

Hoover

Stewart [00:00:00] OK. This is Emily Stewart and I'm interviewing Dr. Eddie Hoover who was a resident at Duke around the same time that Dr. Sabiston was serving as chair of surgery at Duke. It's June 25th 2019. At 11:00 a.m. and we're speaking on the phone. So, Dr. Hoover, can you tell me a little bit about where you grew up?

Hoover [00:00:24] I grew up in rural Mecklenburg County just south of Charlotte North Carolina. I was reared by my grandparents and we sharecropped the farm... just south of Charlotte and the schools down here were still segregated when I finished high school in 1962. I finished a very small black high school and then I was one of 14 students to integrate the University of North Carolina, Chapel Hill back in the early 60s. I matriculated there in 1962 and... I was convinced by the associate Dean of students that I should go apply to medical school. I had no clue about it... I went there to major in pharmacy. I quickly decided; I didn't want to do that. So, he took me to the medical school and introduced me to the Dean and obviously, he had my grades as associate dean for student affairs. He had all of my grades...

Stewart [00:01:32] What a great story.

Hoover [00:01:37] Actually, my first story... when I got here, I took the chemistry placement exam and placed out of first and second... first two chemistry courses first year... eventually I got... there were no cell, there were no phones in the room or obviously no cell phone. So, I got this note on my door... took this on a Tuesday... Got a note on my desk, on my door and went to go see Professor... somebody in the chemistry department. So, he asked me, what was I doing there, what was I studying. And I told him what I was originally in pharmacy, but that was a false response. And he asked me about my chemistry courses in high school. I told him what we didn't have labs. We read about experiments; we didn't do any. He said, "Well, you obviously placed out of the first two freshman courses. I want you to read take them anyway because if you're going to do anything in science. You're going to need the laboratory experience." And I left there fuming. So, I haven't been there 20 minutes and they're messing with me already. So, and I didn't have anybody to talk to because upper classmen hadn't come back to school and my parents weren't educated so... So, I just took him at his word and went ahead and took the course. And the first day of the laboratory sessions the guy was giving me all the stuff on my cart. I thought it was for, you know, distributed to three or four kids. And I said, "How am I supposed to... Who gets what off this cart?" And he said, "Are you being... Are you trying to be smart?" He said, "That's yours." And I realized that as soon as he said that that professor was absolutely right. If I had gone into an advanced chemistry course with more complicated lab equipment, I would've been totally lost. So, those two things got me off to the right track and it got me into medicine and I applied to four medical schools, Howard, Bowman Grey, Duke and Chapel Hill. And I wanted to stay in Chapel Hill because it was cheaper and I already had a place to stay here. But I guess it was just God's will that they put me on waiting list and the other three schools had already accepted me. So, Duke called me and said, "Listen, we've got to fill out our class, we need to know whether you going to come here or not." So, I said, "Yes, I'll come there." Carolina got me on a waiting list, why am I messing around with Carolina? And I think that's, sort of, more God at work because if I had gone to Chapel Hill I would have come back to Charlotte and practiced internal medicine. I would have been happy, but I never would have an academic career that I had Duke. So, I was the second black student to go to Duke. At that time, Duke was taking one black student every other year... they did that for like 10 years and so I was the second black student to go there. And as fate would have it, that was the year that Duke

changed its curriculum to what they have now. So that the first-year students take first- and second-year classes in the first year. So, they needed our laboratories in the second semester of my second year. So, they quote "promoted us" close quote onto the wards and they asked us to pick the kind of service we wanted to rotate on, like pediatrics, medicine, surgery. I didn't know about them because I'd never seen a doctor before. So, I left a blank and got assigned to Dr. Paul Ebert who was a 6-foot 8-inch All-American basketball player at Ohio State, all-American baseball pitcher at Ohio State who had just come down here with Dr. Sabiston to do the pediatric congenital hearts down here. And so, there were four of us assigned to his service and he took us around with him in the operating room and all wards. He picked these little babies that you could hold in your hand and fixed their hearts. I said, "Wow. Wow. That's exciting." So, I decided I was going to be a heart surgeon and I guess what I... I looked at four or five schools, wanted to stay at Duke. But, Dr. Sabiston he would say, "Well, you really need to go look at other places." Back then, they're not supposed to give you a promise of a position, you're supposed to meet your match. So, I went to look at four other schools. When I got back, I got a message from Sam Wells, who was a senior resident at the time that he needed to meet with me. He told me that Dr. Sabiston wanted me to stay at Duke. I said, "Well, I wish he had told me that before I spent all that money going to look at all the other schools." I wanted to stay here. But anyway, I decided to stay at Duke. And I was the first African-American intern at Duke Hospital, Duke Medical Center.

Stewart [00:06:29] So what years were you at Duke?

Hoover [00:06:33] I went there in 65 and finished in 69. And I did two years, two years as a resident from 69 to 71. And I guess during that whole time there were no other African-American House staff at Duke. So. Two things happened when I was a resident, they changed the dean of admissions at the medical school to Dr. Ousterhaut. O-u-s-t-e-r-h-a-u-t, who called me and said, you know, "Duke has to stop this nonsense with taking one black student every other year." So, there was another black student, two years behind me, John Walker. And interestingly enough when Duke was doing this, they only took blacks from major, majority students, the first guy, Delano Meriwether came from Michigan State. I came from Carolina. John was at Columbia and the first lady; Jean Spaulding was from Borough College at Columbia.

Stewart [00:07:47] What was her name?

Hoover [00:07:48] Jean Spaulding. S-p-a-u-l-d-i-n-g. And so, he called John Walker and myself and we actually went to... most of the black schools in the South. Talking to their premed advisers showing them how to best get their kids into medical school and Duke actually funded a program to bring all those premed advisers to Duke for a two week "how to do it" session that Duke paid for. And that was what... That was probably the first such program in the country. Now backing up, I didn't learn this until 20 years later when Dr. Sabiston decided to take me Duke, he realized the potential for, you know, problems. So, I learned this 20 years later from Dr. Anlyan who was then the Dean at Duke. He said, you know, "When Dr. Sabiston decided to take you, we called a faculty meeting of all the clinical chairs that we're going to be.... that you were going to be working with. And they decided that what... what are they going to do when he has issues with the patient or..." And they had made the decision that if a white patient refused to be treated by me, they would be invited to leave Duke Hospital. Now, I didn't know that... I didn't know that for 20 years. But, it just, kind of, shows you the insight and foresight that not only Dr. Sabiston but what the entire Duke faculty had about what it was going to be like to integrate Duke Hospital.

Stewart [00:09:18] Right. Do you remember your first interaction with Dr. Sabiston?

Hoover [00:09:22] You know, it was probably during my third year. And my surgical rotation, when he would be either making rounds with us or running a resident surgical conference. And I, you know, he was such an imposing, aristocratic person that I always said... From that day on, I said, "He was born... He should have been born in the 17th century" because he would have fit right in the British... Dr. John Hunter was the first surgeon. I mean, he had that, sort of, well, that's just the way he came across. Very proper. Very British. And that will come back sometime. When I was an intern and resident, some of the funny Sabiston stories that we have to tell you. But yes, it's probably during my third year. Because my main [unclear] was to Dr. Ebert during my second year. So, I had to stand a six-week rotation or whatever two-month rotation on surgery as a third-year student. So, we got to see him, you know, every week for grand rounds and then we have to make rounds with him, you know, two or three times a week.

Stewart [00:10:45] Are you there?

Hoover [00:10:47] Mhm.

Stewart [00:10:47] OK. OK. I thought we broke up for a minute. So, how do you think, if you could describe, how do you think Dr. Sabiston put his personal stamp on the program at Duke?

Hoover [00:11:00] Well, Dr. Sabiston had just come down from Johns Hopkins I think a year or two before I got to Duke and he sort of imported that Hopkins tradition as to how things would run, how things would work... Everything came... emanated from his office as the Chair and he basically communicated with the students and the residents, through his chief residents... So, when he wanted something done or wanted us to behave a certain way or present cases in a certain way, he would tell the chief resident and they would come and tell the rest of the junior residents, that the students, how Dr. Sabiston wanted it done. And for example, he was particularly keen on surgical histories. Any time you presented a case to him you had to begin with the history of that disease or operation or that person who did it or diagnosed it. So, that kind of became ingrained in us. And that was something that's pretty much unique to Duke because the rest of places I went, they could care less if you knew anything about the history of surgery. So, he was very very... We had to wear the little short doctor's coats and white duck pants and a button-down dress tie, dress shirt with a tie. The chief residents could wear a long lab coat, but they had to wear the duck pant... You know, the white pants, button down shirt and tie. And we were supposed to wear that 24 hours a day. So, but at night, while we were in the emergency room, they would send the intern up, the senior residents would send the intern up to the operating room to get a handful of greens. So, we could switch out... Because you know, like people coming in and vomited all over you, bleeding all over you, you know, so you don't want to get your... It was my first month. I was an intern and we had... I think was this before the landing on the moon. So, the senior resident sent me up to operating room about twelve o'clock. You figured everybody's was gone by then. Up to get an armful of greens, so we could get out of these, you know, dress clothes and get into some work clothes. So, I'm coming past his office about 12:15 and who would come out of his office, but Dr. Sabiston and here I stand with an armful of greens. Knowing that we weren't supposed to do that. So, I just said hello and I went down... back to the E.R. And I told the chief resident, I said "You'd never believe that Dr. Sabiston walked out of his office the minute I walked past there with this armful of greens." And we all were convinced that I

would get called in the next morning and I was going to get fired. A couple of the guys told me that they would help me get another job. They'd put in... write a letter for me and make some phone calls. And he never said a word. Never say a word about that. So, he had that rigid side of him, but I guess he was... There was more human inside of him than we imagined. He was very meticulous in everything he did. I remember once, we were doing a thoracotomy for lung cancer, a resident named John Porter was chief resident, and Dr. Sabiston left after we got the cancer out and left us to close, which was standard fare in those days. So, John was one of these rough guys. John's idea of fun was going to watch one of those NASCAR races for six hours. He was in there. But he was always groaning and moaning about something. So, he was grumbling and moaning. Dr. Sabiston had come back in and this voice came from the background saying, "Well, John aren't you going to use the Bailey rib approximator." John said, "Of course I'm going to use the god damn Bailey rib approximator. How else do you think I'm going to get these ribs together?" And it was Dr. Sabiston who had said that. We didn't catch his voice. And Dr. Sabiston just turned around and walked out. I'm sure he went back to his office and cracked up. I mean he... nobody can be that [unclear]. A lot of things that would happen around, I'm sure he went back to his office and just laughed himself to death. He didn't say anything about it, didn't say anything about it. And one day... He loved to do abdominal aortic aneurysms. And, as chairman he did whatever patients came to him, well a lot of cardiac guys would only do cardiac surgery. But, Dr. Sabiston's philosophy was that if somebody comes you and their gallbladder out or hernia fix, you the chairman, you should fix it. So, we had done an aneurysm, one of his favorite operations, and he used to tell us if you're gentle with the bowels, irrigate them frequently, keep them moist and don't let them hang over the side of the table, so the intern's job was to support the intestines while they were outside of the abdominal cavity. And then, we'd make rounds and we'd have to put an NG tube in... His thought was if you do that, you don't have to put a nasogastric tube in these patients, which is fairly uncomfortable, have to keep them for five days. So, we'd make rounds in the afternoon and the chief resident, "Go put a tube in Mr. Jones and empty his stomach." So, we did that at night and we did it in the morning before Dr. Sabiston came to make rounds. So, he would say, "You do see what I mean. If you're gentle with the bowel's blah blah blah, you don't have to put these nasogastric tubes, you do see what I mean." And so, we've put this tube in this patient twice a day, pulled it out, suck a liter of fluid out, pulled it out. And I asked the chief resident one day, I said, "Dr. Cline, how long you going to let him get away with that? He thinks... He thinks what he's doing in the operating room is keeping us from having to put an NG tube in. But we do this twice a day, which is very uncomfortable." And Bob said, "As long as he wants." So, I went to put a tube in one guy. This would be about his fourth tube. And he said, "If you come close to me with tube, I'm going to knock you out." I said, "Okay, I'll leave it leave it out." So, I mean, little things like that that we would just hide from him because we were afraid of him.

Stewart [00:17:15] Right. That's a funny story. So, did you.... Some people have said, have talked about their research experience that Duke and how Dr. Sabiston, kind of, shaped their research in the paths they took after. Did you experience Dr. Sabiston shaping your research experience as a resident in any way?

Hoover [00:17:38] Yes. Well, he did it through... I worked about Dr. Ebert's laboratory. So, I worked in his laboratory for four months my senior year. So, that got me used to the research environment. And I'll tell you why it's important. Dr. Sabiston was not interested in training sur... He actually, he wasn't interested in training general surgeons. He thought everybody that came through Duke, should be cardiothoracic surgeon. And that was a holdover from the Hopkins experience with Dr. Blalock, because at one point, I think something like 27 Chairs of surgery around the country were products of the Johns

Hopkins residency program. Dr. Sabiston wanted to, wanted Duke to supplant Hopkins as the country's lead supply of professors and chairmen of surgery. And so, he would tell us that if you want to be a practicing surgeon then you need to go somewhere else. You need to go to Chapel Hill or some other school because he only wanted to train academic surgeons who were going to do research, teach the next generation of surgeons and medical students. And I'll tell you another little funny little story. I was not there. At the time, they had opened up the cardiac surgery branch at the National Institutes of Health and that was run by a surgeon from Hopkins, named Andrew Morrow, M-o-r-r-o-w. And there were five clinical positions for surgeons every year and Hopkins got two of them, Duke got two of them and the rest of the country got one. And so, the importance of that is, that if you went to NIH... it took place of going to the military, and you did research and clinical surgery for two years. And the importance of that was that these people had the inside track when they applied for any kind NIH grant. Because they had been there, they knew how to write a grant because they read a bunch of them, and they knew how to conduct research in an organized fashion. So, I guess my year the two guys who were in my class, Dr. Sabiston picked them, I guess at the time he interviewed them because they knew when they came the Duke as an intern. Roger Millar and Kent Jones were both from University of Utah, that they were going to the NIH after our second year. I had to go to the military, I went to the Navy in 1971, after two years of residency at Duke. Now, I didn't finish my residency at Duke.

Stewart [00:20:20] Now, that was one of my questions. If you want to talk about that a little bit too, that would be great.

Hoover [00:20:26] Yes. When I went to the Navy, I went to the Navy July of 71 and Dr. Ebert left Duke in January or February of 71 to go to Cornell in New York City to be Professor Chairman of surgery. And I'm in the Navy and Dr. Sabiston told me when I left, he said, you know, "You need to come back here because we targeted a slot for you two years from now when you leave the Navy. So, make sure that you come back here." And I was going to go because I liked Duke. But, Dr. Ebert went to Cornell and he called me the middle of my second year, I was stationed in Guam, over in... I was in the southwest Pacific. And he wanted me to come to New York because he said the residency program needed some work and he needed some quality people up there to help them get it to where he wanted to be. So, I said, "Well, you know I was supposed to go back to Duke." I said, "So, I'm not going to tell Dr. Sabiston I'm not coming back to Duke. So, you're going to have to tell him." And we made up some cockeyed story that I'd forgotten about until probably 15 years later Dr. Sabiston came to... I was then at Downstate, which SUNY Brooklyn now. And he would come up as a visiting professor. So, we were having dinner at the chairman's house. And the chairman [Sabiston?] was telling my then chair, Dr. Jaffe, "Well, Eddie was supposed come back to Duke, but you know Pail needed some quality residents at Cornell and the pay up there was a little bit better than it was down south, so Eddie needed money to help out with family situations, so he went to New York instead of coming back to Duke." And I had forgotten what... that little story we made up about the money. I thought [unclear] would tell Dr. Sabiston the reason I wasn't coming back to Duke was because, was a financial decision, which was we just made that up. It wasn't true, but it sounded good. But his memory was phenomenal because that same night at Dr. Jaffe's house, he said, "Well, Bernie." The chairman there was Bernard Jaffe, was then the chairman at SUNY Brooklyn or Downstate. He said, "I remember when I was at Johns Hopkins, you applied for an internship at Johns Hopkins." He said, "You were going to be an orthopedic surgeon." And he went on to tell us what other things that he remembered... This must have been 20 years ago. And Bernie said, "How do you remember that? I forgot that I wanted to be an orthopedic surgeon. How on earth do you remember that sort of

[unclear]?" And so, he just had a photographic memory.... Like having a tape recorder in your head, just dial it back to what you want to remember and out it comes. It was just phenomenal the way he could just recite things, quote things, [unclear] the medical literature history or so that was another aspect of him that really stood out. Go ahead.

Stewart [00:23:45] I've heard that his memory was phenomenal. So that's interesting that it keeps coming up in all these interviews too. Did you interact much, or at all with Mrs. Sabiston any?

Hoover [00:23:59] I would see her at social affairs. Though she'd come to departmental affairs, dinners, picnics and of course she always had something going on at her house like Christmas parties and, you know, July 4th parties. So yes, for Mrs. Sabiston and the two daughters, two girls.

Stewart [00:24:21] Right. So, mostly it was social interactions with her.

Hoover [00:24:29] With her yes.

Stewart [00:24:29] So where did you... I know you talked about going to Cornell to finish up your training, where did you end up after Cornell?

Hoover [00:24:39] Well, I finished my general and thoracic surgery residency there in 1978 and I remained on faculty there from 78 to 1980. Then, I was offered a position as Chief of Surgery at the Brooklyn V.A. Hospital and associate professor of surgery at Downstate, which I accepted. Stayed there for... from 1980 to 1987, but I was also the chairmanship of surgery at one of the black medical schools in Nashville Tennessee called Meharry, capital M-e-h-a-r-r-y, medical college. So, I went there for three years and then I got offered a job as professor and Chairmen of Surgery at State University of New York at Buffalo. So, I went there in September 1990. I remained Chair until 2001 and then was a full professor until I retired in 2013.

Stewart [00:25:34] Wow. You've been everywhere.

Hoover [00:25:37] Yeah, made it... I'll tell you what's interesting about my career. As I told you earlier, if I had gone back, gone to North Carolina, I would probably have been... come back to Charlotte as whatever, but by going to Duke and getting interested in surgery and then learning about... It never dawned on me... the only thing we were supposed to do as high school kids were teachers and ministers, that's it. There were a few doctors and dentists but I never saw one as a patient, I took my grandparents. So, even for the smart kids you thought about what kind of teacher am I going to be, what kind of high school teacher and I going to be or elementary school teacher. So even when I was at Duke having finished college, I had no idea what you had to do to teach at a medical school, remain on faculty at medical school. So, he taught us all that stuff. He said you will stay in the medical school, you have to start off as an assistant professor, you got to write papers, you got to get research money, you've got to establish a name for yourself, and then you get promoted to associate professor and you need to be at these organizations by the time you reach that level and you have to have your tickets punched with the intermediate and organizations, like the Society of University Surgeons, before you can get it in to the more elite organizations. At one point... If you take the American Board of Thoracic Surgery, which certifies cardiothoracic surgeons. I think there were like 11 people on that board, like five or six of them were Duke graduates. It was important to him to populate everything he could with his people. That's what he learned at Johns Hopkins. So, he was very

supportive of everybody that he had any association with, including people like me that only spent three years with him. So, he never forgot about it anybody that he ever trained... We used to call it a "decade with Dave." For the clinical program, it was seven years then you had to do a couple of years in research laboratory and that was the deal. If you didn't want to do that you shouldn't, you shouldn't go to Duke. That was a quiet rumor going around... Again, I had left Duke but Roger Belov, one of the guys in my class who went to NIH, went back to Duke in 73, was doing a [unclear] with Dr. Sabiston when he finally broke the news him that.... I'm not going to... I'm not going to... I guess he had been offered two or three jobs because he was towards the end of his training. And he said, "My wife and I decided to we're going to go into private practice in Bend, B-e-n-d, Oregon and do that." And Dr. Sabiston said, "Well, you then you don't need to finish this case." And sent him out of the operating room. If you're not going to do academic surgery, you don't need to be doing congenital heart surgery because you're not going to be doing this stuff in Bend, Oregon. So, I don't know if that's true or not but it makes for good copy. It's a good copy.

Stewart [00:28:32] Yeah it does. So, did you have... did you interact much with Dr. Sabiston after you finished your residency, you know, more when you were teaching and then Chair of Surgery and what was your post residency relationship?

Hoover [00:28:53] Yes, I did. Because, you know, luckily, I got appointed to all of those surgical societies including the American Surgical... the things of which he was a president. So, I got to interact with him at meetings. I had him come to Meharry as a visiting professor. So, we got to spend some time with him then looking at what we were doing in our research laboratories, work that my kids had been doing. But it was mostly at meetings and we were on a lot of national panels together. One of the big things going on at that time was trying to get cardiothoracic surgery separated into five years of general surgery followed by separate and distinct two years of cardiothoracic surgery. He was not in favor of that. He did not, he did not, he did not like that. He wanted you to come in as an intern and crank yourself out eight years later as a cardiothoracic surgeon. He wasn't interested in training the general surgeons. So, the senior surgeons like Dr. Sabiston... they wanted to keep it the way it was. And it wasn't just until a few years ago that they actually changed that so that now you have to do five years of separate and distinct general surgery, followed by your two or three years of cardiac surgery. I'd also say myself, the reason they wanted that... If you finished a five-year general surgery residency program, you know how to operate you knew how to take care of sick people. So, if you went to cardiac and much of cardiac is what we call surface, s-u-r-f-a-c-e, surgery because it's right there in front of you. You open the chest; the heart is right there in front of you. So, it's technically not, you know, it's not as difficult as trying to pick out somebody who has a low rectal carcinoma, because it's way down in the pelvis, you can't see, it's a narrow space. But so, and you knew how to take care of patients because you take your ICU patients in the trauma bay, the emergency room you're... All sick people in the ICU. So, I said to myself when I started training as a thoracic resident that makes my job a lot easier. If you come here as a fully trained general surgeon, I don't have to do much but stay awake, you know how to operate and you know how to take care of sick people. So, I worked on a number of panels with Dr. Sabiston and another senior surgeon in the country trying to make some sense out of the training program and there's other thing that I did... I'm sure he was probably involved, I got put on a lot of NIH study sections, Food and Drug Administration panels, and things that he would do behind the scenes that must have when you knew how it happened.

Stewart [00:31:39] So can you...

Hoover [00:31:42] Go ahead.

Stewart [00:31:43] Okay. Can you talk a little bit about the Society of Black Academic Surgeons [SBAS] and Dr. Sabiston's involvement in that group?

Hoover [00:31:50] Yes, in 1987 about seven of us met at the meeting at what's called National Medical Association which was the black counterpart to the American Medical Association. There for a long time we could not belong to the AMA, so they founded this organization back in the early 1900s and we noticed those of us, the few of us that were in academic surgery. I was at Meharry at the time, the black medical school. So, one of our other Chairmen, Malcolm Fleming who was chair at Drew Medical School in L.A., called six of us into a meeting with a representative from a suture, from Ethicon suture company. He wanted to do something for African-American surgeons and he had some money. So, he met with us at the Marriott Hotel to ask us what do we need. And he said, "This could be a recurring grant from [unclear] for probably as long as we needed it." And so, we looked around and pretty much all of us... All of the senior academic surgeons in the country, we were in that room and we said, "Well, we only have..." I think at that point we only had one African American that was chair at a majority school. And we had almost no full professors at a majority school. So, we said, "We need the following: We need to encourage young black surgeons to consider a career in academic surgery. Then we need to mentor them, to teach them how to do that. Same things that Dr. Sabiston had taught us, you got to learn how to do research, you got to learn how to write grants and once you get better, you have to learn how to publish your material in peer reviewed journals. So, recruitment." And once we had a few assistant professors, they never, they never made it to the full set of full professor level because they didn't know how to do the research and publish papers and get grants. So, we had to recruit and retain and promote that... Those were our three goals. Encouraging young black surgeons to do this, teach them how to do it, mentor them so that they could learn how to write research grants, get funding, do the work, and publish their papers and then move up in academic work so that we made sure that they got in the right societies at the right time and we gave them exposure by inviting them to institutions where they could be a visiting professor and you had to have some path of exposure as you move up the academic ladder. And so, that organization has been wildly successful. Our first meeting was in 1989. One of the people in the room was Dr. Onye Akwari. Actually, who just passed about a month ago. So, he said, "I think we could get Dr. Sabiston to host this meeting." So, he went back to talk to Dr. Sabiston after we finished this meeting and within 24 hours, he called us and said that Dr. Sabiston has agreed to host a meeting which means he was going to have to pay for it, we didn't have any money. So, he hosted the first meeting of SBAS at Duke in 1989. A wonderful three-day affair where every African-American surgeon was present except for maybe one or two and they were old. But, everybody who was in active practice at the black medical schools and the majority medical schools came to that meeting and Dr. Sabiston did a wonderful job of hosting it and continued to support it and got some of the other surgical providers to help give us some money [unclear] they gave us, I think \$5,000 a year, for a bunch of years. So, he saw the importance of that, just like I think he saw the importance of integrating Duke Medical Center when he asked me to stay as his first intern. So, that organization has been wildly successful. We went from having none of those things that I spoke about... Now, we have had probably 18 African-American chairs of surgery at majority medical schools. We've had about maybe 10 deans. We had no deans at majority schools until this organization got started and now, I think we've had about 10 deans at majority medical schools and tons of research money, tons of leadership positions in the American College of Surgeons. We've had two or three presidents with American Surgical.

Lots of members on the American Board of Surgery and at least one or two on American Board of Thoracic Surgery. All were mentored by, not just us, I mean, once we got this organization up and going, we've had a lot of help from chairs at majority schools because they recognize the importance of diversity and making sure they help us put these kids in good positions. So, that organization is still going strong and if it hadn't been for Dr. Sabiston, it would have taken us longer to get started because by him agreeing to support it, put the whole weight of Duke's faculty behind it. They pretty much stopped what they were doing so they could come to our sessions, to listen to our papers, to help us get organized with their experience doing this sort of thing. So yeah, he was probably the key figure in making that organization get off to a good start.

Stewart [00:37:29] Wow I'm really glad we got to talk about that today too. That's a great story. So, kind of another question related to Dr. Sabiston. I know you were one of the first people to suggest for Duke to pursue this project and I just wanted to know what motivated you to reach out to the department and surgery at Duke to suggest writing a biography about Dr. Sabiston?

Hoover [00:37:56] Well, I had made that recommendation to two or three chairs before him including Danny Jacobs who was an African American Chair of Surgery. I guess two chairs ago before Bob Anderson and the current Chair [Allan Kirk]. So, I had made that to him. I guess part of his not following up was that he didn't train here, he didn't know Dr. Sabiston like we did. And I said, "He was one of the most famous surgeons in the history the world and there's no..." I jokingly said, "He should have written his own autobiography and not leave it up to us." I say, "Since he didn't do that, then it's not, it's unconscionable that we're not going to write at least a biography of Dr. Sabiston. He's one of the most famous surgeons who ever lived. How could there not be a recorded history of him having been here. So, I've mentioned it to a couple of chairs and it didn't get any traction. And I told Kirk, I said, "Listen, all of the people who know and were exposed to him half of them are in nursing homes and some of them most probably have dementia. So, if you don't do this now, they don't remember any of it. So, we won't be able to write this book if we don't do it absolutely right now." Because he started rounding off the people who are in nursing and who were, you know, our teachers and professors who were either dead or, you know. So, I think that little... that was a little impetuous because if we don't do it now, it will never get done. And of course, he's a Sabiston trainee all the way. He did his full surgery there and his research and then he went on to Emory where he was promoted to Chairman of Surgery. Then he came back to Duke, so I think he understood the significance of not capturing these people's thoughts and recollections of Dr. Sabiston while their brains still work.

Stewart [00:39:54] Well, I'm glad you did because I have learned a ton in helping with this project and it's been great. So, I want to make sure that you, kind of, get the chance to tell the stories about Dr. Sabiston that you want to tell and I know you told some, but are there any others that you would like to share?

Hoover [00:40:19] You know what I've started doing is jot some things when my memory gets jolted about something I didn't quite recall. So, I've been writing those things down. So, I'll continue to do this and if something significant comes up, I can get in touch with this number.

Stewart [00:40:35] Yeah. Yeah. You can get in touch with me if you think of something else while you're pondering. Do you think that... Was there anything that I didn't ask you

today that you want to make sure that we have on record about you or about Dr. Sabiston or Duke?

Hoover [00:40:55] Well, I'll tell you another story that I heard later.

Stewart [00:40:57] OK.

Hoover [00:40:59] Actually, two stories that I heard later. We used to have a Christmas party every year at some big restaurant because the whole department would come. And I'm told, I think it was Dr. Andy Wechsler who was one of his other successful pupils, who went on to be a Chair of Surgery at Medical College of Virginia and Editor of The Journal of Thoracic and Cardiovascular Surgery. He was Jewish and apparently when Dr. Sabiston, or whoever was making reservations at this restaurant, I don't even remember the name of it, it was a big restaurant out on the way to Raleigh. The man said, "Well, you know, we don't know.... We're not going to allow Jews and blacks here. So, that could be... Is that going to be a problem?" I guess they had told them that, "Yes we have Jews, and one black." And the guy said, "Well, that's going to be a problem." And apparently, Dr. Sabiston said, "Well, no it's not. We'll just go someplace where it's not a problem. We'll make sure we tell all other Chairs at Duke about your policies of not, you know, admitting Jews and blacks. And then, another story, again this is secondhand. You know, when I was at Duke and after I left, the ward was segregated. So, word has it that Walter Wolfe, I don't know if he's... He must have been a junior faculty because he was chief resident when I was there. Dr. Sabiston called him in one day and said, "Walter, I think we have to move all these patients," meaning the black patients, "over to the white ward." And, I guess, he integrated Duke hospital's patient base just like he did with having me as his first intern. And he didn't say anything about it. He didn't give any reason why... He said, "Walter, I think it would be a good idea if we take all these patients, just put them on regular wards." And, you know, he and Dr. Stead were the most powerful people at Duke. Well, I shouldn't say that, all of the Chairs at Duke were excellent. But those were two moneymaking people. So, when Dr. Sabiston did it, I guess the rest of the hospital then, they just said, "Well, why haven't we done this earlier?" So.... But I think he integrated the house staff at Duke, he integrated the wards by taking the black patient from the all black surgical wards and just putting them in the rest of the wards with the majority patients. I think those two things, that was extremely significant actions on his part.

Stewart [00:43:42] That's really telling too about his time at Duke and his leadership at Duke, as well. Well those were, kind of, all the questions I had prepared. You answered a lot of the ones without me asking, which was awesome. So, if you don't have anything else that you want to share, I don't have any other questions. But, like I said and like you said, you know, reach back out to me and we can set up another time to talk, if you think of anything else or if you're oh man, I wish I remembered to talk about that. I would be happy to talk with you again.

Hoover [00:44:21] Very good. Fantastic. I'm really glad you're helping us with this project. It just needs get done.

Stewart [00:44:27] Yeah. Yeah, no, it's been great. So, just so you know too these interviews are going to be archived in the medical center library. And I will work on your transcript of this.

Hoover [00:44:41] Okay.

Stewart [00:44:41] And as soon as I have that done, I'll send it to you. I know you mentioned a lot of names and I wrote a lot of them down, but I have a feeling there might be a few that I don't know the exact spelling.

Hoover [00:44:52] Okay.

Stewart [00:44:52] So, I'll send it to you and don't feel like you have to edit it or anything, but it is for you and if you see anything that is significantly wrong, let me know and I'll go back and fix it before we archive it in the library.

Hoover [00:45:08] Very good, I'll do that.

Stewart [00:45:09] All right. Well, that sounds great and I hope you have a fantastic day and thanks again for taking your time to speak with me today.

Hoover [00:45:17] Again, thank you. Thank you for all your help with this project.

Stewart [00:45:21] Yeah, you're welcome. It's been it's been great.

Hoover [00:45:24] Oh good. OK.

Stewart [00:45:26] All right. OK bye bye.

Hoover [00:45:30] Bye bye.