

## Harvey Cohen

**Keywords:** Harvey Cohen, David C. Sabiston, Eugene Stead, Geriatrics, Center for Aging for the Study of Aging and Human Development, Department of Medicine.

**Summary:** During the interview, Dr. Cohen talks about his personal journey towards a career in medicine, residency at Duke in the Department of Medicine, his transition onto the faculty at Duke, his time as the Chair of the Department of Medicine, his work in the Duker Center for Aging for the Study of Aging and Human Development.

**Cohen** [00:00:00] OK.

**Stewart** [00:00:01] So, this is Emily Stewart and I'm interviewing Dr. Harvey Cohen, who works in Department of Medicine at Duke. It's February 24th, 2020 and we are both speaking on the phone. Dr. Cohen, can you start off by telling me a little bit about where you grew up and how you got into medical school... Interested in medicine?

**Cohen** [00:00:24] OK. So, I grew up in New York City, actually in Brooklyn. And I did all my early schooling in Brooklyn, including through Brooklyn College. At that time, I thought I was interested in science. And I actually had never entertained the idea of medical school or medicine. I didn't have any... I didn't know anybody would had ever done that. In fact, I was the first person in my family actually to go to college. So, I had no identification in post college. But I did was interested in biology. I was interested in research. I did research when I was an undergrad. And thought eventually what I would do is be a researcher and I thought I would do bacteriology or biology. Didn't really know exactly how that would go, but that was kind of what my thinking was. And I thought I would get a PhD in that. And so it was during that time, though, that somebody I don't know who was actually said to me, "Well, if you're interested in that sort of thing, you might think about going to medical school because then you could do that sort of work and actually be a doctor and get paid like a doctor." I said, "Oh, that sounded interesting. So maybe I'll do that." And talked to a few other people. They were very that sounded like a good idea. So, I ultimately applied to medical school and did that also in Brooklyn, at Downstate Medical Center where my interests were largely in the research end of things. And it wasn't really till I got into the clinical side of medical school, that I actually realized I kind of liked that and thought that that was interesting as well. And then went on from there.

**Stewart** [00:02:17] So, how did you end up with your position at Duke from medical school?

**Cohen** [00:02:24] So, I when I was completing medical school, I was looking for internships. And the person who was the chairman of the department... I was interested in medicine, broadly speaking, and at the time I was pretty sure I was going to... Wanted to do hematology and oncology, although at that time was mainly hematology. And I talked with the person who was the Chairman of the Department of Medicine at Downstate who I had gotten to know some through some journal clubs and other things. And he kind of knew what I was interested in. And he said, "You should go train with Gene Stead at Duke." And I wanted an internship and residency that would give me a good basic clinical foundation. Even though, I was quite sure I was going to want to spend a lot of time doing research in an academic work. And he thought that that would Duke would be a good place for that. And so, I came and looked and seemed like it would be a good place. And so, I came here happily. I was able to come here for my residency and did that. And then, ultimately trained here in hematology oncology after being at the NIH, doing research for a

few years and then joined the faculty immediately after that. And at that time, I was doing hematology oncology here at Duke.

**Stewart** [00:03:50] What year was that?

**Stewart** [00:03:52] So, I joined the faculty in 1971.

**Stewart** [00:03:55] Okay. So, you did work within the Department of Medicine when you joined? Right?

**Cohen** [00:04:03] That's correct.

**Stewart** [00:04:04] Okay. And then eventually you moved up and had some administrative role in Department of Medicine, correct?

**Cohen** [00:04:11] Yes. I got involved... Even though I started out doing hematology and oncology pretty early on I was... When Dr. Weingartner was the chair of Department of Medicine at the time, he asked me to take on the role as chief of the medical service at VA hospital here across the street. And so, I did that for six or seven years and enjoyed it. And it was during that time that the VA started getting interested in geriatrics. And I was asked just, sort of, serendipitously if I could help with some people putting in an application for a fellowship training in geriatrics. And so, I did and in the act of doing so, got somewhat interested in this whole idea of geriatrics. And then we got this fellowship. And so, I had to do something with it. And next thing I knew, I was spending a fair amount of time doing that. And then eventually, ended up starting a geriatric division in the Department of Medicine and heading that for quite a number of years, and then started the Geriatric Research Education and Clinical Center at the VA and headed that also simultaneously for a number of years and finally was asked to take on the role as director of the Center for the Study of Aging and Human Development here at Duke, which is the umbrella Organization for Aging Related research and education. And did that. And did all three of those simultaneously for quite a number of years. And then, in another unplanned event was asked to take the role as chair of the Department of Medicine here at Duke and did that for four years from 2006 to 2010. And then, I stepped down from that, returned to being aging center director, which I did till this past year when I stepped down from that. So, that's my complete story pretty much.

**Stewart** [00:06:13] Oh, wow. Well, great. Thanks for going through that. So, when you were hired at Duke, Dr. Sabiston was still the chair of the Department of Surgery, right?

**Cohen** [00:06:25] Yes. And I knew of him when I was a resident in medicine. He was the chair of the Department of Surgery at that time when Dr. Stead was still the chair of the Department of Medicine at that time.

**Stewart** [00:06:40] So, did you interact with him often as a resident, or was it more when you were hired?

**Cohen** [00:06:46] No, I interacted with him very little as a resident, although I would hear a lot about him from the other surgical residents who lived in somewhat fear might be a good word of him. He was a very commanding chief and demanding chief, as was Dr. Stead. They actually shared a lot of things in common in that regard. They had high expectations of their residents and they had good residents. They expected them to do very well. And

by and large, they did so... So, yes, I would hear a lot about him from the other residents. I only, at that time, met him a few times for conferences and things like that.

**Stewart** [00:07:42] So, would you say, you ever had a working relationship with him or you just knew him more through secondary types of relationship?

**Cohen** [00:07:54] Well, certainly at the time I was a resident, it was secondary type of things. I had only one direct interaction with him, which I can tell you about him. I'm not sure it's exactly something would want in a story somewhere.

**Stewart** [00:08:10] Well, you feel free to say if you want to. It's totally up to you.

**Cohen** [00:08:14] So, I'll tell you this one anecdote. When I was a intern, actually, I had come from Downstate where the students did an awful lot of primary work because we were affiliated with the city hospitals and the students really did a lot of work, including work in surgery. I had taken a surgery elective during medical school where we actually got to work in the O.R. and do actual surgical work in the O.R. under supervision of the attending. I was used to a lot of that work. And when I came here, I was surprised to see how the surgical residents really didn't get to do a whole lot until they were a few years into their residency. So, I was kinda used to seeing the medical students do a lot of that sort of stuff. In any event, we had a patient on the medical ward who needed a lymph node biopsy and we kept calling the surgery council to come do it. They weren't responding very quickly. And so, I said to them as a resident, I said, " I could do this. I did a lot of this stuff when I was a medical student so this is pretty superficial, I could just do it." And they said, "Oh, I don't think that would be a good idea. But let's keep trying." We kept trying. Nobody responded. So, I said, "Well, I can do it." So, we took the... The idea was, instead of doing it exactly like that, at that time, there were voice pagers. You know, we had these pagers that if you page somebody, you could hear the page. Not over the overhead, but just on the pocket pager. And so, we paged the residents who were at the time on rounds with Dr. Sabiston and said, "You guys haven't responded to our request for a lymph node biopsy. So, we're just gonna go ahead and do it on the ward here on Osler Ward in the treatment room. Thanks a lot." Within about, I don't know, 30 seconds, Dr. Sabiston and the entire group of residents descended upon Osler Ward and said, "We'll do it. We're taking care of this." I thought I was going to get fired because I was sure Dr. Sabiston was going to get me fired at that point. It turned out he wasn't mad at me. He was mad at his residents because they hadn't responded quickly to our consult. I got off with just a few words from my chief about maybe that's not the most poetic thing to do. But Dr. Sabiston, was just fine. He was just mad at his own residents.

**Stewart** [00:10:56] Wow.

**Cohen** [00:10:56] And the biopsy got done that morning, so.

**Stewart** [00:11:00] Well, it worked.

**Cohen** [00:11:02] Yes.

**Stewart** [00:11:04] So, would you say your chief, did you say his name was Dr. Stead?

**Cohen** [00:11:06] Yes, Dr. Gene Stead.

**Stewart** [00:11:12] Would you say your chief and Dr. Sabiston interacted a lot during your residency?

**Cohen** [00:11:20] Oh yes. They were, you know, it was said at the time that Dr. Stead and Dr. Sabiston ran the place pretty much. And my impression was that was pretty much true. They were both very strong, very charismatic leaders. And pretty much what they decided between them was the way things went.

**Stewart** [00:11:44] So, did the medical residents, the Department of Medicine interacts with the Department of Serguei residents?

**Cohen** [00:11:56] Yeah.

**Stewart** [00:11:57] Just on bases like you just described. You know, like asking them to come do a procedure and...

**Cohen** [00:12:03] Right. Yeah, I know we would you know, we would consult back and forth and you know, we would interact with them over patients and patient care issues a fair amount. We would also see there at the time, we might both be rotating in the emergency room, which at Duke at that time was a very small, not terribly busy place. But there would be both surgical residents and medical residents rotating down there. And so, we would see each other. You know, at those places.

**Stewart** [00:12:35] You briefly mentioned this earlier. You know, you heard about Dr. Sabiston through the residents... his surgical resident. You know, they talk about an often? Just in a fearful way?

**Cohen** [00:12:48] Well I don't know if fear is exactly... They were kind of in awe of him, for one thing. You know, they knew that what he said went. And at the time, there was a fairly strong pyramid in surgery. You know, so if you wanted to be one of the senior surgery residents and a chief resident or something. There was a lot of selection that went on, and Dr. Sabiston was the one who pretty much called those shots. So, I think it was, you know, none of the surgery residents wanted to screw up. Nobody wanted to screw up. But they especially were, you know, afraid to go against anything that he said. He ruled with a pretty stern fist. You know, he had strong ideas about dress codes and about facial hair and things like that, which he, you know, enforced quite strictly. And so, the surgery residents pretty much had to toe the line.

**Stewart** [00:13:49] Yeah. Did Dr. Stead enforce any rules like the ones that Dr. Sabiston did?

**Cohen** [00:13:56] Not quite. It's not quite the same as that. No. You know, facial hair was not prohibited. Now, you know, surgery was a little different... It created problems in the O.R. to some extent. So, you know, there's some rationale for some of those things. Dr. Stead had rules very firmly as well, but not quite so much in that way. It was more around the medical aspects of things and insisting on decorum on rounds and, you know, and formal presentations and that sort of thing.

**Stewart** [00:14:31] So, this is kind of a broad question, but I wanted to see if you had any thoughts about it. If you could describe Dr. Sabiston's impact on Duke, how would you describe it?

**Cohen** [00:14:43] Oh, well, I think he had tremendous impact on Duke. I mean, he built what came to be known as one of the premier surgical departments in the country. And I think it was at a time... And it was kind of an exciting time in medicine at Duke because the Department of Medicine and Department of Surgery were really developing into really becoming widely known nationally as premier departments of surgery and medicine. And so, the two were kind of developing together at a similar time. And I think he had a tremendous impact on surgery, but also on other areas because of the way he and Dr. Stead pretty much called the shots around the medical center at that time. Now, that's not to say that the dean didn't have something to do with it. The dean was Bill Anlyan the time. And he you know, he certainly did a lot. But the two main departments were kind of where the action was.

**Stewart** [00:15:54] And you were around when Dr. Sabiston retired, right? You were hired by that point?

**Cohen** [00:16:01] Oh, yeah. I was on I was on the faculty. I don't remember offhand what year he retired. Do you remember? You must have it somewhere.

**Stewart** [00:16:10] Yes, I just had it up. 1994.

**Cohen** [00:16:15] Yeah.

**Stewart** [00:16:17] Does that sound right?

**Cohen** [00:16:18] So, I was on the faculty for quite a number of years while he was chair of surgery. It was before I became chair of medicine. I didn't become chair of medicine until several years after he had retired. But I knew him when I was on the faculty and I interacted with him. And he was always actually... Because I was the director of the Center for the Study of Aging and Human Development during that time and we had an advisory committee that included the chairs of the main departments and Dr. Stead and Dr. Sabiston were on that on that committee. So, I interacted with him for an amount. And he was very, very supportive of our efforts in building and enhancing the aging center.

**Stewart** [00:17:11] And do you remember like when he retired, I've heard people say that he would still come back and do stuff in his office. Did you ever remember seeing him around?

**Cohen** [00:17:23] Oh, yeah.

**Stewart** [00:17:24] Okay.

**Cohen** [00:17:25] Yeah, no. I remember seeing him for a number of years. And I think he did that until he had a stroke, I think. But I think up to that point, he used to come around fairly often. I would see him in the early part of that time. I would see him occasionally, you know, bump into the walls, we would chat a little bit. He was always very, very cordial. Like I said, always very supportive, even though that wasn't his area, you know, specifically. But yeah. And then, I don't remember exactly what it was he stopped coming. I do think it was when he had a stroke and I don't remember what year that was.

**Stewart** [00:18:09] Yeah. And do you ever remember seeing Mrs. Sabiston or interacting with her any?

**Cohen** [00:18:16] Not much. I remember seeing her at a medical center wide events, you know, trying to think there were some of some of the events that certainly the faculty leadership might be at. Oh, there were things that when Bill Anlyan would have, I guess it was a holiday party at his house. The chairs and center directors would be there and I remember seeing Dr. Sabiston and Mrs. Sabiston there at those parties. But I did have a lot of interaction with her.

**Stewart** [00:18:57] And then so you were chair when Dr. Danny Jacobs chair of surgery?

**Cohen** [00:19:04] That's right. Yes. Danny Jacobs and I were chairs at the same time.

**Stewart** [00:19:08] Okay. So, how would you describe the way your administrative role worked alongside that chair of surgery? With Dr. Jacobs?

**Cohen** [00:19:20] Yeah. I think by the time I was chair of medicine and Danny was chair surgery, things had changed a lot from those earlier years when Sabiston and Stead were chairs that we were now a health system and the finances and the power structure had changed substantially so that it was really now vested much more in the chancellor for health affairs because of the way the funds flow was in the in the health system where a lot of the funds went through the health system rather than to the individual departments. So, and especially maybe less so in surgery because surgery was still a bigger money earner because of the procedural aspects to surgery than Department of Medicine because the Department of Medicine really had to get much of its funds through the dean who got much of the funds through the health system and so that... It was somewhat of a different power structure and dynamic I would say by that time. But we interacted, you know, the chairs interacted a lot on the PDC board because the PDC with the you know, the chairs of the departments were the chairs and the PDC as well. And so, we interacted quite a lot on the PDC board and thinking about, you know, best ways to approach the practice overall.

**Stewart** [00:20:59] OK. That makes sense.

**Cohen** [00:21:02] That was true earlier on, like when Stead and Sabiston and then Weingarten and Sabiston, and even when Greenfield and Sabiston. Sabiston was there for a long time, they went through a few chairs of medicine. But all of those certainly interacted on the PDC board, even though the health system shifted some of the power structure there that chairs still had a little sway. Still then the main departments with the chairs of medicine and surgery in somewhat dictating the policies of the PDC.

**Stewart** [00:21:39] OK.

**Cohen** [00:21:40] They were the largest departments.

**Stewart** [00:21:43] OK. That makes sense, that's helpful. Thank you. So, is that first interaction you described with the pagers and paging Dr. Sabiston, was that your first interaction with Dr. Sabiston?

**Cohen** [00:22:00] I think it was. That was my internship year.

**Stewart** [00:22:04] Yeah. So, did you...

**Cohen** [00:22:06] I had hoped I had hoped that he would forget about that night. I hope he did. I never did ask him in subsequent years.

**Stewart** [00:22:14] Right.

**Cohen** [00:22:15] But he certainly never seemed to hold it against me.

**Stewart** [00:22:17] Well, that's good. Do you remember any other specific interactions with him that you had?

**Cohen** [00:22:24] No. No, I don't really. As I said, I didn't... Certainly during residency. Even early on, in fact, we didn't have a whole lot of opportunity to interact with him directly.

**Stewart** [00:22:37] But you did say he was supportive of all the work you were doing.

**Cohen** [00:22:40] Oh, yeah. That was... You know, some years later when I was director of the Aging Center and he sat on the on the advisory committee, I did interact with him then, but it wasn't so much a, you know, single person interaction. This was in a always in a group of the of the chairs. But like I say in that group, he was he was always quite supportive of the kinds of things we were trying to do and always offered to be helpful. You know, there was something that the surgery department could help with.

**Stewart** [00:23:16] So you mentioned. I don't remember if you said this earlier. You mentioned you transitioned out of being the chair of the Department of Medicine in 2010. And you still work at Duke, right?

**Cohen** [00:23:29] Oh, yeah. No, I'm still full time here. I was director of the Aging Center here for thirty- seven years continuously, even while I was chair of medicine until I stepped down from that role this past July. But I'm still working here full time and doing research on some education as well.

**Stewart** [00:23:52] Oh, ok. And as your research mostly on geriatrics practices?

**Cohen** [00:23:57] Yeah.

**Stewart** [00:23:58] OK.

**Cohen** [00:23:58] It's on aging related issues and some on the interface of aging and cancer related issues.

**Stewart** [00:24:06] And I read an article that Mary Russell Roberson wrote about you and it, kind of, talks about how you and you mentioned this earlier, that geriatric medicine just kind of was a thing that you never expected to study.

**Cohen** [00:24:23] No, not at all.

**Stewart** [00:24:25] Yeah.

**Cohen** [00:24:27] Which is why I always tell our trainees, residents, don't ever be too sure what you what you think you're going to be doing later in your career. Because if somebody had told me when I was a resident that I would be spending five plus years as a director of an aging center, I would have thought they were crazy.

**Stewart** [00:24:48] Well, that's good advice probably.

**Cohen** [00:24:49] Yeah, I know.

**Stewart** [00:24:54] So I just want to ask you broadly about the field of geriatrics. How would you say that that has grown and developed at Duke during your time there with the Center of Aging?

**Cohen** [00:25:07] Yeah. No, I think it's growing quite substantially. We now have a full geriatrics division, quite sizable. The Aging Center has gotten a broad array of faculty. We've gotten a number of large funded programs like the Pepper Center, which supports a lot of the research in geriatrics. And the clinical programs now have really started to grow as the health system has realized that our population is aging and they present particular problems to the health system so the whole system now is really starting to look carefully at the way we can develop new programs in geriatrics across the system. So, I think it's had tremendous development, which I'm happy to say we started a number years ago, but in recent years it is really starting to blossom.

**Stewart** [00:26:10] Wow. That's awesome. No one that I interviewed before has talked about the Center of Aging. Is it the Aging Center or Center of Aging?

**Cohen** [00:26:21] Well, the formal name is the Center for the Study of Aging and Human Development. But people mostly just refer to as the Aging Center.

**Stewart** [00:26:30] Okay.

**Cohen** [00:26:30] It's a lot simpler.

**Stewart** [00:26:31] Yeah, I haven't heard much about that. That's very helpful.

**Cohen** [00:26:35] Yeah, well up until recently, we didn't have a whole lot of involvement from surgery. But in the past several years, the surgery department's gotten very interested and has now put together a center for geriatric surgery, you know, under Sandhya Lagoo, within the Department of Surgery. And she collaborates very strongly with the geriatric medicine division and the aging center. So, these things have come full circle. They're growing together now.

**Stewart** [00:27:10] Yeah. Wow. So, that's really interesting. Now, that kind of branches of medicine and together working together under the umbrella of geriatrics.

**Cohen** [00:27:21] Yeah. And Allan Kirk, the current chair of surgery has been very, very supportive of those developments.

**Stewart** [00:27:29] Awesome. Well, those are all the questions I had prepared. I always like to ask people if there's anything else that they would like to share about Dr. Sabiston, about their time at Duke, anything you thought I forgot...

**Cohen** [00:27:44] No, I think you covered pretty well. One thing I would say Dr. Sabiston. First of all, I think you I'm sure have recognized that he was... He truly was a giant in the field, and he was chair of surgery. I don't remember how many years, but many, many years, and really put his imprint on surgery, not just locally, but nationally. The other thing



we didn't talk about is that I know he was enormously popular with the medical students. He would win the Golden Apple Award on a number of occasions. They lived in somewhat fear of him because he was ending as for students as well. But but he was considered a terrific teacher. And the students really, really admired him for his teaching. And as I said, he would win. I don't know how many times. I know he was nominated for and won a golden Apple Award, which just the student award for faculty educators a number of times. So, he was very, very impactful for the medical school as well as the health system in general.

**Stewart** [00:28:54] Wow, I've never heard anyone mention the golden apple. Is that something Duke still does today?

**Cohen** [00:29:00] Yes. Oh, yeah. Awarded by, voted on and awarded by the medical students for. And there are different categories. There's basic science, the clinical sciences and the like. He was a regular honoree.

**Stewart** [00:29:15] Wow. Yeah. Thanks for sharing that. That's awesome. Well, is there anything else that you would like to share?

**Cohen** [00:29:27] No, those are pretty much the things that come to my mind.

**Stewart** [00:29:29] Okay, great. Well, if you think of anything else or, you know, anything that you might have forgot. You can always, you have my email, you can email me and we can set up another phone call. But like I said, I went through all of my questions. And you taught me a lot, kinda a different side about these things.