INTERVIEWEE: Nancy Bates Allen
INTERVIEWER: Jessica Roseberry
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PLACE: Dr. Allen's Office, Allen Building, Durham, NC

ALLEN INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Nancy Bates Allen. She is professor of medicine, Division of Rheumatology and Immunology, and vice provost for faculty diversity and faculty development at Duke University. Today is November 10, 2006, and we're here in her office in the Allen Building. I want to thank you very much, Dr. Allen, for agreeing to be interviewed today.

NANCY BATES ALLEN: Thank you, Jessica. It's nice to be here with you.

ROSEBERRY: Thank you. I thought, if it was all right with you, we might start with a little bit of questions about your background, if that's okay.

ALLEN: That's fine.

ROSEBERRY: First I want to ask you when you were born.

ALLEN: Nineteen fifty-two, in May, on the twenty-sixth.

ROSEBBERRY: Okay. And where was this?

ALLEN: I was born in Philadelphia. My father worked for one of the large oil companies. He was a chemical engineer at the time. And I was the second child in the family. I had an older sister who was four years old when I was born.

ROSEBERRY: Okay. Did you grow up there in Philadelphia?

ALLEN: I only lived there a year and a half, so I don't remember very much.

ROSEBERRY: Okay.

ALLEN: We moved from there to Waynesboro, Virginia, where my dad took a job with DuPont. We stayed there for about a year, or a year and a half, and then moved to Martinsville, Virginia, again, with a move with DuPont. And then in 1956, when I was close to four and a half, we moved to Richmond, Virginia, and my dad went into business with his father. I have one other sister who's younger, two years younger than I am. We are a redhead, a brunette, and a blonde. And so I grew up there in Chesterfield County, outside of Richmond.

ROSEBERRY: Okay. So was science something that was a part of the discussion in your household?

ALLEN: It was certainly part of the discussion. I enjoyed all subjects in school. I went to public school the whole time, and I graduated from Huguenot High School in 1970. And that summer I got an American Heart Association grant—I think it was $500 or $400—and I worked in a cardiac catheterization lab at the VA hospital, McGuire Hospital, in Richmond, Virginia. And that was my first real introduction to laboratory science. I had a small project coordinating data from vector cardiograms in veterans with chronic lung disease. The mentor I had there took me under his wing, in a sense, and let me watch cardiac caths and pacemaker insertions. I went to conferences. So I really got a taste of a bit of medicine at the time. And each subsequent summer when I was in college, I worked in laboratories. I attended Wellesley College in Wellesley, Massachusetts from '70 to '74. Summer of '71, I worked at Medical College of Virginia with a pulmonologist, and we were studying the effects of vasoactive intestinal polypeptide, or VIP, in animals. And Sami Said, who was my mentor there, was collaborating with Victor Mutt in Stockholm, Sweden. So the following summer, between my sophomore and junior years, I went to the Karolinska Institute in Stockholm and worked there for a summer in a biochemistry laboratory. And the following summer, between junior and senior years, plus some time after I

graduated a semester early—or finished a semester early—at Wellesley, I worked at Mass [Massachusetts] General Hospital in a cardiac biochemistry lab under the direction of Edgar Haber and Thomas W. Smith. There I and purified digoxin-specific antibody that I actually stockpiled in powder form. And that preparation was given to the first patient in 1975 at MGH, after a gentleman overdosed with too much heart medicine.

ROSEBERRY: And did that—?

ALLEN: It saved his life. Whether he really appreciated that or not, I don't know. But you know, that medication was studied in the seventies. And then Burroughs Wellcome took it over. So it's now Digibind. You know, it's gone into further testing and is available worldwide for treatment of digoxin itoxicity.

ROSEBERRY: That's something!

ALLEN: These were really wonderful science experiences when I was in college.

ROSEBERRY: So did you think research might be the place where you were going?

ALLEN: I thought about it, and really enjoyed it. And I think I was very fortunate to have a number of projects that very quickly went from bench and laboratory to the bedside. Actually the cardiac biochemistry lab at Mass General was the same lab that Bob [Robert] Lefkowitz had worked in before he came to Duke. So I started the summer, I believe, after he left Boston to come to Duke, and I worked with a couple of the technicians that he had worked with. So I knew of him before I ever came here.

ROSEBERRY: Well, were there women in science who were—that you saw around you?

ALLEN: There were some women in science. There were several women in Stockholm, particularly. There were not as many in Virginia in the early seventies when I worked in those

two laboratories. Most of the people I worked with were men other than the technicians. And at Mass General, there were a few women that I worked with in different capacities.

ROSEBERRY: So was it seen as unusual?

ALLEN: I think at my level there were people coming through who were more interested in that (science). And being a student at Wellesley, which is an all-women's college, there were a lot of women interested in the sciences, both from the research angle and, you know, pre-med. So I don't know the final percentage of my class of '74 that ended up going to medical school, but it was significant, I think. Between 15 and 20 percent. Which I don't think was that unusual for the few years around that time. It would've been unusual at a public institution in Virginia.

ROSEBERRY: Well, tell me about coming to Duke

ALLEN: Okay. Well, first of all, medical school. I did my first year at Medical College of Virginia in Richmond. That was actually the first year I was married, also. And my husband lived in Boston that year, and I stayed with my parents to go to school that first year. And then I transferred to Tufts, in Boston, and completed medical school there. And so in 1978 my husband and I tried to figure out, you know, where we wanted to be next. And he applied to graduate school here at Duke in physiology. I had met him because he taught me how to scuba dive at Wellesley. And he taught diving at Harvard and Boston University and alsoWellesley. And I helped him teach once I got my license. So he wanted to come to Duke in part because of the hyperbaric facilities and the physiology department, which is no longer. It kind of got morphed into cell biology, I think, over the years. So he applied here. And I looked at residency programs in the Boston area, in case it ended up that we stayed there. And I also looked at North Carolina programs: Duke, UNC, and Bowman Gray. And I ended up at the very last minute only sending in the rank list for the North Carolina programs because we got notified that he was accepted into

the PhD program. So I sent in my rank list, not thinking that I would end up at Duke. There weren't that many women at Duke. The residency program still had a "Duke Marine" reputation. The call schedule was either every other night on-call or five nights out of seven, depending on the rotation. So it was a very rigorous program with a great reputation as far as the educational component. But there weren't that many women who had ventured into the Duke program. So I do remember match day at Tufts because there was a fourth-year medical student from Ohio State, Mary Michels, who had also ranked Duke highly. And because she was visiting at Tufts, she was somehow able to find out the night before all the rest of us got our match list for our matched position, that she was going to be coming to Duke. And so I remember when I opened my envelope and saw Duke there that at least I had another (*laughter*) crazy person to celebrate with. So that was a happy time. And so my husband and I moved here from the Boston area in June of 1978, and I started internship and then did residency. And then split my senior residency and first fellowship year. I did two years of medicine and then six months of rheumatology, six months more of medicine, and then back to rheumatology fellowship. And in that fourth postgraduate year, which was really only after a year and three months of my fellowship, one of the clinical attendings left to go into private practice. And there were really only two other full-time clinicians in rheumatology. So Dr. Ralph Snyderman, my division chief, asked me to move up to be an associate, which was the pre-tenure track faculty designation. So for three months I was an associate faculty person and a fellow at the same time. And it got interesting because two weeks out of three, I was seeing patients for another attending, presenting cases to him. And one week out of three I was presenting patients to myself. (*laughter*) So I had to have some arguments with myself.

ROSEBERRY: (*unintelligible*) You were.

ALLEN: Yes. So you know, it just worked out, and that was 1982. I think April Fool's Day of 1982 was my first faculty day.

ROSEBERRY: Okay. So Dr. [Ralph] Snyderman, was he chief of Immunology and Rheumatology?

ALLEN: He was chief of what the division was named at the time: the Division of Rheumatic and Genetic Diseases. And we retained that name for probably much longer than we should have. That had historical context. So, yes, he was the division chief at the time I was hired. Dr. [James] Wyngaarden was just leaving Duke to go to be head of the NIH [National Institutes of Health]. And I remember meeting with him just before I started. He had, of course, been the chairman of Medicine, and I had had morning report time with him and my colleagues. So I knew him and respected him. But I do remember when we had our meeting that he told me he thought it was fine for me to join the faculty as an associate, that I was filling a gap. But I wasn't exactly the kind of person they wanted here long term. Meaning, to me, that he had built a department on the reputation of research and highly valued bench research. And at that time in the early eighties, people were still able to do what's called the triple threat: clinical medicine, research, and education. And then you could throw in the administrative piece for some people, the division chiefs and department chairs and program directors. So he knew I wasn't planning to do bench research. Somewhere along the way, Jessica, I had learned that clinical medicine was really where my heart was. I loved taking care of patients. And I enjoyed the research, but I knew that the energy it would take to do both of those well would be more than I could give my best attentions to. So the clinical care, the education, a bit of clinical research, and, you know, certainly administration I've spent quite a bit of time doing—really for me were the best places to put energy. So the other way I interpreted Dr. Wyngaarden's comment was that I was a

woman, and there were very few women in the Department of Medicine in 1982. I'd have to go back and find the roster of faculty. But my recollection is there were about a total of 125 faculty in the Department of Medicine at the time, and I can only name four other women who were on the faculty in 1982 when I joined: Barbara Newborg, who did hypertension research and worked with Dr. Kempner on the Rice Diet program; Jacqueline Hijmans, who was in gastroenterology; Judith Anderson, was a hematologist and was only here for another year or two before she moved on professionally to somewhere else; and Judy Swain, who was a cardiologist. She's gone on to do, you know, wonderful things. She stayed at Duke probably for another seven or eight years and then left. And she's married to Ed Holmes, who had come back as dean of the School of Medicine under Ralph Snyderman just before Sandy [R. Sanders]Williams became dean. So those are the four women faculty that I can remember at the time. And right around the time I started, Janice Massey came on faculty in neurology. Marilyn Telen in hematology somewhere in the early to mid-eighties. Joanne Wilson in gastroenterology came from the University of Michigan. Elise Olsen in dermatology. I think it was a few more years before Laura Svetkey came here, but we were kind of the cohort of women who advanced through the ranks to full professor in the mid to late nineties.

ROSEBERRY: So was there any treatment on a day-to-day basis that might have been different because you are female? Or it was—?

ALLEN: You know, I think I had wonderful colleagues and wonderful experiences for the most part in the eighties. I knew what was important to me. I partly agreed to stay in academic medicine, even though it was serendipity that allowed me to do so, because I wanted to be a different kind of teacher. And I knew that Duke had this unique possibility of having an almost private practice within the institution, with a private diagnostic clinic and what was then the

Division of Internal Medicine, of which I was not a part, but I worked with a number of colleagues who were. There was a core group of really wonderful clinicians, men and women, and I've had certainly many, many experiences where men have supported me. The first year I was on faculty, Dr. [David] Durack was the interim chairman of Medicine, and Ralph Snyderman was the chief of my division. They set a salary for me that was better than my fellowship salary. But the following year when Dr. Joe Greenfield became department chair, he looked at that salary and said, "What were they thinking?" And so he raised it fifty percent in my second or whatever it was—middle of the second year, essentially. And I always had a very good relationship with Dr. Greenfield. He was very supportive, and I'll get to that later when we talk more about the women's issues in the Department of Medicine. So as far as being treated differently, there might have been a few times that I can think of, a few examples where there were either sexist comments or things that I didn't appreciate. I eventually learned how best to handle that on my own. But I thought the best thing I could do would be to the best doctor I could be and the best teacher I could be, and just be an example for others that wouldn't allow room for those kinds of comments.

ROSEBERRY: Can you tell me a little bit about Dr. Snyderman?

ALLEN: He was very supportive of me and my career decisions. I remember as a fellow, we had regular meetings. And I told him what I really enjoyed, and he was very supportive of my wishing to be predominantly a clinician or a clinician educator. He, I think, understood my strengths. And early in my faculty time I became the clinical fellowship co-director or director working with him, managing schedules for the fellows, managing whatever issues came up about their time commitments. When problems came up, I tried to deal with them and then go to him if I needed to. So he was always very supportive of me, and I think I always have had respect for

him as a teacher in rheumatology. The conferences that we had when he was division chief were really wonderful. We often brought patients to those conferences, and he would ask questions of the patient after the presentation, and we'd go examine joint findings or skin findings or whatever. And then he would be able to come up with a great differential diagnosis and manage a very good discussion of the issues. I always feel like I learned a lot from him in those times. He also attended in the fellows' clinics and spent time with the fellows. He had a very active laboratory as well. But I felt that he had a good balance of paying attention to what he needed to as a division chief. And, let's see, it was 1986 when he left to go to Genentech. Dr. Greenfield was the department chair. I was pregnant with twins. Dr. Greenfield came to my hospital room, because I was hospitalized for a week before I had a C-section. He came actually the night before the twins were born and said, "Would you like to come to our department meeting?" I said, "I don't think so, Joe. I can't even get my robe to meet in the middle. So I don't think you really want me there." But he had come to ask me my opinion about our next division chief after Ralph had announced that he was leaving. So I always felt included in those kinds of decisions, not matter where I was.

ROSEBERRY: Even in the middle of more pressing times.

ALLEN: Right, right. So the pregnancy issue brings up another area of conversation, and that is maternity leave at Duke—parental leave. And when I did find out I was pregnant with twins, I went to speak with Dr. Greenfield and asked him if we had a maternity leave policy. And there was none in the department or at the medical school or at the university level. There was some kind of sick leave policy in the faculty handbook at the time. But they didn't really address, adequately, parental leave at all. So he suggested that I go talk with others around the medical center to find out if any other departments had policies, to just learn what I could. And so I did

that. I went back to him with a proposal that we have a policy for faculty that would allow an eight-week leave, plus the option of adding four weeks' vacation to it. So a twelve-week leave. I think I halfheartedly suggested that with twins it should be doubled, but I didn't score on that one. But he did agree to my original proposal. And for a number of years, you know, we had a workable policy, and several other people took advantage of it. I knew I wouldn't be the only one. It was in 1989 that I worked with a committee on campus to put in place a similar twelve-week policy at the university level. And since '89 it's been revamped several times, most recently just a few years ago when it was expanded to include adoptive leave, and to allow men to take parental leave as well. And in addition, we worked on policies for the residents. I found out at the whole medical center level or school of medicine level there was not a way to achieve a policy across the residencies that was uniform, because each board, like the board of otolaryngology or the board of surgery or the board of internal medicine had its own requirements as to how much time a resident can miss in each calendar year. And I found out I think at the time ENT [ear, nose, and throat] said you could only take two weeks off per year without extending the program another year. So that was tricky. And I haven't kept up with exactly what's done across the residencies now. I know that in internal medicine there's a policy that's for residents and fellows that has been utilized well.

After I had twins, Dr. Greenfield came to me and asked me to chair a Department of Medicine Women's Committee because he had had a number of concerns raised by women residents and faculty, particularly that he didn't fully know how best to address. And so I chaired a committee that was all women, because that's probably the way we worked best at the time. And we provided advice to Dr. Greenfield about what data we needed in order to give him the best advice. We provided advice to him in those early years about parental leaves, about salary

equity, about safety around the hospital at night for the residents, you know, going to their vehicles in the parking garage over to the VA, childcare issues, timing of conferences very early in the morning or late at night. And we didn't make a lot of headway in the eighties. I think it took until close to 2000 or the early 2000s before, you know, we saw significant changes, or acknowledgment of the need to not schedule things at seven in the morning or six at night on a routine basis so that you'd be leaving out a substantial group of people. Or significantly interfering with their ability to balance personal and professional time.

ROSEBERRY: So when you first began, this is specifically within the department?

ALLEN: That was within the department.

ROSEBERRY: Were there other departments that were kind of doing this within their own jurisdictions?

ALLEN: Yes. We had a monthly, usually lunchtime meeting so that we would miss the very early morning and late evening times. And actually, it was just a wonderful experience because the women there mentored each other. We kind of helped each other get through the various issues and stages. So that if one person was having a challenge with her division chief over a certain matter, then someone else might have a good piece of advice that would take the individual nature out of it. So we helped each other. We weren't able to help everyone. We did lose some women along the way to other institutions or to private practice. Or who said, I just can't take this set of expectations and put it together with what I need. But you know, that core group of women who were able to kind of march through the promotion and tenure process, I think we did that together, helping each other. So to get back to what you just asked me, I don't think I fully answered your question.

ROSEBERRY: Well, I was just asking about other departments as well, and their—

ALLEN: Yes, yes. For those lunch meetings, because there was maybe one woman in Surgery, we'd invite her to come to lunch with us. We helped the women in Ophthalmology get started and organized before they had a large enough core group of women to sustain their own. And again, I think we helped with information, we helped with advice about how to negotiate. A number of us were supported either centrally through the chancellor's office or through the department to attend professional development seminars put on by the AAMC: the Association of American Medical Colleges, and those were wonderful. They sponsored development seminars for junior faculty women and another one for senior faculty women. And I learned a great deal at those just sharing information across the country as well as across divisions within our own institution. We learned maybe there are better ways to do certain things. Maybe we do have reason to advocate for this or that policy. So that was also very helpful. And we tried to bring that back and share it with as many people as would listen.

Besides the departmental committee, I guess I've always been a networker. It's kind of—my rheumatology profession is networking because our field doesn't just claim one organ system, just the heart or just the lungs. We kind of claim everything and look at the whole person. So I think that analogy to the networking across divisions, departments, schools, the institution, are probably why I've gotten so involved with campus issues and other things. But in the eighties, Dr. Cathy Wilfert chaired a committee that was advising Chancellor [William] Anlyan, and a number of recommendations came out of that. We were trying to advise him about things like parental leave and APT [appointment, tenure, and promotion] process. And in the mid-eighties, there weren't guidelines. There might be a sheet of paper that your department chair had in his bottom drawer that gave a faculty member an idea of what was expected with promotion to associate professor or promotion to associate professor with tenure or promotion from associate

professor to full professor. But there weren't written-down guidelines that were available to faculty. So you know, we learned just from talking across departments that one department chair had one idea about what was expected and what would be rewarded, and another department chair had a completely different idea, and how was that equitable? The APT Committee for this school of medicine was all men. And not only that, I think it was made up of mostly male department chairs. So they were the people with power over the faculty, and they were all men. And so you wouldn't, then, necessarily expect that they would be thinking about what the issues are related to women or other aspects of diversity. Some department chairs at that time were thinking about those kinds of issues. But the APT Committee was a small committee that didn't include all department chairs, basic science and clinical sciences. It was a subset. And usually they were the more powerful subset. So one recommendation that Cathy Wilfert's committee had to Chancellor Anlyan was to include a woman on the APT Committee, and he did so. And I believe that Rebecca Buckley was the first woman appointment to the APT Committee. And hopefully you have those records in your archives somewhere and could confirm that. But from then on I believe there have been women on the APT Committee. And we also advised him to include women on any other important committees. Because if you don't have the voices, you know, you don't necessarily have a full understanding of the issues, and you can't make as much progress, I think—my bias, I'm sure—in advancing the institution. So I think we did some good with that. There were always frustrations because there were always recommendations that got tabled or didn't get addressed. But that specific one, I think, was helpful. And in general many of us served as token women on a variety of committees. I looked at that as that was my responsibility. That that was what I could do to help other women. I think some people, you know, didn't necessarily want to serve in that way. I always looked at it, If I were at the table and

could hear what was being said and felt free to comment, that that would be useful. And with Dr. Greenfield and a variety of departmental committees, I sat in on whatever the departmental division chiefs' plus meeting was for years, and I learned a lot, and I think I contributed to making the place better.

ROSEBERRY: Are these committees within the department and beyond—were they primarily Caucasians on the committees?

ALLEN: Yes, primarily. Because of the time, diversity in ethnicity and race were also not substantial. I mean, in our own department we have had a number of African or African-American faculty, we've had a number of Asian faculty, a few Hispanic or Latino. So you know, very often that issue was left out. By my working with Joanne Wilson and knowing Gus Grant and knowing others we tried to make recommendations to search committees to be inclusive and so on. We tried also to suggest that data be collected. So back in the late eighties, I guess, we asked Dr. Greenfield to have the business manager pull together a salary equity study, doing a comparison of, you know, women to men who are at the same level. I think the finding was somewhere in the eighty-five percent range for salary equity. And some changes got made because of that. We then advised the medical school to do that across departments. There was one such study done in probably about 1991 or '92. I think I brought that over here a few weeks ago. Maybe it was 1994. *Report of Salary Comparisons Between Men and Women in the Clinical Departments of Duke University Medical Center*. So that, again, hopefully provided some data to department chairs to correct inequities for specific individuals. And it meant that somebody was watching. There have been university salary equity studies done every two years for the last decade or so that leave out the medical center because of—or leave out clinical sciences—because faculty there are compensated both through the university for their research and

education components and through the private diagnostic clinic as a partnership. And those dollars (the PDC dollars) aren't seen by the dean. There's a wall that doesn't allow the dean of the school of medicine to know about that fully. And because of that, then the provost doesn't have access to that information. So a salary equity study wouldn't make a whole lot of sense because there are so many different arrangements by department and by individuals in the school of medicine. But I don't think that lets them off the hook for trying to do a salary equity study in the best possible way, periodically, to be sure there aren't inequities.

ROSEBERRY: Well, you were also seeing patients during all of this, as well.

ALLEN: Yes, yes. I've been a clinician since, well, I've been on the faculty since '82, and I'm still seeing some patients that I started taking care of back then. I have an active practice in general rheumatology at Duke with a special interest in vasculitis or blood vessel inflammatory diseases. That came about because when Bart Haynes came back from the NIH in 1980, I was a fellow. And then when I joined the faculty, he needed someone clinically to help take care of the patients that he was attracting from his work at the NIH with Anthony Fauci So patients with Takayasu's Arteritis, Wegener's granulomatosis, and giant cell arteritis, and other blood vessel inflammatory disease came to him, and he then turned to me to help manage those patients either in the hospital on the inpatient service, or in the clinics. So I developed my interest in vasculitis in the early eighties and have continued that. And that's where most of my clinical research efforts have been spent during this time. So that's been good. So I take care of very common arthritis conditions as well as these multisystem, severe inflammatory diseases that patients have that are rare. I serve on an international support group, now called the Vasculitis Foundation. We just had a meeting a few weeks ago where I gave a talk to a group of about forty or fifty patients and their family members on a Saturday at the John Hope Franklin Center. I get e-mails from all

over the US and the world from people who want referrals or want information. I got an e-mail a couple of weeks ago from a woman in Ireland whose mother was ill with Takayasu's Arteritis, and the mother's doctor didn't know much about it. And she also had bladder cancer and didn't know whether radiation would be a problem. So I offered to communicate with her mom's doctor over there. I said, "I'd love to fly over and see her (*laughter*) if needed, but I don't think that's practical." So I love what I do. And in addition to my Duke clinics, I spend currently three days a month at outreach clinics, too, in Roxboro and in Oxford, North Carolina. Those are small specialty clinics. I started going to Roxboro in 1987, so it'll be twenty years next year, and Oxford in 1990. And before that I had gone to Maria Parham Hospital in Henderson for a year and a half as fellow; and then to Fayetteville Area Health Education Center and directed our department of medicine fellowship program there. But when my twins came along, I didn't want to be two and a half hours away from them. So Roxboro and Oxford are short drives, and many of the patients we see there—I have a fellow with me—many of the patients we see there wouldn't come as far as Duke and probably wouldn't get the specialized care that we're able to provide there. So I've really enjoyed that. And even with all the other things I do, I don't want to give that up.

ROSEBERRY: Are there any patients that stand out in your mind?

ALLEN: Oh, thousands. (*laughter*) I just saw a young woman this week that I've taken care of since probably about 1984. And she came with a very severe vasculitis that eventually involved total hearing loss. I believe she was the first patient at Duke receive a cochlear implant to help her hear. She works full time. She has had some major vascular issues. But she went many years—from '87 when she had a single-vessel bypass to just this year when she had to have a few stents put in, heart vessels—without any major hospitalizations or interventions. And she

probably would have died had we not been able to treat her with some of the agents that we did. And her stepfather came with her all the time until he died of colon cancer. And I just love my patients and get to know their families and what's going on with them and what their stresses are. So I have many stories.

Probably my practice is about seventy percent women or more. I think partly because I was the only woman rheumatologist clinician for a long time. Rheumatology practices, in general, are about 55 to 60 percent female, because the distribution of autoimmune and inflammatory diseases are more common in women. For a while in the mid-1990s I worked with a consortium of other women physicians who were doing, you know, women's health. So I went to the Pickett Road Clinic for several years and saw patients there. But when it got to be too complicated for me to go to Duke, Pickett Road, Roxboro, and Oxford and (*laughs*) know which direction I had to go in in the morning, I finally said, I can be the itinerant, but maybe three places is enough. But I have patients who are teenagers, I have patients who are in their nineties. So the whole age range. I love seeing people over time. I just saw a wonderful woman that I've taken care of almost since the first day I was an attending, when she came to me with acute rheumatoid arthritis, which fortunately settled down over a number of years. But she now has metastatic esophageal cancer and previously had had colon cancer and breast cancer. I think she's about to die, but I saw her a few weeks ago, just when she had had a CT [computed tomography] Scan. I called her gerontologist and said, "I'm seeing these results that are just available, and she's here now. And since I know her well and this probably will be the last time I see her, I'd like to talk with her about that." And so I did. There are some sad times, but, you know, she's now close to eighty and very grateful for all the care she's had.

ROSEBERRY: Looks like your clinical work has been very rewarding.

ALLEN: It has been. It has been. I can't think of any more rewarding specialty. So I try to convince young people to consider it. Most medical students don't have very much exposure to rheumatology during their four years of school on the wards' inpatient medicine. They tend to see a lot of patients with heart disease, lung disease, gastrointestinal problems, neurologic problems. And they may get to see patients with lupus or other autoimmune diseases, but we don't admit many of our rheumatology patients anymore. We have much better therapies that have been developed over the last twenty-five years. We used to have an inpatient service for rheumatology, and that gradually went away in the nineties. Most of our patients we treat as outpatients. They may have to come in to the hospital for surgery, or you know, for some other problem. Or they may get admitted for a pneumonia or complication of immunosuppressant therapy. But they usually don't get admitted for rheumatoid arthritis flare anymore, for example. Currently a lot more of our practice and time is spent in the outpatient clinic than taking care of inpatients. We still offer inpatient consultation service. Right now I do consults every June. And I'm known as the "life-flight rheumatologist" because the nurses in the medical intensive care unit are used to seeing me. Somehow those months we always have very ill patients who come in with vasculitis or lupus or some other unknown disease where they want us to think about the problems and help advise treatment. Actually, this past summer I saw a patient in the medical intensive care unit, and I walked in, and there was his wife who's been a patient of mine for many years. And she just broke down into tears, she was so happy to see me, you know, and to know that we would do the best we could for her husband.

ROSEBERRY: I want to shift gears a little bit.

ALLEN: Okay.

ROSEBERRY: And ask you about the Academic Council?

ALLEN: Yes, yes. Okay. Well, that had its start back in the eighties also. Faculty members across the institution are elected to Academic Council by their peers to serve two-year terms as representatives of that school. So I was probably elected in '84, maybe after I'd been on the faculty for a year, year and a half. I don't know how I got elected except that I'm an *A*. Probably people checked off the first ten names on the ballot. (*Roseberry laughs*) But I served, and I ended up serving three consecutive terms, which is all that's allowed in the bylaws of the Academic Council. Then you have to take at least a year off. Then I got reelected for another two terms, and then I said, I need to stop for a while. And actually, then I was elected again, and got elected by the council itself to serve on the executive committee of Academic Council. Can I just answer this page?

ROSEBERRY: Of course.

ALLEN: Sorry. (*dials phone*) Hi, Nancy, it's Nancy Allen. Okay. (*pause in recording*)

ROSEBERRY: We were talking about the Academic Council.

ALLEN: Yes. So I served, you know, probably ten years as an elected representative to the council from Clinical Sciences. And then once on the council, in 1993, I was elected by the council to serve on the executive committee of Academic Council. And I did that from '93 to '95, which coincided with Nan [Nannerl] Keohane's first two years as president of Duke, which was really wonderful. When the Board of Trustees announced that she would be president here in December of 1992, I count that as one of the happiest days I've had at Duke. She was coming from my alma mater, Wellesley College, where she had been president for twelve years. I thought it was wonderful that the trustees had selected a very capable person, who also happened to be a woman. And I sort of knew it would be a change—a changing time for the university.

So I immediately wrote her a letter of welcome and offered, you know, any assistance I could give in her transition from Wellesley to Duke. So I was able to serve on ECAC, Executive Committee, where that committee met with the president once a month, the provost once a month, the executive vice president once a month. We really were clued in to all of the major decisions that were being made at the institutional level that would have anything to do with academics or faculty. And you know, that was a wonderful, wonderful time. I did that from '93 to '95, and then did other things in my career for the next few years. And in 2002 in February, I think, or January, I was called by the chair of the Nominating Committee for the chairman of the Academic Council. And it was a Saturday evening when I returned a call to Rich Burton, professor in Fuqua School of Business, who had been the chair of Academic Council my first year on ECAC, and he had served on Nan's search committee. He was on the phone, and he proposed this idea to me, that the Nominating Committee wanted me to run for chair of Academic Council. And generally they find two people who will agree to run. My first words were, "Rich, are you crazy? There's no way I could do this, you know, along with my clinical efforts." And he wouldn't take no for an answer. He wouldn't take any answer that night. He said, "You need to think about it." So I got off the phone, and said, There's no way I can do this. But I did what I was supposed to do, and I thought about it, and I talked with Peter Burian, who was the current chair of Academic Council at the time. I talked with several other people who had been chairs: Len Spicer from basic sciences. I had certainly talked to Rich and knew what he was like as chair. And I knew how exciting it could be. I of course had talked with my husband, Barry Allen, and children, Dorothy and Peter. And I also talked with the woman who is the administrative powerhouse for the Academic Council to be sure that she would still be there (*laughs*) as the person who keeps things going and holds things together.

ROSEBERRY: Who was that?

ALLEN: Linda Lehman. She's wonderful. I just talked to her last night. So I did all of that. And I also talked to, you know, some of my rheumatology colleagues and to my division chief. And my division chief at the time actually encouraged me not to do it. But I thought about it, and I thought it would be an opportunity to use some of what I'd learned. And also I would be only the second woman chair of Academic Council after Anne Firor Scott twenty-five years earlier, a woman historian. You probably have talked with her, or maybe you should.

ROSEBERRY: Um-hm.

ALLEN: And I would be the first person from clinical sciences in almost forty years, forever. So a daunting task, but I agreed to run. I said, Well, I have a fifty-fifty chance here. So I was elected to that position. It was a two-year term. During that two years Nan Keohane decided to step down as president—or announced that she would be stepping down as president in 2004. And so I served on the search committee for President [Richard] Brodhead. And I served on the search committee for Chancellor [Victor] Dzau during the second year of my two-year term. So on top of everything else—and the Academic Council chair job is about a 50 percent time commitment—the search committees were above and beyond that. So that got filled in the interstices. I— then in the spring of 2004, just before President Keohane was leaving, there was a transition team that I served for President Brodhead. And the council decided that it would be wise to retain the chair of Academic Council for one more year for the transition since we were having a new president and a new chancellor. And they put this forth to the Academic Council for a vote, and it was voted that I should extend my term by one year. Of course I had agreed—I couldn't agree, really, to run for a second two-year term. I didn't think that was fair to the council. I think other people should have the opportunity. But I could see the wisdom in the

transition and agreed to do that. So I got to serve on ECAC and as chair of the council the last two years of Nan Keohane's presidency and the first year of President Brodhead's presidency. So I feel partly responsible for, you know, their successes. As chair of Academic Council, I had opportunities to interact with trustees and attend Board of Trustees meetings. Certainly lots of opportunities to get to know lots of faculty across the institution in all the schools, which is really wonderful to know what people are doing across the institution. I believe in those connections. And I believe in trying to enhance the interactions of the campus and the school of medicine. I think there are so many ways that we can do that.

ROSEBERRY: So how has that been accomplished?

ALLEN: Well, I think there are some structural issues, and the Board of Trustees took a little bit of that on with revising reporting relationships between the chancellor for health affairs and the president, and the various deans and the provost, and the chancellor and the provost, and so on. You know, just in thinking about strategic planning, there are complementary processes going on at the health system and at the school of medicine and all the schools and at the institutional level. So Building on Excellence, the prior strategic plan, is a university plan with components of each of the schools. And I thought that perhaps with the process, this time there could be even greater integration across the schools. So you know, I'll advocate wherever I can to be sure that communication is happening at the right places.

ROSEBERRY: Tell me about the vice provost position.

ALLEN: Okay. So when I finished my third year as chair of Academic Council, or maybe in the winter when I was thinking about next steps, my opportunities were to certainly go back and be a full-time rheumatologist and educator and continue clinical research. I thought I had gained a number of contacts and skills and so on that I didn't want to lose, and I thought I still could be

useful in some way to the institution. So I talked with the provost and Chancellor Dzau and President Brodhead about a variety of possible ways I could continue to be involved. And it just ended up that there were needs in faculty diversity and faculty development. So Provost [Peter] Lang and I came up with this special assistant position. He had had special assistants in prior years: Susan Roth had done some time with him, and then also served as a special assistant to Nan Keohane during the Women's Initiative. She chaired the Women's Initiative steering committee, and she chaired a women's faculty development task force in 2003 before the Women's Initiative was completed. And Richard Riddell was a special assistant to the provost and particularly worked on enhancing the arts. And he's now special assistant to President Brodhead in a more broad way. So I agreed to be a special assistant in the '05-'06 academic year for one-third of my time, spending two-thirds of my time roughly in my medical life. And then during that time we applied for an Alfred P. Sloan Award for faculty career flexibility, and we were named as one of five institutions—we received one of five awards, one of which was split between two institutions—to work on that. We were notified of that during the summer of 2006, and having finished the application process the end of May, the provost needed someone to continue to manage that project. And also I chair a Faculty Diversity Standing Committee, and coordinate the Faculty Diversity Working Group, and sit on the President's Commission on the Status of Women, which is now becoming President's Council on Women. And I sit on Ann Brown's Faculty Women's Committee in the school of medicine. So there are plenty of things to do. The strategic plan has as one of the core values and major areas of emphasis diversity across the institution; faculty diversity is just one piece. But we are continuing to work on recruitment and retention of underrepresented minorities and women in areas where they are not yet at the levels you would expect, in terms of numbers. We have the career flexibility issues, flexible

work arrangements policy that I'm working on with Ann Brown and Karen Silverberg and Kim Harris over here. And Paula Thompson, who's working with Ann. We're going to work on a pre-retirement planning and post-retirement work set of strategies. And also do some thinking about dual career recruitment. So when partners come and they're in different areas, have different needs, there would be some more cohesive way to help with that. Just like dual career recruitment, we have the potential for dual career loss. The four African-American faculty who left the school of arts and sciences this past summer were two couples. So when they get recruited away, then that sort of doubles your losses in a sense. But it shouldn't make us shy away from trying to recruit partners. So I have a full plate. I'm helping to coordinate a new lectureship series for the president called the Hertha Sponer Presidential Lectureship. Hertha Sponer was first woman faculty member in natural sciences in 1936. She was a physicist who came from Germany on a Rockefeller Foundation Award at a time when Hitler was not hospitable to women scientists or to other than his type of scientist. So she came here in 1936. President William Preston Few at the time had gotten a letter from Robert Milliken, which is in the main archives [Duke University Archives], which said that the Department of Physics should be started with a few good men. So she came here. She had a long career here. She ended up marrying James Franck, Nobel Prize recipient in the 1920s, who also had come from Germany. He had spent time at other institutions and retired from the University of Chicago. She married him after his first wife died. And they had a summer home on Cape Cod. She raised champion Doberman Pinschers and other interesting little tidbits. So this lectureship will give us an opportunity to highlight some wonderful women in science, engineering, medicine now, et cetera.

ROSEBERRY: Who are some other women that might be important to remember?

ALLEN: That's what we have to spend some time doing. I do have, you know, a list. I had looked at some information about the first woman who received a PhD at Duke, and there is a little article about her on the Baldwin Scholars Webpage. Rose Davis. There will beplenty of other women, and I would look to you to help us, particularly for some of the earlier women in medicine who were in nursing, who, you know, we could highlight along with some of our future events. The lectureship will probably be twice a year, and we will look to find women in different disciplines from around the country to come speak. President Brodhead just sent an invitation to a woman physicist to be our first speaker, and we're hoping that she'll accept.

ROSEBERRY: Well, are there other women at Duke, particularly in the medical center, that you can think of that stand out to you whose names might need to be recorded? I know that you mentioned—

ALLEN: Yes, there are a lot. I mean, Becky [Rebecca] Buckley, of course. And Cathy [Catherine] Wilfert, Laura Gutman in Pediatrics, who has left Duke, retired from Duke. In the Department of Medicine, Grace Kerby, K-e-r-b-y, was a rheumatologist. She was one of Dr. [Eugene] Stead's right-hand people for the residency program. Some stories go back that she did schedules for residents on the backs of envelopes. And I know some of the women who had worked with her in an administrative capacity who could remember some things about her. I actually have her portrait in my office in the medical side. And Ed Halperin had come to borrow it and made a black-and-white copy that is now on the fourth floor in the gallery in the medical student area. Not on the first floor, but on the fourth floor.

ROSEBERRY: Okay.

ALLEN: So you know, she, I believe, was the first woman full professor in the Department of Medicine. And there wasn't another one until approximately 1993 when Joanne Wilson was

promoted to full professor. So there was that twenty-five year gap again. So you know, current women in the department: Joanne Wilson has a lot of history here, Janice Massey in Neurology. And they've both been very active nationally and probably internationally. Elise Olsen in Dermatology does a lot of traveling and, you know, has had a very good career herself. Marilyn Telen is a wonderful researcher; she's a division chief for Hematology. And then newer women who have arrived: Pam [Pamela] Douglas, head of Cardiology, and Anna Mae Diehl, head of Gastroenterology. We still do not have any women clinical department chairs. But we do have three—I guess we had four women division chiefs, if you count Margaret Pericak-Vance, who's just leaving to go to Miami Institute for Humans Genomics. So I know I sent some names over to either Paula or one of Anne's other assistants, just names that came off the top of my head. Probably talking with a few of the older physicians who are closer to retirement would gather some names. And I think Deborah Kredich, she just died this summer, in Pediatrics; she was a pediatric rheumatologist, and I'd really love to see her highlighted in some way. Laura—there are lots of people.

ROSEBERRY: I know we're getting close to eleven o'clock. Are there any questions that I didn't ask you that I should have asked you?

ALLEN: I don't know. We started a little late, my fault. We got interrupted once. But I think we covered a huge amount. The only other part of my life we didn't cover would be the support of my husband, who has been wonderful in allowing me to flourish in a career here. He's been a great partner. Barry Allen, he's a PhD and works in the hyperbaric area with Claude Piantadosi. He's in the Department of Anesthesiology. He and I have shared the raising of our children. We're very proud of them. They're now sophomores in college. A son at Duke in engineering, and a daughter at Bennington College in Vermont. And we spent the time that we needed in

raising them and feel very good about getting them to the levels where they are without being helicopter parents or any such thing. So I would just say that he's been, you know, one of my biggest supporters over all these years, for which I'm very grateful. And lots of wonderful colleagues and lots of wonderful patients and other people who have done a great deal to help. Various secretaries who have worked with me on the medical side, the nurses in the clinics. I appreciate everybody's help to do what we need to do.

ROSEBERRY: Well, thank you, Dr. Allen.

ALLEN: Oh, thank you, Jessica.

(*end of interview*)