

TEA WITH TRAILBLAZERS  
SPEAKERS: Dr. Brenda Armstrong;  
Dr. Joanne AP Wilson; Dr. Thelma Brown  
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PLACE: Mezzanine Level,  
Duke Medical Center Library

TEA WITH TRAILBLAZERS NO. 3

JESSICA ROSEBERRY: I'd like to welcome you to the Tea with Trailblazers this afternoon. I want to thank you so much for coming today. We're going to be learning about and honoring some African-American trailblazers. And thank you all for being here this afternoon. Before we begin, let me introduce myself. I'm Jessica Roseberry, and I also want to introduce some of the other event planners for today: Mira Waller, Hattie Vines, and Beverly Murphy were also part of planning today's event. I would like to mention that we are recording this event, and so if you ask a question or share a story, at the end of today if you don't mind signing a form for us just so that we'll have the ability to use that recording in its entirety at the Duke Medical Center Archives. Our introductory speaker today is Dr. Benjamin Reece. Dr. Reece is the Vice President for Institutional Equity at Duke University and Duke University Health System. And at this time I'd like to ask Dr. Reece to give our opening remarks. Thank you.

*(applause)*

BENJAMIN REECE: Thank you. Thank you. And I'll be brief, mostly because I have a fever and am not feeling well. But I do feel honored to be next to these three people and the special guests that are in the audience. We were talking a little while ago about the basketball game last night [against the University of North Carolina]. In case some of

you haven't heard, there was a game last night. (*audience laughs*) And before that, some of us were talking about Super Tuesday, the election. And without—trying not to be too political, I was really very excited about the turnout and the showing on Super Tuesday. I was listening to some commentators who were talking about kind of the moment we're at, having an African-American and a woman running for president. But they also made note of the fact that they didn't just come out of the blue. That the fact that they're running at *this* point in our history is in large part due to the foundation and the people who've come before them. Every person from Fannie Lou Hamer, certainly Jesse Jackson, a host of folks—Shirley Chisholm. I remember spending summers in Saratoga Springs with my parents who would take me there as part of a summer vacation. And there was this woman who would organize fashion shows, just an incredible organizer, who was thinking about politics. And she just parlayed her leadership skills into one of the *major* leaders in America, Shirley Chisholm. But as I watched Tuesday unfold, I couldn't help but thinking about all of the leaders who are here at Duke and the leaders who really are at the foundation for my place as vice president. I'm *only* here, *only* here because of these three people [panelists] and others. There is no way that I think this institution could have gotten to the place that we are now, the prominent place in my estimation that we are now without some people really sacrificing and creating the kind of environment that could help Duke grow into the great institution that it is today and one that increasingly has women, people of color in positions of authority. And so I'm here because of many of you and these three people, and I'm just honored to introduce this program. Thank you.

(*applause*)

MIRA WALLER: (*refers to microphone; laughing*) I have to move this thing down. (*audience chuckles*) Thank you, Dr. Reece. At this time, we would like to ask everyone in the audience to hold their questions and their comments until the very end when all three panelists have had a chance to share their experiences. I would now like to ask Dr. Brenda Armstrong, associate dean of medical education, dean of admissions, and associate professor of pediatric cardiology at Duke Medicine to share some of her thoughts and stories on being a trailblazer at Duke Medicine.

BRENDA ARMSTRONG: I guess I'm supposed to talk into this microphone. (*laughter from audience*) Well, first of all, I wanted to say how honored and humbled I am by being here. Because all along my life has been about just doing what was right. My mom used to tell me back in rural eastern North Carolina, in Rocky Mount, that if I did what was right it would be okay, and not to be afraid to speak the truth. And that things would sort of work out all right. So being here in the medical school really is part of a completion of a circle for me. Most of you don't know that I started out at Duke as an undergraduate in 1966. I was in the third class of African-Americans at Duke, and it was a different time in Duke's history, one where Duke was trying to figure out who it ought to be, especially with respect to African-Americans. One of the things that I learned as I came to Duke was about the incredible vision that the Duke family had about education and healthcare for all of the people with whom it had an association. And that association went back to part of where I grew up. It had to do with tobacco. And it had to do with the fact that there were so many people who worked for the Duke family for whom they felt a tremendous kin and relationship with. So when I came to Duke as an undergraduate, I came with sort of the bright eyes and undaunted ambition that I got from

all the people in my community who helped fuel my dreams. And I came from one of those communities where I went to a segregated school, Booker T. Washington High School. I didn't understand why things were different, but the teachers I had told me not to worry about it. Just get everything that you're going to get from us. And it was an incredible education, I have to say that. The school board had dictated that the high school that I went to wasn't supposed to teach trigonometry or calculus, because we weren't going to college anyway. So that was okay, we learned in on Saturday mornings in relatively cold buildings, but our math teacher thought we were smart enough to learn. And my mom—unfortunately I had to endure my mother as an English teacher.

*(audience chuckles)* So from the time I was in the ninth grade to the time that I graduated, we learned ten new words a week and read a novel a week. We had read all of Chaucer by the time we were tenth graders and all of Shakespeare by the time we graduated. And she knew as well as our math teacher that we were going to college and we would need to have mastered the language and read very well and master math in order to do well on the SAT. And there were about forty of us who had declared that we were going to go to college. And we were naïve and idealistic enough to think that we could choose from everything despite the fact that our families were in the trenches trying to just get the right to vote down. So we learned everything we could under what most people would consider to be not good circumstances. We couldn't have chemistry lab on days when it rained because we had a hole in the roof, and sulfuric acid and water don't mix very well. *(audience chuckles)* And there were times the boilers went out so we didn't have heat except in the auditorium. So all of us gathered—we didn't go home. We had class in the auditorium. We endured. And we were taught by people who dreamed

for us and imbued us with their dreams. We loved history. And in addition to taking North Carolina history and having been the wonderful beneficiaries of Terry Sanford as the governor of this state of North Carolina, we had people who taught us our own history. So we knew who our heroes and heroines should be. And so we knew who we were supposed to be like. So I brought that to Duke as an undergraduate. And the long and short of it is, when Duke didn't fulfill what I thought were the expectations I should have about who Duke was supposed to be for me, I did what my mom said. I asked, "Why not?" And when I didn't get the explanation that sounded logical, then I asked, "Why not." And when I got an explanation that ran counter to what I knew to be the truth, I asked, "Why not?" It ended up with me going into the Allen Building [Allen Building takeover] as the president of the Afro-American Society in 1969. And a lot of people have asked me why I would have done that. And my parents were the first ones to ask me that when I called them after we were in the building. *(audience laughs)* But I told them that I went in because there were two people that I had to save. The first was me, and the second was Duke. And that I thought that unless Duke understood who it could be for those of us who were the most disenfranchised, that it would never be a great institution. And so long as it could deliver to us, it could deliver to everybody. And I reminded them of the investiture that I had read about who Duke was supposed to be. And for me, it was the most empowering act. I didn't know it at the time, but what it did was it helped me understand that there was some more stuff that I needed to do, and I needed to do it in the same way that I had done it as an undergraduate. And that was always to ask, "Why not?" Not to think that I couldn't. And it prepared me for going to medical school at a place where I was the only African-American for three years in the

medical school, and where the two of us who graduated, graduated after they had cleared the auditorium because there was a bomb threat because they were graduating African-Americans from the medical school. And I went out to UCLA because I had a great mentor who enticed me to come out to UCLA. But I knew I wouldn't stay there. Instead I knew that I would eventually come back to Duke. And I did. And when I came back, someone who knew me from the era when I was an undergraduate said to me, "Why would you come back? They treated you so badly, they made you feel like you were inferior. Why would you come back?" And I told them that the simple explanation was that there was some unfinished business that I had with Duke and that that unfinished business had to do with making Duke live up to the greatness that I knew it had the potential to have. And so I entered at the medical school or in the medical school in the medical center. I was *blessed*, truly blessed to have a wonderful mentor who helped me understand the power of the gifts in science and math that I had been given, how I could transform that in a way that I could help children, which was where I wanted to land anyway. And so Madison Spach, who's one of the world's great electrophysiologists, took me under his wing, and the one thing he said to me was, "We are not going to do this based on the color of your skin or the shape of your skin. I.e., you will not use gender or race as a crutch. If you're good, you're good. And *that's* what's going to go in front of you." Which was wonderful, because that was the same lesson that had been passed to me by my parents and all the people who taught me in little old Rocky Mount, North Carolina. I got where I am now because I had the good fortune to be encouraged by people like Syd [Suydam] Osterhout and Lois Pounds and Charles Johnson to think outside the box. To see if Duke was ready to begin to take on the healthcare delivery

system, especially where workforce issues were concerned. And Dr. Johnson, in his inimitable way, said, “We’re going to take the group of you, and we’re going to make it so that *you* can make it, so people won’t have to know who *I* am.” Because before I got to Duke, it was Dr. Johnson and Dr. [Onyekwere] Akwari who were the people who were out there as advocates for us. And they set an example of excellence that was hard to follow because they were just so good. They endured, and they showed us the path.

When I got invited to interview for the dean of admissions job for the medical school, Ralph Snyderman said to me, “Who can you be?” And I said, “I can be the fairest person around, because I’ve known what it’s like not to be fair. And therefore I hope that you understand that I am being considered for director of admissions for everybody, not director of admissions for minority students. And if we do this thing right, we will level the playing field for everyone, and you will be amazed at what we will be able to do.”

And so Dr. Snyderman said, “Okay.” You know, “I’m with you.” Then Nan [Nannerl] Keohane came and said, “This is the way it’s going to be for Duke. It won’t be that diversity is one of the thing’s that’s a priority. It will be the priority for the university. And we think you can do this.” And so with the help of people like Nan Keohane and Ralph Snyderman and Charles Johnson and Onye Akwari and a host of other people.

What we did was to look at who we wanted to be as a medical school. And we wanted to find those students who were capable of brilliance and those students who were capable of enormous humanism. And that was true whether they were from communities that were underrepresented but *especially* for communities that were underrepresented. And that also went for those students who were coming for majority institutions. And so over the years, what we have done is to ask ourselves repeatedly, Who do we want to find to

come to medical school? And in so doing, we have had a chance to redefine who we are as an institution, what we stand for, and how that translated into finding people across the board. So we've gone to *every* part of this country looking for those people, for those people—I always tell the students—for those people who are Skywalker academic folks. Who have that high-powered academic background, and who have their heads screwed on the right way. And we took the time in admissions to ask everybody that the students might come in contact with, who did they want for us to find? The faculty said, Find those that are capable of brilliance. And the people who receive what we give, our patients, said, You know, you folks at Duke are some of the smartest folks on the face of the planet. But sometimes you don't know how to let us know that. So find those people who understand that disease is the great equalizer. It doesn't care how much money you have, where you come from, what you look like, how much education you have. What it does is to humble you and to take away your control. And what we need are people who will get in the trenches with us, give us respect and dignity, and then help us either maintain our health or overcome our illness. And so we have done that. We have looked for that all over the country, and we have been rewarded because, from a hundred students from communities underrepresented in medicine ten years ago to *seven hundred people* every year from communities underrepresented in medicine, to communities of women, to communities of biomedical researchers, every year *five thousand people* apply to our medical school for one hundred places. And every year we find the country's most brilliant and most humane students. And we have been lucky that 25 percent, three times the national average, are from communities underrepresented in medicine. They come to this school, they have redefined the priorities in this school, they have helped us

understand how to leave a place better than you find it. And they have gone out to *incredible* productivity at amazing rates. They are brilliant but unassuming. And they will tell you in a heartbeat that no grade point average or MCAT [Medical College Admission Test] score can close to what they realize the first time they meet a patient and that patient tells them they are *depending* on that high-powered academics to transform into ways to take care of patients. And it's the most remarkable, life-changing that our students actually undergo. And to be able to have the privilege and the honor to go out in the name of Duke Medical School and find those people has been the *joy of my life*. I will say to you that that circle closed. And coming back to Duke in 1975 has really allowed me to become the person that Duke thought I could be in 1966. And so this is a win-win situation. Along the way, there have been many of you—there's one person here who saw me as an upstart resident on Howland Ward—but there have been many of you who have helped teach me. And one of the other lessons that my father said to me before I went to undergraduate school is that, "Everyone will teach you something. And do not think that only those with degrees will teach you something. And if you listen, everyone that you come in contact with will contribute to who you become." I have thousands of children who are in my clinic who have taught me more about how to live my life with courage and dignity than any book could have shown me at any time. And their parents have delivered on courage and dignity and respect as they have dealt with things that are sometimes life changing. So I am grateful to have been the beneficiary of the beneficence of Duke University. And I have tried to give back in small part the enormous gifts that were delivered to me or that have been delivered to me in the thirty years that I have been associated with Duke.

*(applause)*

ROSEBERRY: Thank you, Dr. Armstrong. And now we would like to ask Dr. Joanne AP Wilson, professor of gastroenterology in the Department of Medicine to share some of *her* experiences as a pioneer with us.

JOANNE AP WILSON: Again, it's indeed an honor to be asked to speak to you. I'm, again, a native of North Carolina, many, many generations. And the *P* is for Peebles. You go to Wake County, you say *Peebles*, and there's about a thousand people. But if you come over to Durham and you say *Watson* or *Watkins*, then there's another five hundred. And actually when I came back to faculty at Duke in 1986, I had five relatives who worked here. And one of the first times I was on call, I had to get somebody else to take care of Uncle Ekie, who had some problems. And people would go, like, Do you know everybody? And I said, "They're cousins." *(laughter)* My mother was one of ten. Her mother and her father were both one of twelve, and my grandmother was one of fifteen, on my father's side. My father was an only child, but he tried to make up for it, because he had seven kids. *(laughter)* I'm the oldest. I grew up in Raleigh, the oldest of seven kids. My mother had actually dropped out of college just before I was born. My father went through eighth grade. But my father had the wisdom to decide, when we were in grade school, that we were should go to parochial school. He said, "Those nuns know a lot." And they were all from the Northeast. I went to Saint Monica's, one of those schools where they had about sixty kids with two grades in a room and one teacher, but she was able to teach incredibly. And so I went to a mission school; North Carolina was missionary country at that time as far as the Catholic Church was concerned. And I went through Catholic school the entire twelve years, graduating from Cardinal Gibbons

[High School], class of thirty-two people. Actually now I serve on the board of trustees for Cardinal Gibbons, which now has a thousand kids in the high school, so it's made a huge difference. But for me, the early education, again, as Dr. Armstrong said, was pivotal. And it was the wisdom of a man who had an eighth-grade education but was one of the most brilliant people I've ever known: my father, John Peebles. He was a plasterer. If you go to the art museum in Raleigh, just look up at the ceiling, and that's John Peeble's work. *(laughs)* But he saw that you had to pay for parochial school; you got a discount the more kids you had, so it wasn't the same amount. But many people asked him why he did that, and it was because of that: because he thought the education would improve our lot, and he knew that education was important. I also had the benefit of some very strong family members. My mother's parents were sharecroppers in Wake County. And I used to spend the summers out there working on the farms. So there were things that I knew. And I loved it. It was hard work, but it was great fun working again in tobacco. My goal when I was ten was to tie tobacco like those ladies could, and I never did learn. The second person, again, was my mother, who was very organized and ultimately, when I was thirteen, went back to college and got her degree with six kids and had another child after that. But you know, just to work at night, have seven kids, and go to school was an incredible—just to show the effort that you can put together. And my dad plastering hours and then helping with the kids as well. Also my grandmother, who—my father's mother who gave up so much in order to take care of him: she worked for a family for fifty-five years, and he was mostly raised by his grandmother. But she dedicated all of her efforts to making sure that he had what he needed. The nuns were incredible in the educational effort. They knew that each of us had different abilities, and

therefore, even though they had the large classes, they would give special work or extra work for the children that they thought could learn more. And then they tailored it to what they thought your needs were. And indeed, I was so dedicated to it, until I was about fifteen, I planned, actually, to join the convent. I was really headed to the convent. And my initial goals to do medicine were based on being a medical missionary. So ultimately I dropped the missionary, dropped the convent. (*audience laughs*) Kept this. I was educated in integrated schools in Raleigh. My class of thirty-two people, there were five African-American students. And most of us had gone to school together from grade school. And a lot of the times, we didn't really know, again, that there were any limitations on what we could do, because the nuns did not accept any kinds of excuses whatsoever. They knew you could do it, and that was that. I actually ultimately ended up going to University of North Carolina. I applied to Carolina, and actually I didn't realize that that was the first year that they were going to accept women as freshmen. So my freshman class had 2000 men and 300 women. And they had accepted women as transfers. And in that class, there was one other African-American woman who was actually from Chapel Hill, lived off campus, and then there were about four African-American men. And so it was a very small group of African-American students, but during the time I was at Carolina, Duke was much more active from the activist standpoint, believe it or not. But at Carolina there was a very active group of black student movement. I actually was not as involved because I had tended to be a bit of a bookworm type person. (*laughs*) I was a chemistry major. But I do remember that people did treat me differently. It was very hard getting a roommate. We recently had a reunion of black pioneers at UNC, and that was one of the problems a lot of the students

had had. That you mysteriously ended up the only person in a double room and things like that. And it was troubling to you to face those kinds of trials. One of the funniest things I had, though—I was a good student, although because Carolina was not a proven school, they projected most of the students at Carolina not to do very well. And I'd done very well my freshman year, and the dean called me in. And she just wanted to know—I guess she wanted to know who I was. And she sort of asked me if I was working too hard or something. And I said, "Well, you know, this is really pretty nice. Because when I was in high school, I worked sixteen hours a week in my cousin's restaurant on the weekends, and I had to cook dinner for the kids because my mother worked nights. And so I don't have to do any of that now, so I've just realized a huge amount of time!" And so it was really kind of interesting, because I thought, Okay, then, that's fine. But at Carolina, again, being a minority as a chem major and in a discipline where there were no women, and of our major there were only four women, and I was the only African-American chemistry major. I had several majority male professors who took me under their wing and were incredibly helpful. They were just wonderful. And one of them, for instance, said he was tired—it was this women's honorary society—of there always being just these sorority girls in there, and he put on a campaign to sort of get one of his chemistry women into this organization. And I was that woman. And I had no idea that he was doing this. And it was just those kinds of people that helped you up. You did your part to work hard and to study hard. And I was particularly interested in doing more volunteer work, especially with international students because I had never had that experience. Another really incredible experience that I had, again, of the community taking on and helping you is when I was a candy stripper at one of the hospitals in Raleigh.

They were not fully integrated, and so they didn't have very many slots for African-American girls who wanted to be candy striper. So I got sent to sterile supply. Most people, as a candy striper, don't think of themselves as sterile supply. But it was incredible, because all the people in sterile supply were these ladies—they knew all the equipment. And so they would just walk me through the trays and tell me exactly what was happening. They knew. They said, Now, the surgeon's going to take—you'd thought that they had all been surgeons! And it was incredible because it was—they knew so much, and I think many people in the hospital had no idea of what the ladies in sterile supply knew was going on up there. Those trays never got out of there without every single thing on them. And again, as Brenda said, you know, you learn from people that you think least that you will learn from. And for me that was fantastic. I'm a gastroenterologist now, so I have a fondness for equipment and trays and things like that. *(laughter)* But at Carolina, again, a number of professors were wonderful. I made a lot of great friends. And indeed met my husband there. And we've been married since right after college. My husband's family was a very different family, from the Northeast. His dad was a professor, he had grandfathers who were doctors and so forth. But we both had the same interests in a lot of other things: science and so forth. And even though we actually took the MMPI [Minnesota Multiphasic Personality Index] to figure out whether we were truly compatible, because we're very logical about everything we do. *(laughter)* We've been together thirty-eight and a half years, so the MMPI did work out well. *(laughter)* I ended up coming to Duke for medical school mainly—and I tell people it was because we decided to get married. It was a very simple decision. I don't believe in long-distance relationships, my husband had one more year of college. I'd been accepted

at Carolina, here, Hopkins, and Harvard. And it was just a matter of what comes first, and for me family has always been the top of my list. And it's for my family, my nuclear family and extended family. And so what is best for family is best for me. That's just the way it is. And for our entire career, my husband and I have both had that as our guiding principle, is to really look out for family. And so coming to the medical school was a bit of a shock because the numbers were even smaller for both women and African-Americans. In my class they had a hundred people as we still do. Duke has I think been fantastic in not growing and making the classes unmanageable. So the class entering in 1969 had a hundred people. And there were four women and two African-Americans. And one of those African-American students did not complete that year, the other student. But it was really difficult, and I think a couple of times I've quoted—some of the students—the students were all very embracing, and some of them sort of felt that as an African-American student you were perhaps disadvantaged. And so I remember a couple of times where students offered me help, both in college and in medical school. Which I really didn't need. But I always thanked them for the offer. Because I think it was a genuine gesture and they really did want to help you. But medical school was fantastic. I mean, I really loved the experience here at Duke. The patients, again, were ones that just taught you so much. Again, a lot of the struggles they had, the things they had to endure to try to get good health, and the trials people would go through to try to get to Duke to get the best care that they could possibly get. The sacrifices that they and their families made. There were also a number of professors—again, almost all majority males, because that was the faculty here at Duke. Actually the first woman professor of Medicine was here at that time—I didn't work very closely with her. Toward the end of

my tenure at Duke, Dr. Johnson came, but we didn't even have—there were no African-American physicians at Duke. So you were, in a sense, on your own. Fortunately Dr. Spaulding, Jean Spaulding had been out a year, and so we actually did our medicine rotation together at the VA Hospital. We thought that was a huge coincidence, but yeah, we were on the same rotation. And the veterans, they loved it, because a lot of them were minorities as well. And one of the other incredible experiences I had here was serving as the president of the medical student body. And as such—of the SNMA [Student National Medical Association], and that's when I met Brenda for the first time in St. Louis when she'd organized—continuing to organize—a large conference of African-American medical students from around the country, had gotten them all there together to discuss the issues that were pressing at that time. The second thing, a lot of the students in my class were very activist, and one of them we lost, Michael Nathan. He was my lab partner. In Greensboro, he was killed. But they were very activist in the Edgemont Clinic, the free clinic, and also in working with the union. So we as medical students were very involved in that because of that sizeable group of the class. And I think a lot of people don't really know that as a part of the Duke history, that the medical students were very, very involved in helping with the organization and so forth back in the early seventies. One of the things that we did also was we don't have a yearbook for my class. We gave the money to the Edgemont Clinic. Nobody wanted to do a yearbook, the Edgemont Clinic needed the money, and so it was a win-win. (*laughs*) I then left Duke after graduating and went to Boston for my house staff training. I had sort of had this hankering to go to Boston, and my husband and I were able to arrange that and subsequently were in Washington DC and then spent several years at University of

Michigan, which is again a wonderful place. And that's where my career was extended, partly from a Duke connection, again. Dr. Bill Kelley, who had been chief of Rheumatology here and the faculty director of the AOA [Alpha Omega Alpha] knew me and offered me a job as one of the first clinical academic physicians at Michigan, actually the second in that department. And it was through his help, for both me and my husband, and subsequent physicians there—Tachi Yamada, who was one of the directors of Glaxo Smith Kline and is now with Gates Foundation, was an incredible help in directing you toward tenure. Again, *help from the community* of people really trying to support you in all of your efforts to contribute more to medicine. My career in medicine has been focused on more clinical medicine and not so much the administration of medicine but really clinical medicine. I've done gastroenterology clinical practice at Michigan and then subsequently here at Duke for almost thirty years now. We got the opportunity to come back to North Carolina in 1986. As my mother said, "Everybody is here except for you." (*laughter*) And literally that was the case, because we got the opportunity to come back, where our kids would have two great-grandmothers—my husband's grandmother had moved here from Chicago, and my grandmother was of course here. So it's very unusual, again, for us the family, that you could live in the same area with all of those generations and to continue to learn so much. My grandmother died at ninety-eight, the day before, reading both the newspaper and the Bible with her giant bifocals on. And she was one of the ones we knew exactly what she wanted. She had caused a surgeon in Raleigh to operate on her abdomen under conscious sedation, without general anesthesia, because she refused it. And she made it perfectly clear all of her wishes and so forth, so no one dared cross her. (*laughter*) Because she was truly just a force to contend with,

even at ninety-eight, and even at about four foot eight inches tall! (*laughs*) But we were able to come back in 1986, both my husband and I, as associate professors here. And that was just, again, our feeling of wanting to be with family. Then the help of yet another person, Joe Greenfield. Again, a person who's been at Duke a long time but is one who recognizes helping keep families together, community, and recognizes people that are willing to work and work hard for the things we all want: good health care for everyone. My husband's been a VA doctor most of his career, at the VA, and he still is. Now taking care of HIV and coinfecting patients, previously having worked in research. And he also does work at the prison, so he has been very committed to health care. And for me, he's always an inspiration. He has recently started a mindfulness practice for patients at the VA, helping a lot of patients who are suffering from traumas dating back to World War II and the Vietnam War. So he's been really incredibly committed to that. One other honor for Duke and for me and for both women and African-Americans, I was promoted to full professor a few years ago, only the second woman [in the Department of Medicine]; it had been thirty-two years since another woman had been promoted to full professor. I had no idea, because I just assumed that things would move forward. And I think a few times I've talked to students and to faculty, and in the last thirty—I sort of projected that more—we'd make more progress. Thinking that things would move a bit faster. I think with people like Brenda, Duke Medical School has moved forward at a much more rapid pace than many of the other medical schools. They are the envy of a number of medical schools. And it's Brenda. Because she was the one, not I, that convinced my daughter to come to Duke Medical School. (*laughs*) Because she just figured that I was just wanting her to come for my own personal reasons. We do have a

daughter who's a third-year medical student, is a Nanaline Duke Scholar and loves the medical school, and, again, loves people and trying to make Duke all that it can be by including a lot of community work and a lot volunteerism and so forth and getting her colleagues to do so as well. And for me as well, she is always an inspiration because she has such joy and vigor in doing all these things. It's been wonderful being here at Duke for me, because, again, it's a full circle for me—I was gone for about thirteen years—coming back and seeing all of the people, seeing the institution mature as it has, to reach out to the entire community and entire area. Right now one of the things I find most wonderful about Duke has been the plans to be involved in education. Because we have not gotten as many African-American and other minority students into medicine. But when you start to look at the pipeline, you've got to go back to middle school. It's not high school, you've got to go all the way back. We now know this, and with that knowledge, we have to act, and that's really critical that we act. And I find it just impressive that our institution is doing that. And the medical school has done a great deal. Some of Brenda's recruitees in medical school have an incredible health education program that—they actually I think last year gave a scholarship, college scholarships to students that they mentored during—from middle school to high school. I mean, this is impressive. I participate in a program with the undergraduates who had little girls from I think fourth and fifth grade that they brought in to Duke to meet faculty, to meet graduate students, and particularly for them to talk to people who had started off like they had. I told them how, when I was ten years old, I sold newspapers. I pulled an old hat down over my head, and most of the people thought I was a boy because I wore pants. And I sold newspapers, because that was one of the best ways to make money; you made a

whole lot more selling newspapers than babysitting at the time. And then ultimately, that you could ultimately go on to college and medical school having come from fairly humble beginnings. And a lot of the kids had no idea. They thought all the students at Duke were rich kids who just kind of shuttled there. So again, it is an honor, and I've had a good life here at Duke, and it's been a rewarding one. And I had one son to graduate from Duke undergrad; I'm sure my daughter will finish at medical school. She's spending the year in Mali, so we're hoping she'll come back from Africa. Then our youngest daughter's a Stanford grad and actually works at the Durham VA Hospital in working with PTSD [posttraumatic stress disorder] and is very dedicated to that, is planning a PhD in psychology with that as her life's work. And they're all in Durham. So again, we still have the family here together, almost all our relatives. We only have two nieces that don't live in North Carolina. And it is really wonderful. And thank you for your attention, and for all the help that all of you have given us in our quest for good health and good living in North Carolina. Thank you.

*(applause)*

WALLER: Thank you, Dr. Wilson. And now we'd like to ask Dr. Thelma Brown, president, CEO, and owner of Central Home Health, Incorporated, and Central Family Home to share her memories and experiences as a trailblazer.

THELMA BROWN: Thank you. A special thanks to the staff of the Department of Archives and Memorabilia and the [Duke Medical Center] Library for giving me this recognition today. I'm both appreciative and humbled by this honor. At this point I would like to just quickly introduce my family members and special friends who are in the audience. My son, Oliver E. Brown, Jr. And if you would stand right quick. My

sister, Ernestine Utley; my niece, Miss Catherine Taylor; my cousin, Miss Rosalyn Ruffin from Philadelphia; and my special friend, Miss Marge Speakman. She's assistant dean emeritus of the school of nursing at the University of North Carolina. And one of my employees, Miss Heyam Keblowi, who has been employed with me for at least twelve years. (*applause*) I was born and reared in Durham in what in today's society would be classified as an underserved, socioeconomically disadvantaged, educationally at-risk community. However, I did not recognize that I was underserved in any way. Instead, I found my family and community to be one that nurtured me, encouraged me, and enabled me to pursue my dreams and aspirations. I always knew that, through education, my life and the life of others in my community would be ultimately enriched. The road from where I began to where I have arrived today was very rocky and filled with denials, barriers, and purposefully—detours, which was meant to discourage, intimidate, and frustrate one into submission. The environment for African-Americans seeking educational opportunities in the sixties was often hostile, discouraging, and even at times racially oppressive. Ongoing struggles and many battles have been common throughout my professional life and continues even today. Nonetheless, I was determined to persevere in my pursuit of quality education, education that would lift me higher than was expected of one of my ethnic background. I began my career in nursing as a licensed practical nurse at Duke University Medical Center. To many, this might seem as a humble beginning. But to me, it was a catalyst that ignited the journey that I traveled into healthcare. Once I became a licensed practical nurse, I was inspired to enhance my knowledge, skills, and abilities. I was the first African-American to be employed by Duke University Medical Center as a technician in the cardiac

catheterization lab and as an inhalation therapist. I never felt that I was a pioneer or trailblazer in these settings, but I knew that I was walking on ground that others of my ethnic background had not trod. These experiences served to strengthen my resolve, affirmed my worth as a human being, and instilled in me the desire to continue to keep on keeping on. After having been awarded a bachelor of science in nursing, a master of public health degree, and health administration degree, I served in several administrative roles at Lincoln Hospital and with Durham County Hospital Corporation. At Durham County Hospital Corporation, I was the first African-American to be appointed associate director of nursing service, assistant vice president of nursing, and administrator of home health. As I observed the corporate roles at Durham County Hospital Corporation were being filled primarily by Caucasian males, it occurred to me that education was the key, further education was the key for me. Realizing that those who held those positions had less education; however, further education was the only means for me to succeed. Thus, I earned a doctorate degree. I've always given back to my community, whether it was serving on various boards, mentoring my peers or younger generations of nurses, and also providing no-fee services to a local university. At times, to ensure that nurses and other healthcare providers from ethnic minority backgrounds would experience fairness and equity in the workplace, community coalitions were formed, and legal interventions were initiated. This desire to serve led me to create a home health facility in a medically underserved, socioeconomically deprived area in my community. In addition, I provide family care to underserved citizens in this state. As you can see, my life has come full circle. I am now seen as a role model and beacon of hope for other African-Americans who began as I did. I think it is imperative that we all remember that the fight for

equality and justice must prevail. There will be other trailblazers who will follow. And hopefully they will not have to face the same intolerance, bias, prejudice, and injustice which are designed to destroy the dreams, hopes, and aspirations of another. Again, thank you for inviting me today.

*(applause)*

ROSEBERRY: Thank you, Dr. Brown. Now we would like to open up this session to the audience for questions. If you would please raise your hand, and we'll pass one of these two microphones to you, and you can speak directly into it. And if you don't mind saying your full name, that would be wonderful, and again, we'd ask you to sign a consent form at the end just so that the archives can use the full recording of this event. And when you're done, you can pass the microphone back to the person who handed it to you.

JOYCE NICHOLS: My name is Joyce Nichols. And I would like to ask Dr. Armstrong and Dr.—Peebles?

WILSON: Wilson.

NICHOLS: Dr. Wilson. How is it that your experience was different from that that I heard from Dr. Brown and which I faced? Did it have to do with the level at which you started out at Duke, or did it have to do with the people you knew before you came to Duke?

ARMSTRONG: Well, I'll be the first to say, it was the people that got me to Duke that paved the way for me. What Joanne and I have in common is that I also went to a Catholic school that had eight grades in two classrooms. And my parents drove me twenty-five miles a day, back and forth, so that I could go to that Catholic school. But

what I got from my community—and I every day thank God that I was born into the community that I was born in, because I got everybody’s ambition. They managed to give it to me *some way*. Either they gave it to me at church, they gave it to me in their expectations—there were very high expectations. And they showed me the way to act, they showed me the way to talk, they showed me the fact that it was my responsibility to step in my mother and father’s shoes once they were gone. That was the legacy; that was the payback. My dad used to always talk about payback. And he would say to me, “You think you’re smart, but you’re really just a hard worker. And you owe all of us, because you’re standing on your grandma’s—.” My grandmother was the first generation out of slavery. And she worked three jobs. She couldn’t go to college. She and my grandfather worked three jobs apiece to put eight children through college. And back then they all went to graduate or medical school. And that was unheard of. You know, he never let me forget that. And they never let me forget the fact that they had made incredible sacrifices for me to get to where I was; and I was not to embarrass them, I was not to get out and act crazy, that I was supposed to *be* somebody, because I took part of them with me. So when I got to Duke, that’s why I asked, Why not? Because my parents and all those folks in my community who made all those sacrifices, they would have been embarrassed if I had not done it. And those nights when it was tough—and I tell you that it was tough—the morning I woke up and there was a swastika on my dormitory door, I knew that the tests were coming. But I also—when I called my mother, she said, “Get some stuff, and get it off your door!” (*laughter*) It wasn’t about, You’re supposed to cry and come home. It was, Get that stuff off your door, and find out who did it, and turn them in! So whoever I have become, and whatever I have become, is about all of those

people in Rocky Mount, North Carolina. I have *never* forgotten them. And one of the last things my mother told me before she died is that you can *never* look forward *unless* you look back. And that your job is always to bring somebody with you. So in addition to taking care of patients and doing admissions, one of the best jobs that I do—and I'm proud as I can be—is that, for the last twenty years, every Monday, Wednesday, and Thursday afternoon from 5:30 to 7:30, I drag my three adopted sons, myself, and we go over to Hillside High School and North Carolina Central, and we work with 200 children with the Durham Striders. Some of them don't even know my last name, but they know I'm a doctor. And they know if I can be a doctor, they can be a doctor. So no, I didn't get it once I got to Duke. I had it before I got here.

*(applause)*

WILSON: I do think that some of the differences in the way that the struggles that one has to endure is dependent on where you're starting. Some of my siblings have not gone to college, and they have jobs where a lot of times there's somebody who can oppress you. And in medical school, there were people who tried. But they couldn't succeed, really, because you had a plan to go forward. You've had to fight a lot of the prejudices because people could do it, but to make a plan that would allow you to go above that. And I remember that was one of the plans my mother had had trying to go back to college. Just as she did, each time to try to get some of the better jobs. With six kids, she was never able to get her teaching job that she wanted because—you probably don't know that it's really hard to get teaching jobs in the city, so you can't go forty miles away if you've got six or seven kids. And so my mother ended up working at a women's prison. And she made the best of that job. She started off as a matron at the women's

prison; she was one of the ones they loved the most. Because she taught a huge number of women to read and write. Because she was the evening matron at the prison. They taught her how to knit and crochet, and she took that and ran with it. Ultimately working her way—by the time she retired, she was a program director, setting up halfway houses when people got out of prison. So she worked for twenty-five years at women's prison. But again, she talked about people trying to sort of lord over you and act in a prejudicial way toward you. I think a lot of times I have sort of taken it—when I look back on it, I'm sure there was discrimination, there were awards I didn't get, there were scholarships I didn't get. There were a lot of things I didn't get. But I tell my kids, I said, "You can't say that it was—unless there's a pattern of behavior. You can't say it wasn't just you." And so I say, "Collect the data. Keep track of all the stuff that's going on. And if it's happening to everybody that looks like you, then maybe we've got a case here." But we know that there's prejudice. And a lot of times here as a medical student, as the only woman house officer and the only African-American house officer in my year—and at the [Peter Bent] Brigham at that time, there tended to be one African-American at the time, and one woman; and my year, there was just me. (*laughter*) And so you would sometimes get treated differently, and you couldn't pinpoint it. I mean, the bottom line was to recognize that there's possibly a problem, to try to rectify it, and as her mother said, get it off the door. Fix it right now. And several times I decided that the sun would not set until I had resolved it with my colleagues and whatever, so I tended to be somewhat outspoken. I mean, it was something I got from my dad: let's just get this out in the open and settle it now. You know, I want to know where you stand, and if that's the way you are, then I know how to deal with you. But that's something that I got just

growing up in my particular family. And not being afraid to just challenge something that I thought wasn't right. Just get it over with; I'm not going to get an ulcer over this, kind of feeling.

BROWN: My experiences have been a little different than that, because I grew up in the sixties. And when I came to Durham Regional, or Durham County Hospital Corporation, being at the top, sometimes it's very lonely there. And they had a way of, when we went to break—we all went to break together, and so I wasn't able to mingle with people of color too much at first. And one day I was going in the cafeteria, and a lady said to me, "Do you know what's going on in this hospital?" And I said no, and she told me about all the people who had come—because, see, Durham County Hospital Corporation was the result of Lincoln and Watts Hospital merging. So some people may not know that. So it was a trying time when we moved to that facility. And most of the physicians were not named until about two weeks prior to us going into the facility. And so once we got there, everybody had to get along. So we had a lot of bomb threats, we had a lot of everything—can you imagine, when, in the midst of surgery, a bomb threat comes. And in my role, I had to really act as if I was very brave. And nursing has always been like that. While everyone else has gone out of the hospital when there is a bomb threat, so we have to walk through the hospital and make sure our patients were safe. So that's what nursing is all about, making sure everybody is safe. And so everybody, from the administrator on down, everybody's waiting for the hospital to blow up, fall down. But nursing was not that way. Even with me as an African-American, we had the largest full-time equivalents, the most employees. And in our roles, we were making less money than the Caucasian males. But yet, we had to cover the house, we had to do everything

twenty-four hours, seven days a week. Responsibility, but our salaries were not comparable to theirs. And even when I left, it still wasn't that way. And as I said before, to get things turned around, we had to—well, I did. I took a bold step and identified with the rank-and-file employees. And we filed a class action suit to get our salaries up to where they should be, but they still never got there. And those kinds of things were real. I mean, you knew that. It didn't take a rocket scientist to see who had the power. And nursing had the power. And at one point, I had at least twenty-three people reporting to me, and you know, in the workplace, you shouldn't have that many people reporting to you, with all different types of responsibilities, coming to you and running to you—I think they thought that I was not going to be able to handle it. And there was a way of, if anything happened there that the Caucasian males couldn't handle, it all got transferred to me, and I was to fix it. But with God's help, I was able to do that. And then once that got going well, then it would be taken from me to give it back to someone to take on the responsibility. And it was a constant battle back and forth until I decided that, you know, I've had enough. (*laughs*)

HATTIE VINES: Do we have other questions?

MISS HINES: I'm just wondering, have you all had any offers for this to go to some kind of publication? I mean, I think the world needs to know about this, because it's just remarkable. And I really want to speak to you about the young man that got killed. And I worked on Osler Ward at the time, and I was known for my pineapple upside-down cake. (*laughter*) So he said, "Well, Miss Hines, I will see you shortly." And he ate two big slices, and then he said, "And I'll take some with me." And I said, "Sure," and I cut him another big piece of pineapple upside-down cake. And then he got killed. So for

about ten years, I couldn't eat pineapple upside-down cake. So, but I think your stories really need to be—it would be a bestseller. *(laughter)*

ARMSTRONG: We could retire. *(laughter)*

OLIVER E. BROWN: I just wanted to thank the people that put this Tea with Trailblazers together in acknowledging my mother and the other panelists before being posthumous. I'd like for her to see that she could have a day like this while she is healthy and vibrant. And still beautiful.

*(laughter and applause)*

MARY D.B.T. SEMANS: I had to fight to keep from being choked up. In fact, I really am sort of choked up about it, and I'll be inspired for this the rest of my life. Thank you very much. One thing I want to say, this is a little bit of history, and some of it is word of mouth, because a lot of people didn't write these things down. But there was a president of Duke called Dr. Deryl Hart. And he was a very quiet person who, he just wouldn't write things down like this, but I am quite certain that he desegregated the wards before the laws changed. And we all, we didn't say anything, but we thought he was fabulous. And I think the nice part of this is that it was under his presidency that the university was desegregated. And I'm not sure how many people really realize that. But I think it's terribly important. And these are the kinds of things that occur to you as time passes. But again, thank you.

NICHOLS: You didn't say your name.

*(laughter)*

SEMANS: That's all right. Mary Semans. Was a trustee of Duke and now a trustee of the Duke Endowment.

ARMSTRONG: Well, you know I'd like to—I don't want to put her on the spot, but one of the people who has always had just a wonderful vision for Duke is Mrs. Semans.

*(applause)* And she has been in—it has been the force of her quiet but absolute vision for Duke, for Duke University, for Duke Medical School, for her family that has allowed us to do a lot of the things that we have done. One of the stories that I will tell you about my family that I think is really important—and it goes along with what she has just told you—my youngest brother was an afterthought baby. You all know what an afterthought baby is. My sister and I were born in birthing rooms in rocky Mount, because, as African-Americans we could not use the hospital. It's called Parkview Hospital in Rocky Mount. When my mother got pregnant with my brother, as she got further into her pregnancy, they knew that he was a big baby. My father was a physician in Rocky Mount. He and his brother served a radius of about fifty miles. So I went with my dad when he did house calls, because that was the only way he could provide care except for people coming to his clinics. And when we knew that my mom might have difficulty, he went to the hospital board to ask if my mother could deliver there. And they told him no. So my brother was born in the birthing room in the front of our house, just like the two of us had been born. Where the community came, they cleaned, they cooked, they took care of my mom. It was almost like something out of Pearl Buck. *(laughter)* But when he was born, they knew that something was wrong. And he actually—his head was too big. It wasn't that he had hydrocephalus, it was just that he was a nine pound baby in a woman that was about two inches taller than me. And he had had a cerebral hemorrhage. He had a stroke. And my uncle, who had to deliver my mother, called up to Duke and said, "We need to get her there. Can we come?" And they said, Bring him right away.

We'll take him. And Leonard Goldner was the person who made my *brother's life livable*. And every time I saw Dr. Goldner, he always asked me about my brother. I had no idea that he knew who my brother was. But he allowed him to walk, he allowed him to talk, he allowed him to use his hands to be able to write. And he allowed him to get his college education. Because he told my mom, "There's nothing wrong with this boy's brain. There are going to be some physical things, but we can take care of those." He didn't have to do that. It was back in a time where he could have very easily done something else, told them to take my brother to a *facility*. But he didn't. And he—I found out later that it wasn't just my brother that he did that for. He didn't know color. He just knew how to take care of people. He was the most gifted, humane person that I ever met. And right before Dr. Goldner retired, I brought my brother—well, my brother drove up—to see him. Because he wanted to show Dr. Goldner that there was a light at the end of the tunnel, and that Dr. Goldner had *given* that to him. That was *way* back in the sixties. And that tells you the kind of institution and the kind of people that this institution has attracted and continues to attract. And if that is the case, we'll fix medicine. It'll take some more of us to do it, but we'll fix medicine. Duke will ask the tough questions that it needs to ask, and it won't mind being out there on the cutting edge because it will be about excellence and not about some tradition that keeps them from thinking out of the box. So I want to personally say thank you to Mrs. Semans.

*(applause)*

CLYDIE PUGH-MYERS: Dr. Armstrong, Dr. Wilson, and Dr. Brown. I'm so glad to hear you people talk today. But you should have come when I came in '48 and '49.

*(laughter)* These stories wasn't born. But I did hear you call Dr. Sparks and Dr.

Johnson. Dr. Johnson was one of the first blacks. And boy, we stood back and looked. And working here, I got a lot of training. I wished I could have gone as far as you have gone. All three of you. Of course, Dr. Brown, I showed her the way. (*laughter*) And I was working with her as a therapist. Not just a respiratory therapist. But I learned a lot from Dr. Hart, Dr. Goldner, Dr. Peete, and all of these people were good doctors. They'd say, Come look and see. I'd try to get everything I could. My parents weren't able to send me to school. They worked at the L & M college—that's Liggett & Myers.

(*laughter*) And that was a big deal. After I started as an LPN [licensed practical nurse], I made the best of it. I met all kinds of people. I've taken care of Mrs. Semans's husband. And that was a deal, there. I've enjoyed my years as an LPN. But health gone now. But I still got don't have it as easy as you all got. It is wonderful to see you ladies, and going on with yourself. My kids are coming up and around, too, they all educated. I've got one grandson, if I can see him get what you got, I'd be happy. But my health is going bad. I have enjoyed this, will be my last year. But anyway, keep going.

PANELISTS: Thank you.

(*applause*)

WALLER: (*referring to microphone*) I'm not even going to put this up there. I'm just going to hold it. I think it's easier. (*laughter*) At this time, we want to thank our panelists for giving us a wonderful afternoon of history. And we would like to share some gifts with them in appreciation of this wonderful afternoon. So if I could ask my cohosts to please come up and hand each of our wonderful panelists a gift.

(*gifts are presented; applause*)

WALLER: One of the things we've learned tonight is that there is always someone before us that helps us. And one thing, looking out across the audience, that we all can see is that there are many pioneers and trailblazers in the audience right now. And at this time, we would like to recognize them. We would ask, if you feel comfortable, to stand. But we just want you to know that we recognize the many pioneers and trailblazers in the audience as well.

*(some audience members stand; applause)*

WALLER: We also want to remind everybody who's asked a question to sign a consent form. We also have a guestbook located near the refreshments on a column pillar. And at this time, I would also like to ask Karen Jean Hunt, the director of the John Hope Franklin Center and librarian for African and African-American Studies to give our closing remarks.

KAREN JEAN HUNT: Well, it's great being back here again, from last year. We always learn something new and different every time we come. As she said, my name's Karen Jean Hunt, director of the John Hope Franklin Center Collection of African and African-American Documentation at Duke. I have more titles to go with that, but we'll just leave it at that for now. *(laughter)* One of the things about being an archivist is we try to have these types of programs and to get these types of stories out. I know some people were saying, I wish this would turn into a book, and what else can we do with this? This is sort of the start of it. And it's sort of what Carter G. Woodson had in mind when he came up with Negro History Week, which turned into Black History Month. And one of the problems that we have with this month is that a lot of people think it's the month for us to sort of dump. And that's not what it is. It's not a dumping month. But

what we have to do as archivists, is we have to document both the *pride* and the *pain*. And that's a very difficult thing to do. And so when you're talking about Duke history, we want to be prideful about Duke and the things that we hope Duke can accomplish, but we have to balance that with what we know people have gone through. And people will say, Well, why Black History Month? You know, clearly it's 2008. Haven't we moved away from having to have a separate month? And the thing is, the reason we have a separate month is this history has still not been incorporated into what we think of when we talk about the history of the United States. And as long as that's the case—we are so grateful that the medical library here and that the archives here are brave enough to put on something like Trailblazers—and the Tea with the Trailblazers—because we need this every single year to remind us of who we were. And one of the things you've heard today is if you don't sort of know where you started, you really don't have a chance in getting there. And one of the problems we're doing today, we want to be very inclusive, we want to be very accepting, and so we try to accept people for where we find them. And in some ways that's good. You know, I meet you, I have to accept you from where you are. But if I accept you from where you are with no hint of where you can be, that's a major problem. And all of these women up here, when they were young children, someone expected more of them. No one said, I'm just going to accept you where you are without any sense that you could grow up and be something better. And so I know that we have some young folks here—when you hear these stories that people tell and they'll say, When I was growing up, you just couldn't be bad. And the reason you couldn't be bad was if you did a bad thing, Mrs. So-and-So, she would get you. And then as you were walking home, Mrs. So-and-So, she would probably swat you. And then by

the time you got home, you knew they were going to tell your parents. It's because everyone felt invested in you being something different from what you were. And what we're sort of doing now is we're sort of saying to children, We sort of accept you just where you are, and they're not getting the sense that they can be more. So when we come together with this, it sort of reminds us of the path of getting from A to Z. And that it's not an easy path for anyone up here, regardless of whether they started out at Duke or regardless of whether they started out at Chapel Hill, or regardless if they didn't. There's a path from getting from one place to another that we need to press on to our children. They need to understand that. And I know that some of you are probably seeing the series that Henry Louis Gates is doing, the PBS "African-American Lives." And one of the things he always says is, "I found this hidden in the archives!" And you know, as an archivist, that just drives you crazy, because (*laughter*) we're not trying to hide *anything*! I mean, the reason we're collecting the archives is so that people can come and they can use the archives. But I think one of the problems is that as African people, we are an oral people. As African people, what we pass on is that narrative sense. And so when we think of Black History Month, we need to think of it as a way that we as African people can pass on that part of our heritage, that oral heritage, that personal narrative heritage. And that's what we've been given the opportunity by the medical library and the archives here—is an opportunity to be able to pass that on. And I'd just like to close with, a lot of people out here have stories. You're not the only ones up here that have stories. There's people out there who have stories. And between now that we're just so fulfilled by what we've heard and next year where we'll sit here and we'll still be just amazed by what we

heard, what's your story? How did you get from point A to point Z? And my question for you is, when are you going to tell that story? And to who? Thank you very much.

*(applause)*

*(end of Tea with Trailblazers event)*