ORAL HISTORY INTERVIEW WITH DELBERT WIGFALL
Duke University Libraries and Archives
Submitted March 18, 2024
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COLLECTION SUMMARY

This collection features an oral history I conducted with Dr. Delbert Wigfall on February 18, 2024, for the Bass Connections Agents of Change oral history project. The 52-minute interview was conducted in Perkins Library. Our conversation explored Armstrong's beginnings in science and medicine, her experiences as one of the few Black physicians at Duke, her work as Associate Dean of Admissions, resistance to her racial equity initiatives, her reputation among patients, and her legacy within the Duke and Durham communities. The themes of these interviews include health equity, access to health care, fostering diversity, and community activism.

Dr. Brenda Armstrong, Professor of Pediatrics and Associate Dean of Admissions for the Duke University School of Medicine, and Dr. Delbert Wigfall, Professor Emeritus of Pediatrics and former Associate Dean for Medical Education, worked closely together for a number of years. This interview primarily focuses on Dr. Armstrong as a pivotal figure in the history of the Duke University School of Medicine.

This document contains the following:

- Short biography of project candidate (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4)

The materials we are submitting also include the following separate files:

- Audio files of the interview*
    - Stereo .WAV file of the original interview audio
    - Mono .MP3 mixdown of the original interview audio for access purposes
- Photograph of the interviewee (credit: Delbert Wigfall)
- Scan of a signed consent form

*At the end of the interview recording, we recorded a self-introduction and room tone for use in a production edit of the interview.

BIOGRAPHY

Dr. Brenda Armstrong was born in Rocky Mount, North Carolina on January 19, 1949. From a young age, Armstrong understood the importance of racial equity in medicine. Denied access to the segregated hospital in Rocky Mount, Armstrong's mother was forced to deliver her final pregnancy at home, where the baby, Armstrong's younger brother, sustained a cerebral hemorrhage that rendered him physically disabled. Later, "seeing the kinds of issues he had, in terms of obtaining appropriate care, impacted heavily on her." Indeed, Armstrong cites these early experiences as the reason why she became a physician and dedicated her life to the pursuit of health equity.

Armstrong enrolled as an undergraduate student at Duke University in 1966. Described as "somewhat of a rabble rouser," Armstrong helped establish the Afro-American Society during her time at Duke. As the organization's President, she advocated for several initiatives and policies in pursuit of racial equity. Frustrated by inaction on the part of university administration, Armstrong and other members of the Afro-American Society occupied the Allen Building to force action toward racial justice. In Armstrong's words, the takeover forced Duke to "make sweeping changes in the way it taught, thought, treated, and incorporated all of its students into a larger world."

After graduating from Duke, Armstrong attended the St. Louis University School of Medicine, specializing in pediatric cardiology. In 1979, Dr. Armstrong returned to Duke as a Professor in the Department of Pediatrics. In 1996, she became Associate Dean of Admissions for the School of Medicine, a position she held for over twenty years. With "active efforts to recruit from underrepresented schools and to recruit underrepresented students," Armstrong admitted some of the most diverse classes in the history of the School of Medicine.

Outside of her work as a physician and administrator, Armstrong was heavily involved with several community organizations, most notably the Durham Striders and St. Titus Episcopal Church.

A graduate of the Emory School of Medicine, Dr. Delbert Wigfall is a Professor Emeritus of Pediatrics. During his tenure in the Duke University School of Medicine, he also served as Associate Dean of Medical Education. Dr. Wigfall met Dr. Armstrong in the Department of Pediatrics at Duke, and the two were colleagues and close friends. We chose to interview Dr. Wigfall because he provides a unique perspective on Dr. Armstrong's work in the School of Medicine, particularly on her initiatives to increase diversity, equity, and inclusion.

INTERVIEW TOPIC LOG (Wigfall-Armstrong.wav)

00:02 Introduction
00:26 Introduction and explanation of relationship to Dr. Armstrong
01:06 Armstrong's childhood in Rocky Mount; early influences and experiences that drew her to medicine
02:10 Armstrong's involvement in the Durham community (St. Titus Episcopal Church, Durham Striders Youth Association, Student National Medical Association, etc.)
04:14 Impact of the dearth of Black physicians and medical professionals
05:49 Armstrong's work as Associate Dean of Admissions; recruiting students from underrepresented communities and backgrounds
07:22 On-site visits conducted by Armstrong to increase interest in science and medicine; Summer Enrichment Program to expose students to advanced coursework and clinical practice
10:23 Armstrong's mentor-mentee relationships formed through the Summer Enrichment Program
10:50 Armstrong's outreach to younger students through the activities of the Student National Medical Association
12:20 HPREP Program
13:49 Armstrong's work with the Student National Medical Association as a mentor and faculty advisor
15:03 Armstrong's role in building community for recruited students; creation of the Multicultural Resource Center
20:09 Specifics on the Summer Enrichment Program and its eventual termination at Duke
23:42 Armstrong's impact on the core values of the School of Medicine; role in creating space for open dialogue
25:37 Armstrong's experiences as an undergraduate student at Duke and their impact on her work in admissions; Allen Building Takeover
27:23 "Pushback" to equity initiatives
30:18 Race and gender-based barriers faced by Armstrong and other Black faculty; creation of a Black community within the School of Medicine
31:52 Armstrong's allies within Duke faculty and administration; national support
33:45 Armstrong's influence on colleagues at other institutions; campus visits
34:30 Armstrong's role in the medical school admissions process; conducting interviews of candidates
37:28 Armstrong's reputation among her patients; practice of holistic care
39:32 More on Armstrong's Durham community involvement (Links, Jack and Jill, etc.)
40:45 Armstrong's vision for the path to institutional equity at Duke; overcoming individual differences
41:53 Armstrong's impact on Duke
43:48 Armstrong's interdisciplinary work within Duke
45:20 Armstrong's involvement in health policy; hypertension advocacy
46:57 Dr. Wigfall's memories of Dr. Armstrong; Armstrong as a friend and neighbor; Armstrong's possessions
49:08 Honoring Dr. Armstrong's Legacy through the Duke Centennial Celebration

TRANSCRIPTION (Wigfall-Armstrong.wav)

Ava Meigs 0:02
My name is Ava Meigs. The date is February 18, 2024. We're recording in Perkins Library and I'm interviewing Dr. Delbert Wigfall for the Agents of Change Oral History Project. So, to start, could you just tell me a little bit about yourself and your relationship with Dr. Brenda Armstrong?

Dr. Delbert Wigfall 0:26
Briefly, I came to Duke in 1987 as an Assistant Professor, relatively speaking, of Pediatrics and Pediatric Nephrology. I had known Dr. Armstrong over a period of years because I had friends who matriculated at the School of Medicine from undergraduate school, and I had been in and out of town and would run into her periodically, but [this] was the first time that I actually had an opportunity to work with her. So, I knew her in that context. And when I came, we became friends and colleagues because she, too, was in the Department of Pediatrics.

AM 1:06
Do you know anything about her childhood in Rocky Mount - just to kind of get an understanding of her life and her work?

DW 1:16
She had talked about it periodically. Her father was a practicing physician. So, she used to make house calls with him. So, I think her entry and interest in medicine was early. And her dad did a really good job of pointing out the necessity of caring for people who were disenfranchised, so that was a big draw for her. I think it became sort of a mission.

AM 1:42
So, her father played a big role in her pursuing science and medicine here at Duke?

DW 1:47
Yeah, and she had a brother who also had cerebral palsy from some birth trauma of some sort. I never really knew the details of that. But I think seeing the kinds of issues that he had, in terms of obtaining appropriate care, also impacted heavily on her.

AM 2:10
How would you describe the way she related to others in her life - colleagues, friends?

DW 2:18
Everybody was a family member. I think she was appropriately and very judiciously scattered. She was a pediatric cardiologist at a time when there were very few African American pediatric cardiologists. Much like myself, there weren't more than a handful of pediatric nephrologists at the time when we were training and starting our faculty appointments. So, there was this sense of isolation that made us seek each other out, relatively speaking.

She was also a lifelong Episcopalian. She was entrenched in a church here, a small Black parish here. I met her in that context, as well, because she played the organ and, sometimes, I would sing with the choir. We used some of the same babysitters, some of whom came from the church.

She was heavily invested in the Striders and a lot of local sports groups in general -- so much so that she, early on, dragged me into working with the SNMA, the Student National Medical Association, doing physicals on kids who were participating in city league football, primarily, and even some public-school football programs. It was a good way for them to get accustomed to dealing with adolescents who are

crazy. But, more so, getting an opportunity to do a normal exam, for the most part -- not to say that we didn't find murmurs, or we didn't find some joint things, but it was nice because it was low-pressure. And then, between the two of us, we could help get them in to see someone else if that need be. So, she did a little of everything aside from being a parent. She was very invested in the community and she was very invested in people's health.

AM 4:14
You mentioned that she was one of the only African American cardiologists at the time. How else do you think that affected her work -- besides, you know, having to really intentionally seek out community?

DW 4:28
Well, it was at a time when there really weren't many people of color matriculating in medical school in general. And it was one of the first recognitions that that was a necessity. The whole idea of concurrence, in terms of culture and care, was becoming more evident. The number of people who were trying to pursue medicine was relatively stagnant. So, the percentage of [minority] applicants to medical school in 1970 is roughly the same as it is now, which is unfortunate given that the population has grown. So, we were impacted by the fact that there was a paucity of persons who look like us, particularly in academic medicine. That hasn't changed. There is a paucity of people in subspecialty programs in general. And, unfortunately, that hasn't changed either.

Not only are you cognizant of the fact that there are people who need your expertise, but there are a bunch of kids who need to know that they can do that, too, as both practicing and modeling. So, all of that becomes a part of what impacts you, I think, when you start in a profession like ours.

AM 5:49
Leading off of that, can you tell me about her work as Associate Dean of Admissions?

DW 5:59
Yes. I was just trying to decide how best to even begin. I know well the person who was the Dean of Admissions prior to Brenda, and I remember when they were recruiting for a person. And, as it turned out, when she was both invited and interviewed, she was the only person of color who interviewed for the position. And, as I said, that was at a point in time when, nationally, there was an effort to increase the number of minorities who were involved in health and health education.

So, it became sort of an expectation, actually a mission, for her to bring diversity to the School of Medicine in terms of the student population. And it changed drastically under her guidance. I think there were much more active efforts to recruit from underrepresented schools and to recruit underrepresented students in general. When you start to create a community, I think the community becomes aware. So, it became easier to find really talented people who wanted to be at Duke. And we extended the family, so to speak, with the number of students who came under her guidance.

AM 7:22
What kinds of specific initiatives did she institute to recruit those underrepresented students?

DW 7:29
She was doing on-site visits as one thing, and she would very frequently visit campuses just to talk about health education and health as a profession. In addition, we had, for a number of years, a summer program, a summer enrichment program. It was enrichment in that we didn't necessarily try to remediate any one's academic standing. We took students who were average, literally intentionally, and gave them both exposure to advanced science coursework and clinical opportunities, so that they could see what it was like to practice medicine, to learn medicine.

We had anywhere from 80 to 120 [students] over the years, and the program was in existence for probably 15-16 summers. So, we had undergraduate students who were from around the country. A fair number of them were underrepresented folks, but a fair number were also disadvantaged. So, they could be majority students who had no resources to speak of and still needed that encouragement and that leg up. So, all of these students were brought into campus and basically shown that they could achieve in a place like Duke with a very rigorous summer program. They were actually doing advanced chemistry, advanced biology, writing, a humanities course, interpersonal skills, [etc.]

Every week, they had a clinical opportunity, where they took a shift in one of the acute care units. And that was part of what I did. Brenda initiated a medical physiology course for that summer program, and I taught in that as well. She taught cardiology, and I taught renal. So, we had a myriad of ways to try to bring people in, to try to get them engaged, not only with health and health professions, but also with Duke. So, we had a fair number of students who would come through those programs, who would apply for medical admission. 10 years ago, we had five or six faculty who had come through those programs.

So, the kind of efforts that we put forth really were very productive, much more so than a lot of pipeline programs or pathway programs, as they are affectionately called now. So, those kinds of efforts were things that she did because it seemed like the right thing to do. It was a labor of love. It wasn't truly an effort, necessarily, because we really enjoyed it. It was a lot of work, but we enjoyed engaging with the students.

AM 10:23
Did she form any close mentor-mentee relationships through those programs?

DW 10:29
Oh, definitely. There are still people that we hear from who were graduates of those programs. And, of course, we had those folks who either did our program or did similar programs who matriculated at Duke, and we still have close ties with them, as well.

AM 10:50
Did any of this recruitment work ever involve outreach to younger students -- say elementary, middle school, K-12 education?

DW 11:03
Yes, in part through the activities of the SNMA. As it turned out, we had a group of students who became really interested in elementary school children. [They] created a partnership with a local elementary school and started bringing the third graders over for days on campus. They would get shown around, and they would get to play with organs and get pumped up. And, of course, they were just excited to be out. But it was really good to give them early glimpses into health and health care. But, at that point in time, we did a fair number of visits. We were invited to go to elementary schools, to junior high schools, to high schools.

And, then as students, of course, we're engaged with the high school students, as well, through the HPREP Program with the SNMA and through health, wellness, and sexuality through the School of Medicine. So, we have a lot of fingers sort of interdigitating. While we were not directly involved or in control of those efforts, they became extensions of what we were trying to do in the community.

AM 12:20
Can you tell me a little bit more about that HPREP Program you mentioned?

DW 12:23
The HPREP Program is actually a national program with the SNMA. Basically, what they do is identify kids who are in high school, primarily, who have interest in health careers. And, they have about an eight week [program]: Saturdays on campus, where they get lectures on general health topics. They get the opportunity to present work that they have sought out themselves, at least in terms of health and health conditions. So, they learn presentation skills, they learn questioning, [and] they learn interview techniques. They get on-the-job training in a soft way. But because they are doing some independent work, as well, at the end of the summer, they award scholarships to the students who are particularly outstanding, who are graduating and going on to college. So, that's actually been in existence for years.

AM 13:19
And was Dr. Armstrong heavily involved with that or involved with it?

DW 13:23
Dr. Armstrong and several of us in the School of Medicine, basically, were always a part of what the SNMA did. If they weren't at her house -- and most of the time I said, "Go to her house" -- they came to my house. So, from the standpoint of social interactions and engagement and encouragement, yeah, that was part of it, too.

AM 13:49
What was the nature of her involvement or her relationship with the SNMA?

DW 13:56
The SMMA utilized her expertise as a mentor [and] as a faculty advisor. It didn't escape them that she had had longevity with Duke. She'd had a lot of experiences on campus, but also matriculating. So, there are a lot of things that become inherent to that process that, sometimes, you have to go through to be able to tell people how to survive them. And I, very often, have told folks, including a couple of deans, that you don't necessarily have to be fully accomplished to mentor. In fact, sometimes, if you figured out how to get across ditches in your career path, you're probably just as good at helping people to navigate. So, some of it comes from not always succeeding, but just achieving.

AM 14:53
So, she helped organize some of those mentors for students and get that, kind of, on the ground here at Duke?

DW 15:01
Yeah.

AM 15:03
So, you mentioned a lot about her work recruiting these students of color and underrepresented students, but what was her role in building community for them once they were here at Duke?

DW 15:15
She beat up everybody else and made them do it. I say that half-jokingly, but I thought about it, and very early in my tenure here at Duke, we met as a group in what was the old Oak Room, the old faculty commons in the dining hall. The people who were in those meetings were, primarily, ostensibly, three of the first folks -- first persons of color -- who became full professors, in the School of Medicine: myself, Brenda, and maybe one or two other people. That was at a time when it was very common to have offices of minority affairs, which predates all of you. [Interviewee gestured to interviewers]. But at that point, it was really in vogue to say you had an Office of Minority Affairs, which was theoretically going to take care of creating a home for students of color. But very often, what we found in those offices were, if there

were problems that came up, they went there and stayed there. There was not necessarily a lot of sharing and a lot of empowerment, in terms of those offices really being able to make changes. So, while there was no such thing here at Duke, we decided that there should not be such a thing here at Duke.

So, with her encouragement, as well as the other faculty people, and with the assistance of a person who's still working in the office that became known as the Multicultural Resource Center, we basically created, intentionally, an office, not necessarily to promote simply people of color, but to promote understanding and acceptance. So, we called ourselves "multicultural" because we didn't want to necessarily be arbitrarily associated with any group. So, for the first three to five years, we were fairly heavily endowed. We were fortunate to get some foundation money, and because we did, we got some fledgling efforts off, in terms of trying to create some changes in curriculum. We started a Black History Brown Bag Lunch Series. We brought faculty to campus for visiting professorships. And we allowed students who were interested in going someplace and learning about a culture different than their own -- we could kick-start them with, generally, enough money for them to travel. A lot of the places didn't really require much on-ground, but it might require $1,000, $1,500, $2,000 in airfare and transportation costs. So, we had the ability to do that.

And, when we started doing that, everybody, I'm sure, was wondering how that was all going to turn out. And, after about three years, we looked at the population of students who had taken advantage of those programs and about 70 or 80% of them were majority students. So, we had subtly legitimized our effort by pointing out the fact that we were benefiting broadly the School of Medicine. That office has continued, and we've continued to advocate for students -- to be a site for grievances [and] working through harassments. We've worked in that spectrum of activities with students, with residents, with fellows, [and] with faculty, and a lot of that was because of the impetus that was generated through those early discussions with Brenda and the other faculty people. And it worked, and I think, for the time being, it still works. So, we'll have to see how that goes forward. As I said, I've been here for 36 years -- I just retired -- but the office is still there.

AM 19:31
Would you say that the Office of Multicultural Affairs had support from the white faculty?

DW 19:40
Oh, definitely, definitely. I think we had broad base support from the School of Medicine. We started off as being a fledgling office, unaffiliated, and, ultimately, became directly aligned with the Office of Curriculum, the academic arm of the School of Medicine. So, all of our activities were known commodities and supported, actually, by hard money through the School of Medicine.

AM 20:09
So, you would say that these initiatives that she [Dr. Armstrong] helped institute were, generally, successful in diversifying the School of Medicine?

DW 20:18
Yeah. The summer program ended up ending, not necessarily because we failed. We were actually considered the program to emulate in the country because we did things like -- all of our curriculum was online. They [the students] didn't necessarily have to have a book. They needed a computer, [and] we had computers if they didn't have computers. So, we gave them all of the tools they needed to succeed once they got here: they got a white coat; they got a laptop; they had a place to live; they got food; they got transportation; [and] they got a little spending change. So, a lot of what you needed during the summer was definitely taken care of.

What happened was a shift in the intent of the program: they decided that they wanted to have a program that was really of interest to people who were doing medical school or dental school. So, they wanted campuses where both schools were on the campus. Of course, we have no dental school. So, we ended up being cut out. There's still some possibility that that's going to restart though. But Brenda was an inherent part [in] successfully matriculating all of those efforts. Those were NIH [National Institutes of Health] and AAMC, American Association of Medical Colleges supported.

AM 21:43
Who were some of the other faculty members who participated in that summer program?

DW 21:51
Oh, that's a harder question to answer, in some respects, because some of them were undergraduate instructors. We had undergraduate faculty from North Carolina Central, a couple from here at Duke, [and] a couple from Elon. So, they weren't, necessarily, names or faces that you would be able to identify easily.

I worked with the clinical clerkships, with all of the physicians who were in charge of critical care units throughout the hospital and the emergency room, so that we could get them into ICUs [intensive care units] in the pediatric setting, the surgical setting, and the medical setting. And it really gave them an opportunity, not only to work with physicians, but also to work with other extenders. So, they saw nurses; they saw respiratory therapists; PT [physical therapy]; OT [occupational therapy]; even dietitians and social workers. So, they got a real sense of what it was like to actually care, as a team, for a patient. So, there were lots and lots of nameless faces, all of whom did this because it was a feel-good activity. The students were so pumped up, and they were so excited about just being there. That becomes infectious.

AM 23:09
Would you say the program affected, kind of, how they approached their own career paths?

DW 23:17
Yes, definitely, and, even more so going forward. We have students who came through those programs, who now have completed their medical education, their residencies, in some cases, fellowships, and now they're starting programs like that themselves. I don't think you can even envision a better compliment.

AM 23:42
Would you say that Dr. Armstrong changed the core values of the School of Medicine?

DW 23:50
You can approach that answer in two ways. Having just attended a [inaudible] last night where they said you couldn't retrain a brain, but you could at least impact a heart and maybe the heart would affect what the brain was thinking -- I think there was a lot that was pointed out to people that they may not have been aware of. I think, even at this point, we're learning so much about each other and the kinds of buttons that get pushed, almost invisibly, that people end up getting, as I affectionately like to say, their shorts in a knot, and not necessarily with ill-meaning purpose.

So, I think one of the things that she did was make it okay to talk about differences and to talk about how people are perceived, and to make it okay not to know the right thing. It's a very critical lesson. We don't necessarily like to take chances. We don't want to be wrong, and we don't want to wrong anyone intentionally. But you can, accidentally, and you can learn from that. If you learn from that, you avoid the same mistakes. I think that kind of change is something that she brought. She brought an acknowledgement and an acceptance that underrepresented students may not come necessarily with the same ammunition, but they can fight just as hard as anybody else.

AM 25:30
So, it sounds like she created space for that kind of dialogue where there wasn't space before.

DW 25:35
Yes.

AM 25:37
How do you think her experiences as an undergraduate, here at Duke, informed her work in the School of Medicine?

DW 25:51
I guess it's safe to say Brenda was somewhat of a rabble rouser when she was an undergraduate. That may be an understatement. But I think what she manifested because of that was brutal honesty. There's a lot to be said for saying exactly what you feel with clarity, and not necessarily vindictiveness or evil intent. I've been told a couple of times that I'd say things that folks need to hear, even when they don't want to. And I think that that's a reality. Sometimes, even in patient care, there are times when you have to tell people something that's really not what they want to hear. But you need to be very concrete to make sure that they hear it well, so that you can then try to move past it. Brenda came from an era when it was expected for folks to express their discontent, as well as their content, and to expect people to respect that and to make changes appropriately.

AM 27:04
Did she tell you anything about her undergraduate experiences -- anything about the Allen Building Sit-in?

DW 27:10
She talked about it periodically, but she talked about it as a thing. She didn't talk about it, necessarily, from the perspective of how she felt.

AM 27:23
So, getting back to her work in the School of Medicine, did she tell you about any pushback she may have experienced to some of those initiatives [that reached] out to underrepresented students?

DW 27:42
Pushback is a loaded term and it's a loaded word. It sounds like an accusation if I say yes, but I think it's safe to say -- as a case in point, when we started the MRC, the then Vice Dean for Medical Education said to me that the kinds of things that we wanted to do to change the culture and the air of communication in the School of Medicine were things that not everybody would fully embrace. He said, "Sometimes, you can't teach old dogs new tricks." That was almost a direct quote. And, I said to him, "Well, sometimes old dogs die." And I realize that that's sort of mean. Yeah, I guess it is a little bit caustic.

There are always people who are not going to be happy. There is no one in the world who can make everyone happy. I mean, even Mother Teresa, right? People complained about her. So, I think it's inevitable that Brenda would rub some people the wrong way. Part of it is, you have to listen to the message and not the messenger. Sometimes, you need to hear what's being said. You take exception with it and blame it on the person, rather than the circumstances that are being addressed. So, yes, I think it is very clear that there were people who were not necessarily endeared to her line of thinking, but that didn't stop her.

AM 29:30
Where would you say that kind of -- I know, *pushback*, kind of a loaded term -- but where would you say that was mainly coming from -- like the faculty members, administration, some combination?

DW 29:42
I think it came from everywhere and at every level. I think, clearly, there were faculty and administrators who were not initially on board. But I think the same thing could be true of students. I think the kinds of ills that cause us to have the biggest issues with each other in life are not necessarily generational because, if they were, a lot of them would have died off instead of increasing.

AM 30:18
Did she tell you about any kind of race or gender-based barriers she faced?

DW 30:30
She never mentioned anything to me about gender-based stuff, but I know that she had really close women friends, some of whom were people that she matriculated with, and I suspect that they probably did have some discussions about some of those issues.

Race? Yes. You know, I think it goes without saying. I think there are a lot of people on this campus and in the School of Medicine who you would not, necessarily, be able to identify as being of a racial group by their phenotype, or by their appearance. We don't have that luxury. Right? So, there's not a day that we're not aware that our skin is brown, browner than a lot, that we are of the Black race or African American race, or however you care to define it. Those things affect how you approach each day and every situation and every circumstance. So, I think that that's something that she shared with a lot of people. What it does is create a community -- there are things that we don't have to say to each other. [We] just understand.

AM 31:52
So, did she have any allies, among her fellow faculty members or among the administration?

DW 32:02
Yes. I think, as hard as some issues could be, she had a lot of support from tons of people here on campus. Including, the president of the university. I think we went through a period of time when it was pretty common, at least with us -- we knew everybody: the president, the provost, the chancellors. We just knew people. And, because of that, it was always nice to have meaningful discussion with folks even if they didn't agree, even if they didn't want to support you, if you felt like you were heard. And, [if] some justification was given for whatever the decision was, that was acceptable. You move along.

There were lots of people who were supportive of her. Nationally, there were a lot of people who were supportive, and we got a lot of recognition. At one point, we had more African American men in medical school than any other majority institution in the country. The only places that had more were the HBCUs [Historically Black Colleges and Universities], which was no small feat. Of course, that didn't persist. But some of that's time, some of that's the change in demographics in the people who are applying for medical school now -- the number of Black men in general who are entering medicine has changed. So, when you look at the percentages, the percentages haven't changed a whole lot, but it's because the sexes have changed, or the genders.

AM 33:45
Did any of her colleagues at other universities reach out to her and ask her how they can implement some of those initiatives that she started and, kind of, get their numbers where hers were?

DW 34:01
Yes. We participated nationally with a bunch of discussions, particularly with private schools of medicine, across the country. And there are a number of schools who really emulated what was happening in admissions, both in process and what was happening in terms of student support with the MRC. We literally had people come who would visit campus, stay for a few days and learn, and take those processes back to their campuses. It was very impactful.

AM 34:30
So, we've been talking a lot about her programs that she helped run and start. But did she also, just individually, work with students who were applying to medical school? Did she interview any of them, or was her work more on the upper levels of administration?

DW 34:50
Well, initially, we had the more commonplace methodology, in terms of interviews. Students would come and they'd do a half an hour with one faculty, a half an hour with another faculty, a half an hour with her [Dr. Armstrong], and then they would get a tour with students. So, she literally interviewed everybody who came as an applicant for medical school.

[We switched] to a different methodology, where students go through vignettes, 10 or 12 different vignettes, for just a couple of minutes at a time. And it's nice because it's a little bit more disarming. It's not quite as stifling as having to sit in one room, stare at one person for a half an hour, and try to keep them awake. So, when the methodology shifted, she still met with students. So, what happens even now, the students are met with first thing in the morning and last thing in the evening. Usually, somebody from admissions anchors the day for them in a way that allows them to have an appreciation and for us to get feedback, too. Now, of course, with virtual, I'm not sure exactly how all that works out. But hopefully it's -- well, yes, it's different. It's very different.

AM 36:19
So, would you say that she played a role, even just within those interviews, in helping get some of those students from underrepresented backgrounds to come to Duke?

DW 36:28
She worked really hard to get students to come to Duke. There are faculty here who are here because of her. Sometimes, when you come and you meet folks who resonate with you, in terms of where their headspace is and the kinds of things that they say, particularly when they feel obligated to be of help, when they're not so full of themselves to pontificate about their worthiness -- but, really, how you can help make things better for people --- you find folks who become like-minded. So, even at the time when she left this world, the people who came forth and said, "I'm a faculty person because of her," were from every department on this campus.

AM 37:28
Kind of switching gears a little bit now, what was her reputation among her patients and the people she saw?

DW 37:37
She was a beast. She was untiringly engaged with them in terms of their care, and adamant that they get the best of care. She was unapologetic about that. So, if she felt like somebody was not getting what they needed, she would make it happen. So, if patients had issues, they were very comfortable coming to her. And they knew that she was going to help, even patients who didn't have heart issues. There were a number of patients that I saw because Dr. Armstrong called me and said, "Can you see this kid?" And I

never said no, and I think that that's true across the board. So, she had a reputation for being engaged in a way that's just very caring, very natural.

AM 38:30
Would you say that she practiced a more holistic approach to care?

DW 38:35
That's a nice way of putting it. There are those things that are heart-related, but what you find, particularly in our subspecialties -- and even pulmonary, gastroenterology, hematology, particularly with the sickle-cell kids -- when they have a chronic condition, it affects not only their health, but their growth, their sense of well-being, their ego. And it destroys families, or can destroy families. If the kid really requires a lot of help, parents get really stressed out, siblings get really pissed off. You have to be able to manage people. And, sometimes, it's just giving them permission to be unhappy.

AM 39:32
You mentioned the Durham Striders earlier and her involvement with St. Titus Episcopal. Do you know of any other community organizations that she was involved with?

DW 39:49
That's hard. I think she was in the Links, or she was in Jack and Jill. Both of them are African American-based community things that are, in some situations, family-oriented. There are people here who know. There's Jeanine Holland. I don't know whether you talked to her or are planning to talk to her. Jeanine is a staff assistant in the Office of Equity, Diversity, and Inclusion in the School of Medicine with Dr. Thomas. She's a member of the community, and had worked with Brenda for decades in the admissions office before she went over -- also with the Striders. So, she's really well versed in terms of her community engagement outside of the church.

AM 40:45
What do you think Dr. Armstrong saw as the path toward institutional equity at Duke?

DW 40:58
Another loaded question. I think part of what she saw is what she encouraged, which is probably a sense of clarity, integrity, frankness, [and] acceptance. I mean, the kinds of things that allow you to have best friends. Right? Because a best friend isn't necessarily somebody that you want to be with all the time. Oftentimes, not at all. It's not someone necessarily that you agree with all the time because we're all individuals. But you can respect that person for who they are because you know that they care about you, unequivocally and vice versa. It would be a great thing if everybody could be of the same mind, where differences weren't so necessary, particularly now.

AM 41:53
How would you say that Dr. Armstrong -- I mean, another loaded question -- how would you say that she impacted Duke?

DW 42:01
She loved what she did. I think her impact was on so many different levels: encouraging careers in academic medicine; public health initiatives, not only in medicine, but in other health-related fields. Some of the folks who came through the summer program -- I used to routinely tell them, as did she, that there's enough work to be done that you don't necessarily have to be a physician. You can be a lawyer and still help improve things, in terms of health and healthcare. Business, social work, psychology -- it's not necessary that everybody come through and be of the same lockstep. So, the[re are] possibilities of contributing to making things better. [It's about] having a sense or an appreciation for what you can do. I

often tell folks now, as would she, you're not a number. So, if your grade slips on x, if your test score [slips] on y -- does that, arbitrarily, totally identify you as? And it doesn't? Everybody is complicated and complex. So, when you look at people, you really need to look at them more holistically. That was what became a big push in admissions and admissions practices throughout the country. And it's sort of the bane of everyone's existence now.

AM 43:48
Did she do a lot of interdisciplinary work -- working with different departments across campus?

DW 43:56
We all did. We availed ourselves of the university wide, in terms of discussion and encouragement. The people who became involved in health education in the School of Medicine included people from almost every aspect of campus and campus life. Part of that was intentional, and part of it was an offshoot of the students taking advantage of the kinds of opportunities that could be afforded to them in [their] third year with independent study practices. I, myself, actually [inaudible] a divinity school seminar course because a student was taking it, and she said the instructor was fabulous. So, I said, "I want to go see." So, I did, and when I did, I became so intrigued that I stayed for the entire semester. I was welcome there, but [it's about] those kinds of relationships and the ability to engage in dialogue with people of different professional career paths. It's nice to be able to indulge that. And not only do you communicate and learn about them, but you learn how they can help other people.

AM 45:20
Did she ever do any work on the health policy side of things? Any advocacy regarding North Carolina laws?

DW 45:35
She did. Brenda and some of the people whom she trained, actually, have been at the forefront of identifying and treating, appropriately, adolescents with hypertension. We have folks now who are engaged in looking at obesity, type two diabetes, and hypertension in adolescents because it's a problem. So, those kinds of things, where you could make a change in the environment or in the expectations of people and get them to take care of themselves -- even something as simple as working with the Striders, right? It was not because she wanted, necessarily, the best track team in the country -- although, it was -- but she wanted a team of people who learn how to work with each other and learn how to be the best person they can be. So, they didn't all have to look alike, they didn't all have to run as fast as the next, but they had to feel as though they had achieved something more at the end than they did at the beginning.

AM 46:44
Do you remember any of those specific policies that she fought for for hypertension?

DW 46:54
Not particularly, you know?

AM 46:57
Just as we're winding down, do you have any specific memories of Dr. Armstrong that you feel comfortable sharing? Anything that wasn't yet mentioned in the interview?

DW 47:10
We've sort of gone round robin. Beyond everything else, not only was she a wonderful clinician and a very strong academician, she was a very good friend. She was literally, for the last 10 or 15 years of her life, one of my neighbors. She was a house away. So, not only [was she] a member of the community, but

almost a member of the family. My mom used to like to go to her house and rock on her porch. So, yeah, there's a lot to be said on that level.

AM 47:54
This might sound like a strange question, but do you remember anything that she kept in her office or in her house that showed what kind of person she was?

DW 48:08
She kept stuff. And I know that sounds like -- she had a poster of voting rights and desegregation, 60s, 70s, which says a lot. So, that says a lot about her mindset and where she was. She had quilts. She had things that belonged to her parents. A lot of the stuff, like plaques and awards and photographs and statuettes and stuff, you didn't see. You know, she had them. She had a couple of things, but not a whole lot. She wasn't a person who would blow her own trumpet, necessarily. But she was very comfortable with who she was.

AM 49:08
So, as we celebrate our centennial, how do you think we can best honor Dr. Armstrong's legacy?

DW 49:21
We've been trying to do all kinds of things. That's a big question. That's a big ask because there are things like having an endowed chair that would speak volumes about an appreciation for what she did. We've talked about things like symposiums or community outreach efforts. There's so many things that she did because she had a love of people and really wanted to impact health disparities. That was one thing she did: she worked on a national panel of folks who wrote about the kinds of issues that led to unequal treatment. So, I think anything that immortalized what she saw as appropriate in terms of health care, or health policy, or care in general, would be great.

AM 50:43
Just one last chance -- anything else to share about her that hasn't already been mentioned?

DW 50:50
I don't think so. I don't think so.

AM 50:55
[Inaudible] Sorry, one last thing. If we can just get a production-style introduction. So, for example, mine would be "My name is Ava Meigs, and I'm an undergraduate student at Duke." If you can just give us a similar introduction, just for the production of the interview and the final product?

DW 51:27
Sure, a short bio sketch. I'm Delbert Wigfall. I am now an emeritus faculty in the Department of Pediatrics. I was a full professor in Pediatrics and Pediatric Nephrology Kidney Disease. I have a tenure at Duke for close to 36 years. I, in addition to practicing in the Department of Pediatrics, was an Associate Dean for Medical Education, did student advisement for 23 years, and I co-directed the Multicultural Resource Center for the School of Medicine from its inception until my retirement, so that was a period of 24-25 years.

AM 52:18
Then if we could just get 15 seconds of silence just to capture the room tone for the recording? Perfect. Thank you again for coming in to talk with us and for helping us share Dr. Armstrong's story with this project.

DW 52:44
You're welcome.