it's hard to categorize it in any one way, especially if you look over the history of these relationships. By that I mean there have been many times that I think Duke has been very appropriate with the community—very respectful of the community. It has had innumerable initiatives in the community. For example, with regard to health care—to try and improve the health care of the community. Some of those have continued on to this time. A lot of those have been less successful. And so it's very difficult for the community, if something is started, and then before they know it, suddenly the doctors are all gone, and the nurses are all gone, and they have to go and look for quality health care somewhere else. And that has been a part of the history, if you look back over fifty years, between Duke and Durham. The Neighborhood Partnership that was then begun when I was on the Board of Trustees, I think, has gone a long way toward bridging a lot of gaps, and everyone has been very cognizant of trying to make that sustainable forever. So that you don't have that issue that I just addressed of something starting, and then the people all disappear, and you have, then, the sense

of disappointment and disillusionment on the side of the community. So the Neighborhood Partnership, by contrast, I think, with regard to the work that they've done in schools, with regard to the work that they've done around the neighborhoods of East Campus—and that has been ongoing for ten years if I'm not incorrect—that has been a wonderful opportunity for Duke and for Durham to work more closely together. There's still a lot yet to be done. I was listening to Dr. [Richard H.] Broadhead talk on yesterday, and he was speaking about a new relationship that he and Chancellor [James H.] Ammons at North Carolina Central have been able to carve out. There are so many opportunities I'd say for Durham and Duke to really work together. I don't think we've begun to maximize those at all.

ROSEBERRY: When did, or did—I'm assuming it did—the attitude within Durham and within Duke begin to loosen toward African-Americans, and begin to be more accepting? What time would that be?

SPAULDING: I would say, to the extent that it has—and we still have a lot of work to do there, too—I would say maybe in the nineties, because there were a lot of faculty who came here in the eighties, who stayed for a short amount of time, and who then would leave. So the whole issue of retention—recruitment and retention of minority faculty—has been, I'd say, a consistent kind of revolving door issue. Things have improved more recently, within the last ten years, but I think that things still can improve even more so. A part of the problem in retention is that if a person comes into a climate where they don't feel supported, and they don't feel as welcomed, considering the options elsewhere, they will leave. And that's what's happened a lot with regard to minority faculty at Duke. There also have been studies that show that there needs to be kind of a critical mass of individuals. Whether those individuals happen to be East Indian or whether they happen to be Hispanic and Latino, there needs to be a critical mass for people to feel

comfortable. And so for a long time, I don't think people understood that here. So we're finally getting, I think, critical mass, but we could improve upon that.

ROSEBERRY: What programs are in place, or how is that beginning to change in the nineties?

SPAULDING: When I was on the Board of Trustees, there was a great deal of thought given to: we need to have more female faculty. And so it wasn't along racial lines as much as along gender lines. So there were incentives put in place for the various departments to recruit women. Then in the medical center there were other incentives put in place. There was a statement of purpose that said we will not discriminate based on gender, race, ethnic origin, et cetera, but there really had to be incentives put in place. And I think some of those more recent incentives are demonstrated with regard to the department chairs in the medical center. There are two African-American department chairs. Now, those individuals were recruited after I went on to the Duke Endowment, which means they were not recruited until after 2002. Prior to that, every chair had been a Caucasian male. We still don't have any female chairs, to my knowledge. I haven't looked at the pictures lately, but I don't think we have any chairs of departments that are, or have been, women. So we need additional change, I would think. Not even in the Department of Pediatrics or OB-Gyn.

ROSEBERRY: Do you think there is a negative view of Duke within the African-American community in Durham?

SPAULDING: Certainly in some segments of Durham, I would say yes. I've heard it so often that if African-American males walk across campus, whether they're students or not, they are treated differently. Their perspective is that they are treated differently than Caucasian males walking across campus. I'm probably not the best person to ask that question of, but I think that, yes, there are some differences that people feel and experience. And, of course, since all of the

issues of the spring, that's kind of opened up the polarization between Duke and Durham all over again. We'll see what happens this next spring when the lacrosse trials actually occur, but what a lot of people felt was that that incident had great potential to erode a lot of the progress that we were talking about. For example, the Duke-Durham partnership and the progress of mending, kind of, town-gown fractions and factions. It's not unusual, as I understand it, in a university town for there to be town-gown issues, but they don't always break down along racial lines. But considering this university in the South, the fact that the medical wards were segregated for so long, the fact that when I was a medical student and you could go into the ob-gyn private clinic, and you saw these lovely leather chairs, and everyone who was a patient was Caucasian. You'd go down to the basement to the public ob-gyn clinic, and there were boards that had been fastened to the walls. No chairs, just flat wooden boards for women to sit on. That did not help anything with regard to the tensions between African-Americans living in Durham, and Duke. And in the early sixties, there weren't African-American faculty. Also with regards to patients, here weren't any African-Americans except on the public wards. You couldn't be admitted into the hospital here on the private wards, as I understand it, and certainly, as a medical student, that's what I saw.

ROSEBERRY: I wonder if you could tell me about some people who should be mentioned, or African-American people at Duke whose names might be important to mention.

SPAULDING: Well, let me start with—the first person I think that should be mentioned, who is not African-American.

ROSEBERRY: Okay. Fine.

SPAULDING: But Mary Semans and her late husband, Jim Semans, were instrumental—and Mary still is instrumental—in changing the climate here. She is a remarkable woman. I cannot

say enough in praise. And she has always been color blind, gender blind, and has worked for women and for all minorities for the entirety, I think, of her career. She ran for the city council, as I understand it, when she was in her thirties. And there had not been any women on the city council, and she and another woman both won simultaneously. And so she has been a role model. An exemplary individual in so many ways. She and my mother-in-law then collaborated together to help form Women-in-Action for the Prevention of Violence and its Causes, in the sixties, and that was because there was so much civil unrest in Durham, as well as throughout the United States. My mother-in-law went to a conference and came back with this concept of developing an organization where, if men couldn't bring peace to the streets, women could. And her view always was that women get along beautifully, whether they're meeting at the grocery store, or whether they're having tea together. And this organization over the—what, fifty years now—nearly fifty years that it's been in place in Durham, has done some remarkable things. Mary Trent Semans and Elna Spaulding have been two partners in accomplishing a great deal in that regard, and bringing town and gown closer together. Then with regard to, say, physicians here, certainly Charles Johnson. Certainly Donald Moore, who was an ob-gyn here. Jim [James] Carter, who was the only African-American psychiatric faculty member when I was a student. Those gentlemen have to be mentioned without question. So as I was taking on issues in the sixties as a student, they were taking on those same issues as faculty members. One in medicine, one in ob-gyn and one in psychiatry.

ROSEBERRY: Are there women that should be mentioned?

SPAULDING: Joanne Wilson, who came to medical school shortly after I did. And I had sat out for that year, and so when I came back, Joanne and I—she was in her second year—and I was—It should have been my third year, but was in my second year, because then I went year-

round to catch up with my original class—and Joanne and I were on internal medicine together. And she was extraordinarily brilliant. Still is. Such a wonderful person. Kind, compassionate, and we could support one another. It was nice to have another person there who could understand some of what I was going through at that point, and I could understand what she was going through at that point. That worked well. So she's another woman who leaps to mind.

ROSEBERRY: Great.

ROSEBERRY: Well, tell me more about the Vice Chancellor for Health Affairs position.

SPAULDING: That was great fun. After that first six months when we acquired Durham Regional Hospital, and then my role changed, and one of my primary responsibilities, then, was to figure out a way for us to deliver health care differently in Durham County. Because now we did have the responsibility for a lot of health care in Durham County. So we started a program called Promising Practices. The way that we did that was to take a look at the emergency department at both hospitals in Durham County, and pull up of what's known as DRGs [diagnosis related group]: all of the diagnostic records of people. We didn't have their names, but we had their diagnoses. And we took a look at, What are the diagnoses, which really could be treated in a clinic or in a doctor's office, for which people are coming to the emergency department? So the emergency department, of course, is the highest, most costly form of care. And we found that a large number of people who had asthma, especially children, were coming to the emergency department for their primary care—and adults who had hypertension, and who had diabetes, along with several other illnesses. But those three, we figured, were the most salient. And we devised a program, along with partnerships with Lincoln, and the county commissioners, and Durham Regional, and within Duke: the school of nursing, my office, the department of community and family medicine, and of course Dr. Snyderman's office, because

he had to fund all of this. We devised this program, where we would take medicine and the primary care around these three diagnoses, to where people were. And we looked at through the county, we did geomapping about where the addresses were of people who then had these diagnoses, and who were of low wealth. Who could not really afford to go and access care during the day because they usually were working, and they had children, and so they'd come and take two or three busses to get to the emergency department at night, when their child would have an asthma attack. And then they'd take the two or three busses back to their neighborhoods. The neighborhoods ended up being four to six neighborhoods, all of which abutted one to the other. So we had this kind of large geographic area where we figured, if we can instead of having people come out to the emergency department, deploy practitioners into this area, we could make a difference. So we had a diabetes educator, a nutritionist, some physicians, and a whole team of nurse practitioners. And what we did was to deploy them within this area at schools, at churches, at barber shops, at beauty shops, at nail salons. We did screenings everywhere we could find to screen people. We went to the state fair and did screenings on people. And we found an awful lot of illness, but we found also a lot of people that we could help. And if, indeed, you were enrolled in Promising Practices, and let's say you lived in this neighborhood, and you had diabetes, instead of you coming to the ED or going to your physician, the nurse practitioner or the physician would come to your home. And it made a huge difference. We saved money, and we had much better health statistics after running that program. And then the program transitioned for me when I went on to the Duke Endowment, but in the intervening time we had rolled out a second phase of it, which was the Tooth Ferry: F-e-r-r-y. We wrote for a Duke Endowment grant when I was not a trustee, mere Vice Chancellor, and they were so generous to give us enough funding to get this mobile dental unit. And along

with, again, collaboration with Lincoln, who gave us the dentists, and the county, who outfitted inside the mobile unit, we were able to go to the schools in town and give dental care. And for many of the children that we saw, they had never seen a dentist in their life. And these are elementary school-aged children. They were primarily going to school at schools that have a high number of free and reduced lunch children, so their parents had one of those hard decisions: do you pay the rent, do you buy the food, do you pay for medicines, or do you pay the dentist? And they chose to pay for the first three frequently, and the dental care was neglected. But with the Tooth Ferry, we could give free dental care. And that's exactly what we were able to accomplish. So that was a wonderful opportunity for me.

ROSEBERRY: Forgive me for asking, but is that program still in existence?

SPAULDING: I think it is. I see the Tooth Ferry still going around town.

ROSEBERRY: Great. Great. Well, what other opportunities were you presented with in that position?

SPAULDING: To work with Ann Brown, to help develop initiatives for women faculty; to help increase, with the admissions department for the medical school, the number of underrepresented minority students here; to try and increase the numbers of underrepresented minority faculty here, which has been much more of a challenge. But those were a lot of the novel things that I was afforded the opportunity to do. In addition, I remember one day when we were in one of the executive meetings, and there was a presentation that dealt with individuals at the other end of the financial spectrum. Individuals who have a significant amount of wealth, and who can arrange for very nice private care here. And there was a brochure for this program that had been printed, and it was a brochure of a man seated on a rowing machine, and it was for the executive health program. And I thought, "Well, that's fine for the male executives in the United States,

but why are we not trying to get the women executives in the United States to come for the executive health program as well?” So Dr. Kevin Waters and Dr. Lisa Gianetto are now the two physicians who head up that program, and we were able really to bolster the female component of it while not taking a thing away from the male component of it. So I had the opportunity when I was vice chancellor to look at the institution, not from the eyes and the perspective of the traditional hospital administrator, but from the perspective of what needs to change here. And Ralph Snyderman was wonderful in giving me this opportunity to look at the institution and say, “Well, why aren’t we doing this, and why aren’t we doing that? Why aren’t we doing more for the disadvantaged individuals in our county, and why aren’t we doing more for the women in lots of different ways, whether they are on the faculty, or whether they’re not?” And that was pretty much my role.

ROSEBERRY: Were there other people who were doing similar things in the medical center at the same time?

SPAULDING: Not exactly. I think that we coalesced with regard to a lot of other people who had interests, but I think a lot of times it takes a position, and a person placed in that position and given the opportunity to lead before things do happen. So I was the highest ranked female hospital executive at that point, and that gave me the kind of bully pulpit to get some things accomplished. Brenda Nevidjon, on the hospital side, and with her background in nursing, had a similar sort of bully pulpit for the hospital, but not for the health system. And so I had it for the health system, and we worked well together.

ROSEBERRY: Can you tell me a little bit about her?

SPAULDING: Oh, Brenda is an amazing woman. I learned a lot about how hospitals run from her, and I learned a lot about nursing from Mary Champagne, who was the dean of the school of

nursing at that point in time. So the three of us were kind of able to accomplish things for females from three slightly different perspectives, and now Brenda is in the school of nursing. She's on the faculty there.

ROSEBERRY: Was there any resistance to females in upper levels of administration?

SPAULDING: I don't think that there's active resistance, but passive resistance is just as difficult, and so I think people frequently, when they're thinking of the highest levels in any company, whether it's here or in corporate America, do not automatically think, "Well, she should be the CEO." I think that our culture has not, and our society has not yet gotten to that point. So if you look at the *Fortune* five hundred companies, there aren't enough, in my humble opinion, that are run by women. There still, I think, is a glass ceiling.

ROSEBERRY: So is it may be difficult for some men to see a woman in a position of authority, or—?

SPAULDING: I think so. I think so. Off the record, I'll tell you some of the comments that were made, but I really don't want those for produced in writing, about women in positions of power and authority. And sometimes it's easy for men to work for a woman, and sometimes it's simply not.

ROSEBERRY: Can you tell me about Dr. Snyderman?

SPAULDING: Oh, my. Dr. Snyderman, on next Monday, we'll be going to China. I will be on the first plane. He won't be on a plane until two days later. Along with thirty-nine other individuals, we are going to China. So that's top of mind with Dr. Snyderman. We're going on the Duke alumni trip, and he and his wife are the Duke hosts for this trip. He is a complicated, incredible, brilliant man and physician. He often tells the stories of coming from New York—from Brooklyn. Having been raised in Brooklyn, parents who immigrated to the United States,

and so we have very different issues there, because I can trace back five and six generations of people who lived in the United States; not that they immigrated, always, on purpose. Some did, some didn't, but his parents came one generation removed from him. And for him to have accomplished what he has with regard to being at Genetech—and he was responsible for research and development at that point—coming back here to be the dean, the chancellor, and eventually the CEO of the health system. He has done it all, as far as, I think, Duke Medicine and Duke Health is concerned. He came as a resident, and because he had only lived, I guess, in New York City, when he walked out onto the quad—and it was probably one of those classic spring or fall days like we have now, where the sky is blue instead of gray, there is no dirty snow—he knew that he was in the right place. So he was doing—when I was a medical student—he was doing his residency—internship and residency—and so we really became good colleagues when I was on the board of trustees and he was the chancellor—dean and chancellor of the medical school. So we say jokingly that he worked for me at that point. When I was a trustee. Then I worked for him when I was vice chancellor. We have a good friendship based, in large measure, I think, on huge mutual respect, and he is a phenomenal physician as well. He continued to practice, and would continue to round, even though he had all these amazing administrative responsibilities, and was on several boards, and had huge responsibilities in the AAMC: American Association for Medical Colleges.

ROSEBERRY: Well, can you tell me about the Duke Endowment role?

SPAULDING: This is the best job I've ever had. Which is hard to say, considering I've had so much fun doing so many different things. But the reason that it's the best job that I've ever had is that it combines certain aspects of things that have always interested me. Here we have this great group of trustees who meet every month for ten of the twelve months of the year. So

there's a great deal of esprit de corps and camaraderie—highly intelligent individuals—and so it's just wonderful to sit around the table and hear the conversations and commentary. But it's an organization whose purpose is to create things that are better for society in four areas: health care, and I have a little bit of experience there; child care, and I have a bit of experience there; the rural Methodist church; and then education. So for me, other than my experience in the church as an Episcopalian, this kind of rolled together many, many areas of interest. So my shorthand way of describing it is that we give away money to hospitals, orphanages, and schools, along with widows. That's not a bad job. It is a wonderful opportunity to help, really, all the residents of North and South Carolina improve the state of health or education. And I'm just amazed that Mr. [James B.] Duke had the vision in the 1920s to endow an institution in the way that he did. When you read the indenture, you see such wisdom that runs throughout.

ROSEBERRY: Well, are there particular programs that come to your mind that you've been able to help through the Duke Endowment?

SPAULDING: Boys and Girls Club of America, because we've kind of reinterpreted portions of the original indenture. The indenture speaks to giving money to orphans and half-orphans. And so, who are the half-orphans? We know who the orphans are, and they are in the orphanages all too often, although a lot of them end up in foster care. But the half-orphans, we have taken a look at that, and we've said, "All right, single parent families really fall in our mind in the category of the half-orphans." So we're giving money to improve child care across the state, to give children a place to go after school where they can be safe, where they can be fed, where they can have fun and learn. We also have two huge initiatives, one in North and one in South Carolina. The one in North Carolina is located here at Duke, with regard to child abuse. And that's been something that I've been interested in since a resident. How do you stop child abuse,

whether it's physical, emotional, or sexual, across the board? We were able to fund a task force in North Carolina in collaboration with the governor's office and with Prevent Child Abuse across North Carolina, and brought together many thought leaders. Out of the report from that, along with the Institute of Medicine, we have been able to go to the legislators to say, These are initiatives that need, now, to be written into law to help us stop child abuse. There's a program, then, that's approaching the issues from a slightly different perspective in South Carolina, with the intent that at the end of ten years, we should be able to look at these two programs and use these as models throughout the United States of how you do effect a change. And this is a very thorny issue. How do you get people to be kind and gentle to children and foster their development, instead of doing some of the outrageous and crazy things that have occurred in our society? Lofty ambitions.

ROSEBERRY: Well, what other ways have your paths crossed with Mrs. Semans in your past?

SPAULDING: Oh, my goodness. All right, we've talked about my mother-in-law and how they have been good friends for forever, so it was nothing to find them going in and out of one another's homes. Then, of course, with the Biddle Foundation, at one point, I was very interested in changing the climate in high schools with regard to suicide, and so I went to the Biddle Foundation to speak with them about could they give some funding for a program to prevent suicide. And, of course, you know that is Mary Semans. I used to run into her at lunchtime all the time, so over the years we've just developed close family friendships. I went to her—she was invited to my wedding. I went to her daughter's wedding. The connections, I think, are just innumerable, absolutely innumerable. And then we should mention John Hope Franklin, because Mary Semans and John Hope Franklin have a very deep and very, very old friendship, as well. And this is the John Hope Franklin of the Franklin Center on Duke's

campus. He, up until recently, was also a trustee of the Duke Endowment, and so in innumerable ways I've gotten to know him, and I think that speaks to, again, that closeness within this board.

There are so many people that are just good friends on this board, as well.

ROSEBERRY: You mentioned your mother-in-law, and I wondered if it was all right if I asked about the Spaulding family?

SPAULDING: Oh, absolutely. Absolutely. She's ninety-six years, and she'll be ninety-seven on January the 13. She's wonderful.

ROSEBERRY: She sounds like a remarkable woman.

SPAULDING: Remarkable woman in so many ways. I was about sixteen when I first met her. I actually had met her before. I met her, and I met her son when I was twelve, but I didn't remember her. I remembered him, but I don't remember her. And then when I was sixteen, and my father worked for North Carolina Mutual Insurance Company for about four years—four to six years—when I was finishing high school in Michigan. What happened was that my father took a position with North Carolina Mutual. My parents did not feel that they should move, because I had not yet completed high school, and the high school offerings in Highland Park were amazing, and were far superior, at that point in time, to what I could have gotten had I gone to high school here. Because I would have had to go to public high school here, and it was a public high school there, a public high school here, but there was no comparison. So I stayed on there for two additional years. My mother, therefore, stayed with us up there, and my father lived down here for those two additional years. The high school there was connected with a junior college, so I actually, in my last two years, went to junior college, although we just all considered it high school. But you took the college courses. Then when I graduated from high school, my mother moved down here, and it was during those years that I really got to closely

know Asa and Elna Spaulding, because my parents and Ken's parents were all working in the same environment, living in the same neighborhood. Everyone who worked at—almost everyone who worked at North Carolina Mutual in those days lived in a very close neighborhood because of segregation here. So you couldn't live wherever you wanted to live, so it ended up that you lived in certain places, which increased the camaraderie of those individuals. So we probably lived five minutes away from the Spaulding's home—if five minutes away by car—and I got to know the entire family well, and then was fortunate enough to marry into that family.

ROSEBERRY: And they're a prominent African American family in this community.

SPAULDING: In this community, and, actually, my father-in-law, when he was president of North Carolina Mutual Life Insurance Company, grew that company to be the largest company run by African American individuals in the United States of America. So it was the largest African American owned and operated company of any sort, and he was such a distinguished individual. He went on trade missions for, I think, five different presidents of the United States. And when they had the new building constructed downtown, then he invited Vice President Hubert Humphrey to come, and speak, and inaugurate that building. So they are an amazing, amazing family of individuals.

ROSEBERRY: Well, is there anything that I have not asked you today that I should ask you?

SPAULDING: I have two daughters.

ROSEBERRY: Two daughters.

SPAULDING: I have two daughters, one of whom was born in the first year of medical school, and the other was born the first year after I finished my fellowship. So they're eight and one-half—exactly eight and one-half years apart, and that's the other one who's not in the wedding gown. So I have Chandler and Courtney, and they are wonderful young women, and I

thoroughly enjoy them and feel so blessed to have them in my life. So they are my raison d'être on many days.

ROSEBERRY: Well, thank you very much.

SPAULDING: Oh, you're so welcome.

ROSEBERRY: It's been a pleasure talking with you.

SPAULDING: Thank you. I have enjoyed this.

ROSEBERRY: I have, too. Thank you.

(end of interview)