INTERVIEWEE: Mr. Prentiss Harrison
INTERVIEWER: Jessica Roseberry
DATE: May 9, 2009
PLACE: Duke University Medical Center Archives

HARRISON INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Mr. Prentiss Harrison, who's the first African-American physician assistant, graduate of the 1968 class of Duke PAs. It's May 9, 2009. And also with us is Leila Ledbetter, who is the director of the PA History Center at the Duke Medical Center Archives. And I want to thank you, Mr. Harrison, for agreeing to be interviewed today, I really appreciate it.

PRENTISS HARRISON: You're welcome.

ROSEBERRY: I thought I might ask, if it's all right with you, what year you were born, if that's okay.

HARRISON: Yes, I was born in 1943.

ROSEBERRY: Okay. And where was this?

HARRISON: Little town between Houston and Beaumont, Texas, D-e-v-e-r-s, Devers, Texas.

ROSEBERRY: Did you grow up there?

HARRISON: I lived there through the eighth grade, and then we moved ten miles further east in a town called Ames, Texas, outside of Liberty, Texas.

ROSEBERRY: So a Texas man?

HARRISON: Texas.

ROSEBERRY: So tell me a little bit about maybe your educational background, if you don't mind.

HARRISON: My educational background. Well, I graduated from high school, from Woodson, High. I was valedictorian. And from Woodson I entered the military and became a army corpsman where I received my medical training at Fort Sam Houston. And I worked as a corpsman in the military. At that time Duke was accepting navy corpsmen—army, air force corpsmen, into their program. So that's when I was introduced to medicine. If it hadn't been for the military, I don't know where I would be. (*laughs*)

ROSEBERRY: So did you have any sense that you wanted to go into a medical field?

HARRISON: Yeah, I wanted to become a corpsman, and I thought after the military I could go back to school and do something in medicine.

ROSEBERRY: Tell me about what the corpsmen were doing at that time.

HARRISON: Well, we—we did—we worked in the dispensaries and did morning sick call and night call, and we had field duties in the field. We—we had our ambulance, I had an ambulance. And if someone became ill or injured or whatever medical problem occurred, we were supposed to take care of it.

ROSEBERRY: What do you mean by *take care of it*? What was the training for a medical corpsman?

HARRISON: Well, at Fort Sam. they taught you basic—well, it's more than basic first aid. It's an advanced like medical, I guess, medical tech training where you could—you could do suturing, you could take care of the blood pressures, you could even dispense medicine out of the dispensary, almost what a PA was doing when we first graduated.

You saw the patients in the dispensary, and if you felt the doctor needed to see him, then you would shoot him on to the doctor. Otherwise, you would take care of his cold, put him on antibiotics, whatever was appropriate.

ROSEBERRY: So you gained quite a bit of experience?

HARRISON: You gained a lot of experience in the military. Military corpsmen were trained very well.

ROSEBERRY: And how long did you do that?

HARRISON: Uh, three years.

ROSEBERRY: So you had mentioned that your intention was maybe to go and get a further education, further medical—. Did you have aspirations to become a physician?

HARRISON: Well, I thought maybe—I was thinking about a nurse anesthetist. If I could get some money, maybe even go into medical school, (*laughs*) but back there in those days, I didn't have no money. I was pretty broke. When I came out of the military I worked in a hospital in Liberty, Texas as a orderly, and they had me doing everything in there. And then my wife at the time and I, we came back to North Carolina because she was from Durham, North Carolina. And I went over to UNC. I went to the OR tech school, and I became a OR tech.

ROSEBERRY: To the operating room?

HARRISON: In the operating room, yeah. And my first job I applied to the PA program here at Duke. And I applied a little late, so I think Dr. [Eugene] Stead and Mr. Jim Mau, who was in charge at that time, said, Well, you got a good chance of getting in, but you'll have to work here at Duke until the next class. So they gave me a job in the operating

room here at Duke, (*laughs*) and that was an experience. The ladies in the operating room never seen too many men OR techs, especially a black man, in 1965.

ROSEBERRY: So these were Caucasian women?

HARRISON: Yeah.

ROSEBERRY: Who were—they were also—?

HARRISON: They were—they worked in the operating room—nurses—nurses, even the technicians who sterilized the equipment. Because I went from the bottom up. I had to learn the whole process. Even though I was a graduate OR tech, I had to work in the sterilization here at Duke. And then from that you migrate on up, and then finally I get a chance to circulate in the operating room, and then I get to scrub. And once I started scrubbing the surgeons really liked me because I was fast, and I anticipated good, and so I got away from those ladies that was giving me hard times.

ROSEBERRY: So maybe they didn't—they were uncomfortable.

HARRISON: They was uncomfortable with me being there, yeah. Well, they never had a male, especially a black male, in the operating room, not as a scrub tech. That was a little bit too much. (*laughs*)

ROSEBERRY: What were the prospects at that time in medicine for an African-American man? What did they look like? Were there—did you feel like there were opportunities, or were you kind of creating your own opportunities?

HARRISON: Well, you had to play it by ear. You had to create your own opportunity. I think I—when I came to Duke, I did what I was told, and I did it well. I didn't cause too many waves. And I worked in the operating room. I worked under—I worked with—this was a neurosurgeon. His name was Dr. Woodard [Barnes Woodhall?]. I think he

was the chief of neurosurgery at the time. A lot of the white nurses didn't want to scrub for him because he was pretty—pretty hateful, and he scared them. I would scrub with him. He liked that, you know. I just didn't say nothing. I just did my job, and he was satisfied, you know. So I had a good time in the operating room, yeah.

ROSEBERRY: So you were able to kind of stand toe to toe with some of those larger-than-life figures maybe?

HARRISON: Oh, yeah.

ROSEBERRY: Yeah.

HARRISON: Yeah. I wasn't afraid of them. I'm a ex-military. (*laughs*)

ROSEBERRY: I was going to ask where that sense of confidence came from.

HARRISON: Right. I mean, I didn't act—I didn't act hateful or nothing like that. I just kept my mouth closed and did my work and look at him directly in the eye. Long as you're doing what you're supposed to do, what could he say? (*laughs*)

ROSEBERRY: Well, how did you first hear about the PA concept?

HARRISON: In the operating room at UNC [University of North Carolina], I met a surgeon who suggested that I look into the physician assistant program at Duke. I said, "I never heard of such." He said, "Yeah, they're getting ready to start this program." He said, "You're very good in the operating room, I think you might make a good PA. And plus you got your military corpsman behind you." He said— . So he directed me to Duke and where to go, and I came to Duke and went down in a basement somewhere and found a little room and found Jim Mau, and that was it. (*laughs*) I said, Is this it? But that was the beginning.

ROSEBERRY: So he did an interview?

HARRISON: Well, yeah. I talked with him, and then he had me come back, and we talked, and I made application. And over a period of time I talked to Jim Mau and I forget who else, and they decided that maybe I could get into the program. That's when they decided it was too late for the first class but maybe the second class, but they needed to observe me here at Duke for nine months, so that's when I went to the—they put me in the operating room.

ROSEBERRY: Were they actively looking for corpsmen?

HARRISON: I don't really know. At the time, that's all that was coming into the program was basically navy corpsmen, really. I just happened to be in the army, yeah. But that's how it all started, because they had prior medical experience and independence. They had—they did independent medical work. So—and that's basically where the PA concept was steering towards, working underneath the doctor, but the doctor didn't have to be looking over your shoulders, you know. He could be doing more important things, and if you need to refer a patient to him, you refer the patient, and the others you could take care of.

ROSEBERRY: So was it kind of like a first line of defense kind of—you were looking at this patient first and then maybe transferring them to the doctor. Was that kind of your role, or how would—?

HARRISON: Yeah, well, it was—I think it was a little bit more than a triage role. You do your triage, but you also go further than that. And if you get to a point where you feel that you need to either refer the patient to a doctor or you need to go consult with him, then you consult with him, and y'all come to a conclusion as to the patient's care, and then you go back and do, and you follow that path. The doctor might walk in and say,

Hi, Miss Jones. We have decided to do this, this, and the physician assistant, Harrison, will finish you up. But the physician wouldn't have to spend much time in the room.

ROSEBERRY: What was attractive to you about the concept?

HARRISON: Oh, I liked the independence and being capable of—being capable of doing that type of evaluation and treatment. Dr. Stead told me further on—Dr. Stead told me, he said, "Prentiss, a good clinician can practice medicine out of a bag." He said, "So what you need to do is become a good clinician." He said, "If you become a good clinician, the only thing you need is a medical bag." And Dr. Stead was right.

ROSEBERRY: So meaning that the rest was kind of your own knowledge and—?

HARRISON: Yeah. Yeah. And over the—over the years you—and it doesn't take long. You get in certain environments, and you pick up a lot of experience, and you go for it.

ROSEBERRY: Now, this field was pretty untested. I mean, this was the—

HARRISON: Oh, yeah. It was very controversial. Like *Look* magazine had a front-page: "More than a Nurse, Less than a Doctor". Oh, the Duke nurses, you didn't want to be in the hospital during that time. If so, you should take the back alley to walk out of the hospital and walk in. (*laughs*)

ROSEBERRY: So they didn't like the PAs?

HARRISON: No. No, no. Some nurses did. I'm not saying all nurses didn't, but the majority of the nurses felt—didn't feel too good about that. And I think maybe *Look* magazine shouldn't have phrased it like that, you know, should have phrased it differently where the nurses wouldn't have been so offended.

ROSEBERRY: How did they—how did that manifest itself, their kind of—?

HARRISON: Well, whereas you would have a little bit of help from the nurses, they helped less. Medicine was going into a phase of teamwork, and if you don't have the nurses part of your team, then you have a fragmented delivery of health care. So some of that came into play. I mean, I don't think the patients suffered behind it, but some of the PAs and the nurses had conflicts. I tried to dodge it. I think I was pretty good about dodging things. I don't get into conflicts. I just go around it, you know. Yeah.

ROSEBERRY: Did you feel like you were taking a risk because this was a new profession?

HARRISON: Well, not really. I thought there was a need, and I really felt that it would grow. Now, could I get a job? That was my main issue. Because the black doctors, they didn't know nothing about physician assistants, and they weren't hiring. (*laughs*) And the white doctors, they're not going to hire a black PA. They're going to hire a white PA. So what's Duke going to do about me? Well, we got to keep you here (*laughs*) until the scope opens up.

ROSEBERRY: So were you promised a job, after?

HARRISON: Promised? Not really promised, no. Dr. [E. Harvey] Estes and Dr.—who was it, Dr. [D. Robert] Howard, I think, at the time, they gave me a job in Community Medicine, and I took care of the babies over at—well, I did neonatology under Dr. George Brumley, chief of neonatology when neonatology first started in the United States, I guess, you know. So I'm one of the first PAs to be trained in neonatology. So I went over to Lincoln Hospital, which was a black hospital here at the time, here in Durham. And in Durham I trained with Dr. Brumley. I did all the PKUs [PICU? Pediatric Intensive Care Unit] and the newborn baby exams and all that for the—for

Lincoln Hospital. And I think—I think I did it free. I think Community Medicine just paid me a salary for going over there. And then I worked in—we—Community Medicine, we had a—some clinics. We tried to start some clinics outside Duke in different areas. So I went through that process of evaluating outlying clinics for the underprivileged. So I stayed at Duke for quite—I stayed at Duke, I guess— I graduated in '68, so I must have stayed at Duke almost two years I think and—until Princeton came down, and they were interested in hiring a PA, and they wanted to hire me. So they flew me to Princeton, and I was interviewed, and they offered me a position there.

ROSEBERRY: Well, let me go back to something you said just a minute ago when you were talking about both African-American doctors and the white doctors were—was there physician support for the PA concept?

HARRISON: Uh, yeah. Well, actually, there were black physician support here in Durham. Dr. Don Moore, who was a ob-gyn doctor but—and he was housed at Lincoln Hospital. But he was a—must—I think he maybe was associate professor or something affiliated with Duke. So Dr. Moore was—he liked the concept, but he was an ob-gyn. And there was another—I forget his name, but he was—he was a professor of medicine and an instructor here at Duke, but he had a private practice, and he practiced at Lincoln Hospital, too. Very smart guy. I forgot his name. Those two guys, they supported me, but they couldn't hire me. And Lincoln Hospital couldn't really hire a full-time PA, because they weren't—they really weren't making a lot of money, yeah.

ROSEBERRY: So you took some support where you could find it.

HARRISON: Oh, yeah. Yeah. Yeah.

ROSEBERRY: How did folks hear about the PA concept?

HARRISON: How did—?

ROSEBERRY: How did folks around Durham and Duke and—how did they hear about the PA concept in general?

HARRISON: You mean patients?

ROSEBERRY: Doctors—

HARRISON: I don't think Duke really publicized it that much because a lot of people in Durham didn't know what a PA was. It was sort of like word of mouth. I would talk to people, and they'd say, Well, what is a PA? And then I'd have to explain to them what a PA was and—are you going to—when do you graduate and where you going to find a job? Who's going to hire you? And my answer was, I don't know, but I'm going to work somewhere. (*laughs*) I didn't—I wasn't really worried about it. I figured eventually I'd find a job. A lot of the PAs in my class and the class after it, they were going to—they were going all over. But they were going to universities. Like one guy, he went to Yale, and he started—Yale started a program. And then the other guys—a lot of guys after me went to Oklahoma and different places. They had connections in these other universities, which I didn't have no connections with these people.

ROSEBERRY: But they were finding jobs?

HARRISON: They were finding jobs, yeah, paying good money, good money for that time, yeah, until—. Princeton gave me a pretty good job. I mean—. Plus they gave me a faculty position, so I was satisfied with it, yeah. I had faculty housing, so—and I lived almost—I lived right close to campus. Princeton reminds me of Duke, the campus does. So it wasn't a big switch.

ROSEBERRY: So what was the training like at the Duke program?

HARRISON: The training was kind of weird at first. We was taking biomedical electronics.

ROSEBERRY: What is that?

HARRISON: Well, we had a lab over in the vet—I call it the vet building, where we learned to work on and fix medical equipment if something breaks down. We learned the electronics of these equipments, and we'd be able to repair them. So we had biomedical electronics. I said, I don't know what this is all about, what I'm going to do with this. But I probably have used it, because back then if something break, you got to fix it. You can't go online and do everything and parts and all that. So it helped if you knew something about the biomedical—the electronics of this biomedical equipment. So we had that, and then we had regular didactics of medicine, courses. And the instructors presented just like they would present to the medical students. And you go on rounds, you're expected to answer questions just like a first-year, second-year, third-year medical student.

ROSEBERRY: Same questions?

HARRISON: If you're on rounds and all of a sudden the attending or whoever he is, he pops a question, he might just point at you. You're expected to respond.

ROSEBERRY: Were you on rounds with medical students?

HARRISON: Yeah, there was some medical students, yeah—medical students, first-year interns, residents, yeah.

ROSEBERRY: So you had to know similar things to what they had to know?

HARRISON: Yeah. You had to bone up on things. You had to try to be sharp, yeah. And you pick, up a lot. I mean, that's how they learn, you know. So you—just by being

around this attending, you pick up a lot of medicine. You learn as much as you want to learn. There was no—there was no gate saying, Oh you can't go no further, yeah. You can go as far as you wanted to.

ROSEBERRY: Who was teaching your classes?

HARRISON: Um—I remember (*laughs*) Kay [Kathleen] Andreoli, Dr Andreoli's wife, I remember her, and I guess Dr. Andreoli and people in the Department of Medicine, different departments.

ROSEBERRY: Were these classes that were specifically geared for PAs?

HARRISON: Yeah. It's been—it had been constructed by the program for PAs. And they gave exams.

ROSEBERRY: What were some of the textbooks that you were using? Were they medical textbooks already?

HARRISON: Oh, yeah. The same textbooks that the medical students were using. And we had a list of books, suggested books to buy and read. Yeah.

ROSEBERRY: Where were your classes?

HARRISON: Um, let's see, our classes—some of the classes were in the hospital. It was—most of the classes was always in the hospital area or in the hospital, in conference rooms. Yeah, when I was, because I was in the second class. The PA—I guess the PA program was just getting money and just building theirselves up where they could have room. But we had a lot of space for the amount of people we had. We only had, what? I don't know, fourteen? I think it was fourteen in my class, I think. Not quite sure anymore. That was forty-some years ago.

ROSEBERRY: (*laughs*) Did it feel well organized for being so young, did the program?

HARRISON: Well, since I was in the second class, I think it was—it was in its development, you know, its beginning. It probably was better than the first year, (*laughs*) you know. Because I actually saw the first year because I was there, I just wasn't in the program. Because I knew everybody in the first class. I knew Dick Scheele, who passed, as a student. He had a massive heart attack coming to work one morning. And Dick—I think Dick was taking this biomedical electronics with us, yeah, I think he was. Because I was missing him that morning, and I asked about him, and they said they think Dick had a heart attack, and we was all waiting to see how he was, and unfortunately found that he had passed.

ROSEBERRY: Pretty suddenly?

HARRISON: Yeah. Yeah, he was on his way to work one morning and had a massive heart attack. Yeah.

ROSEBERRY: Can you tell me a little bit about him? What was he like?

HARRISON: Dick? He was—Dick was basically a leader. He sort of led the first class, and he led the second class, too. He inspired you. He—it's like he knew what the PA—what a PA is, what a PA is going to be, and what you should do. I mean, he had this vision. And he took a leadership role in trying to develop PAs. And when he passed, other people had to kind of step up to the plate. Dick was kind of—he was very verbal. He would talk—he was energetic. He would talk a lot about the program, about PAs. I think that put him at the top spot in the leadership for PAs at that time, because there were no PAs in the United States except three behind him and then eleven, twelve, or whatever was in my class. So he kind of—he kind of energized everybody.

ROSEBERRY: How did he get that vision, do you think?

HARRISON: I don't know. He—I think Dick felt that this was something that medicine needed, because he would always talk about that. He said—he said, "If we can do this in a—if we can do this as navy corpsmen, if we can run a whole ship, we can run an office out here in civilian life," which made sense to me. Because the doctors didn't do hardly—I'm not saying that they didn't do no work, but corpsmen did all the work. They did everything. They wouldn't—they'd say, Ah, let's—. We don't want to send this to Doc. Let him—he got to go to a meeting. The corpsmen just took care of everything. They could have pushed a lot of patients to the doctor just to make sure he worked, you know. But the corpsmen, they enjoyed doing it, and they enjoyed having the responsibility of doing doctor's work.

ROSEBERRY: Was there a level at which they needed to stop? Was there something that they had to say, I'm not able to do *x* or *y* or *z*?

HARRISON: Well, I think every PA should know his capabilities, what he can do and what he can't do. And if he—he should be aware through his evaluation of the patient that his level of expertise has ended, and maybe now I should refer this patient to Dr. X or else go have a consultation with the doctor and see where do we go from here.

ROSEBERRY: Were there any guidelines in place in the program at that time that said, Don't go any further than—?

HARRISON: No. No. I've never seen that. No. No. I think it was just a unwritten rule, you know, that you would only do what you were capable of doing.

ROSEBERRY: But there wasn't anything that said, Don't prescribe or don't—anything specific I mean? Nothing like that?

HARRISON: No, I've never seen anything like that.

ROSEBERRY: Okay. Well, tell me about Jim Mau.

HARRISON: Jim? He—I think he was partially responsible for me getting into the program, because I think Jim Mau was over the whole thing. And—I don't know. He treated me okay. After I got into the program, I didn't really see him that much. I'm sure he saw me. (*laughs*) They kept an eye on me, but there's not too much I can say about him.

ROSEBERRY: What about Dr. Stead?

HARRISON: Oh, Dr. Stead. Dr. Stead is Dr. Stead, you know. He have—he have these concepts out of space, (*laughs*) people think he's crazy. But these concepts that he think of actually come to life, you know. And just like he told me you could practice medicine out of a doctor's bag if you become a good clinician. He's made a lot of statements that has come to pass. Yeah. I was—I was here on his ninetieth birthday, and I was sitting at the table with him. And he and I took—took some snapshots together and we talked and he said, "Prentiss, I understand you own a clinic." I said, "Yeah, I got tired of working for Baylor College of Medicine. They wouldn't give me any more money, so I figured I'd go buy me a clinic, build me a clinic, and hire me a doctor." (*laughs*) He said, "That's good." He said, "That's good. How you been doing with it?" I said, "Making a lot of money and giving people a lot of jobs, giving back to the community and serve, you know." But I want to hire some PAs. All the PAs want to be administrators, and they want PhD degrees, and I want some clinicians. And he say, "Yep, yep, we need more clinicians. You're going have to look around." I said, "That's what I'm doing." I said, "Carl Fasser—Carl been working for me for five years, and Carl is sharp." The only way you can do clinical medicine you got to—you have to put your hands in it and

work every day, otherwise if you're going to sit behind a desk and be an administrator, forget about being a clinician. Yeah.

ROSEBERRY: So was there an emphasis at that time, when you were learning about the PA concept and getting your education, that it was very clinical?

HARRISON: Yeah. Yeah. I think Dr. Stead really emphasized being a good clinical PA, and that has changed markedly, yeah. I think PAs need to be clinicians, you know. We're PAs to take care of patients, you know. If you want a PhD degree, I don't have nothing against it, but you're not going to take care of any patients.

ROSEBERRY: What would you do as a PA with a PhD degree, what would someone do?

HARRISON: Oh, I guess they're—with a PhD degree they could be administrators of a PA program or be within the medical center and push paper, I guess, (*laughs*) get money for programs and write up grants and—something I'm not interested in doing. I wouldn't want a PhD degree. And I know—I don't know why they—are they doing it for money? I make more money than a PhD right now and I'm just a plain little clinician, little clinician, you know. I've made more money probably than the average doctor, you know. And I got another clinic in Liberty, that little country town where I used to drink out of a colored fountain. And now they come and see me, big weight loss clinic, huge. And it's—it works. I got patients losing fifty, sixty, eighty, ninety, a hundred and thirty pounds. I'm getting—I got patients from—coming from everywhere—from Louisiana, everywhere, from the rich neighborhoods to the average neighborhoods. And they pay the money. It's a lot of patients in that little town where I came from. And the average person would say, How did he do that? I just—I don't know. I guess I was at the right

place at the right time when I was at UNC and this surgeon told me about the PA program.

ROSEBERRY: Are you still doing clinical work?

HARRISON: Oh, yeah. I'm going to do clinical work until I'm gone, until I'm dead, yeah. I would like to work—I'm working four or five days a week. No, I'm working four days a week now, because Carl works on Fridays. But I would like to cut it down to like maybe three days a week. But I want to find a PA that's interested in working real hard and being a clinician. I don't care who they are—male, female, black, white, Hispanic—I don't care who they are, as long as they want to work real hard and be a clinician. I'm looking for somebody right now, and I've been looking for a year, for a whole year I've been looking. And they could make a good salary, but they're going have to work, prove themselves, and maybe even get a share in the clinic. Because I'm getting older. I'm sixty-six years old. I'd like to cut back. But I'm going to keep doing it. (*laughs*)

ROSEBERRY: Now, was Dr. Stead really active in the program?

HARRISON: Uh, I used to see him pretty frequent. But the more involved we got into the program, the less we saw him because we were too busy, you know. But I used to see him in the administrative offices, and I used to see—I used to see him in the hospital on the wards, on the floor, yeah. But I'm sure he was more active than I saw—than I was actually seeing, yeah.

ROSEBERRY: Now, did—were there people who were kind of articulating the concept to you, who were kind of saying, This is what a PA is going to be. This is what—was that him, was that—?

HARRISON: Some of the instructors sort of articulated what they envisioned a PA will be doing, and this is why we're doing this. But this was—this was a new—a new field of medicine. So I guess it was a hit-and-miss situation too, like biomedical electronics. (*laughs*)

ROSEBERRY: Was that a miss?

HARRISON: I don't think we needed it. (*laughter*) We could have taken some other course besides that.

ROSEBERRY: Well, were there any—I know that the hospital had just integrated not too long ago—

HARRISON: Right. Because I saw where black patients was on one side of the hospital and white patients was on the other side. And—but yeah, it did change after I—yeah, after I got into the program, I think. And then when I started—when I started doing some rotations, like in the emergency room, white patients, they didn't want a black to see them, not in the emergency room, until I had this surgeon. I think he was a surgeon. I was told to go see this patient in room number two. And the patient just said, "I'm not going—I'm not going be seen by no blank-blank, so you need to just leave." So I just went and told the surgeon what she said. And he went in there, and I stood there and listened to him. He said, Ma'am, Mr. Harrison is going to—is going to see you, he's going to evaluate you, blah, blah, blah, and then he's going to consult with me, and we're going to come up with your treatment. If you don't want to abide by that, we're going ask you to leave. And that's the first time I heard that at Duke. So—so I guess she was sick enough to let me see her, so—I did the—I did the initial workup, and then I presented it to the doctor, and we came up with a treatment plan. And then I went back

in the room and told her our treatment plan, blah, blah, blah, and we'll get her prescriptions ready. That was the end of the story. And I think from that night on, it got better, you know. But I only experienced it one time in the emergency room.

ROSEBERRY: So primarily from that patient. It wasn't necessarily from doctors or—?

HARRISON: No, the doctors, they were—they knew how to hide their feelings. They just avoid you, you know, if they didn't want to be bothered with you. But most doctors, they'll either avoid you or they'll try to make you look stupid. They'll ask you some questions that they know you can't answer, (*laughs*) and you try to answer it, and then you say, Well, I don't really know the answer, but I'll look it up. Give them a answer like that. But there was a lot of doctors that—I mean, just took me under their wing and said, Well, come here Prentiss, let me show you this. Let me show you this in the lab, in the emergency room lab. Let me show you this. And they'll describe some things under the microscope, and then we'll go back to the patient and—this guy name was Dr. Dixon. He really drilled me. He was really good. He was—he was the chief resident? Yeah, chief resident. And I forget his first name, but Dixon was his last name. He really helped me out a lot. He would give me things to read, and he'll see me walking in the hall and stop me and say, You remember last week I told you to read blah, blah, blah, blah? I say, Yeah. He'd say, Well, tell me about it. I said, I got to run. Naw, you got time, tell me about it. I mean, he was a really good teacher. And he—he worked with me until I graduated. He really helped me out a lot. Now, he was a clinician, and that's—I guess that's why I stayed so close to him. He was a good clinician, yeah.

ROSEBERRY: Do you think the other PAs had similar experiences of people kind of helping them?

HARRISON: Yeah. Yeah. Most of the docs they knew what—they just about knew what a PA was and what they should be able to do. And then they—if they're around this PA for a week, they actually see what the PA was doing. And they say, Wow, this—I don't have to be doing this. I can let this PA do this. So they liked that, and they really started pumping information out to the PA, really educating the PA the same way they would educate a third-year medical student, you know. Yeah.

ROSEBERRY: Now, did you know Dr. [Wilhelm Delano] Meriwether?

HARRISON: Oh yeah, Meriwether, yeah.

ROSEBERRY: Tell me about him.

HARRISON: Yeah, Meriwether, he was very quiet. He was quiet. He didn't make no waves. He just—he knew what existed as far as society, but he knew Duke was going to stand behind him and give him a good education, you know. He—I used to see him and pass by him and speak to him all the time, and he took a very active role here at Duke. He was smart. I've gone to listen to him in the amphitheater several times. And I've talked to him on occasions about certain aspects of medicine, you know. But Meriwether was—he was kind of unusual.

ROSEBERRY: How was that?

HARRISON: Oh, he just kept to himself. He kept to himself, quiet. And he was a runner. No one thought he could run. He was fast. He was fast. And I've never seen him run. He must have ran at night, you know.

ROSEBERRY: So he was running even then?

HARRISON: Yeah. Yeah. Yeah. But he was talk and lanky. He was athletic looking but not really muscular, nothing like that. But he was a very quiet guy, yeah.

ROSEBERRY: Now, you said he didn't make waves. Did you make waves?

HARRISON: A little bit.

ROSEBERRY: (*laughter*) How did you do that?

HARRISON: Uh, I really didn't really make waves, but if I saw something really going on wrong and it hit me the wrong way, I would mention it, if I thought it was really wrong, like treating some of the black patients wrong. I'll just tell them, you shouldn't be this way.

ROSEBERRY: You would talk to the doctor?

HARRISON: Yeah, I'd tell them, yeah. You know, as far as bedside manners to a patient, I don't care who they are, they need to be respected, you know. Don't treat him like he's stupid. If he doesn't understand what you're saying, try to educate him so he can understand what's going on in his life and his health instead of just telling him, You going die. Doctor tell me I'm going to die I'd probably look at him and say, Well, you're going die too, you know, something crazy back to him. But some of those guys they wouldn't say that to some other patients.

ROSEBERRY: Do you think they were receptive to what you were saying to them?

HARRISON: Some of them. Some of them just ignore me, you know. The ones that ignore me, they'll stay away from me. They say that he's—this guy, he'll cause some problems with me, I'm going stay away from him, yeah. But the average guy, they would take care of patients okay. But you know, most of these patients that came in the hospital, they didn't have insurance, or they had minimal insurance, they were indigent. So it's just like today, if you don't have any money you're going die, you know. Health care is—health care—you got to pay for your health care. And it's—I don't find it too

much difference today as it was in 1968—'68 you got to have money, 2008 you got to have money, otherwise you're not going to receive your cancer treatment. MD Anderson [Cancer Center]—I sent a white female up there who had lymphoma. And I wrote a letter, gave it to her. I said, "Take this to MD Anderson." She said, "Prentiss—"she called me Doc. "Doc, this is not going to help. They're going turn me away." I said, "I can't see them turning you away the way I got this letter constructed." She went to MD Anderson. She called me three days later crying on the phone saying, "They won't treat me." She said, "I'm going to die. They said that I got lymphoma and lung cancer, so—and they won't treat me." So I told her come back, and we'll—let me see can I send her someplace else. We just got to keep punching at it. Because if you don't have any money or can't go through the back door some kind of way, you know, all your patients get through the back door even if it's—even if I got to squeeze it a little bit in writing, you know, on the edge of not being true, you know. This is her life, and if she doesn't get the proper treatment, she's going to die. And—

LEILA LEDBETTER: Is she one of your rural health clinic patients?

HARRISON: She was one of my pain management patients. And she had gone to this cancer treatment center in Oklahoma, Cancer of America or something. I've seen it advertised on television. And she had received treatment for her lymphoma there, and she stayed up there. Her and her husband moved up there and they stayed a year. Then she came back to Texas. She had gained weight, she looked healthy. And then I saw her, she came back to me a year later, almost a year, and she had lost weight and everything, and she told me she—they told her she had lung cancer in both lungs, and she can't get no treatment. So—but I think she's getting into a facility in Dallas, because she—I wrote

two letters, and she took them all around. And her husband called and said she's receiving some treatment in Dallas, but she got to drive up there. So it's pretty—it's still hard to stay alive if you don't have any money. In Houston, we have a health care system with the city, like Ben Taub [General Hospital]—I was housed at Ben Taub when I was on the faculty at Baylor College of Medicine. And I worked for the chief of general medicine at Ben Taub. And it's a big trauma hospital there in Houston. And what it is, if you meet the qualifications financially, they give you a gold card. And with that gold card you can be seen in a medical clinic, which I ran. I ran the medical clinic. We saw 120 patients every morning between 8:00 and 12:30. And I got to get them all out, got to get these residents—these residents got to see all these patients real quick. Well, not real quick, but they got to be seen so cardiac clinic can start at 1:00 in the same area, yeah or nephrology clinic going start at 1:00. But every morning my medical clinic had to start at 8:00. Everybody has an 8:00 appointment. And we got eighteen or nineteen residents, so eighteen or nineteen rooms, and we got 120 patients. So they all got to be seen. So if this resident is slow and I see he's going to put the clinic behind, I'll grab that chart and see them myself. And I got to keep—I got to keep the flow going. Then Dr. Catherine Nekeefi, she was the chief of general medicine, so I worked for her for seven years or so. And she left and took over the chief of medicine at University of Alabama, I mean, is it University of Alabama? Yeah, in Birmingham. Wanted me to go with her, but I had to stay in Houston.

ROSEBERRY: When you were at Duke, were you on the public wards when you were training?

HARRISON: Um-hm.

ROSEBERRY: Were you only on the public wards?

HARRISON: Yeah, I can't remember anyplace else. I remember the wards, emergency room, and the clinic, urology clinic, I think. Yeah. Dr. Anderson, yes.

ROSEBERRY: And you were talking about there was kind of that sense that if you didn't have a whole lot of money you were kind of in trouble. You think that was true back then, even on the public wards?

HARRISON: I don't think it was as—to me I didn't notice it as much as I notice it now, because maybe I wasn't as aware then as I am now. I—now I know the economics of medicine. Back then I really didn't know the economics of medicine. I just felt that everybody should get health care and people came to the emergency room, and I never saw anybody got turned around.

ROSEBERRY: Well, it didn't cost nearly as much back then.

HARRISON: No, it sure didn't. It sure didn't. The emergency room would get busy, but everybody was seen. But now emergency rooms are busy and everybody's not seen. They're supposed to be seen, but they have a way of getting around it. They'll triage the patient and have them sign something. And then the patient is advised to go to his doctor the next day. But I don't think—this isn't done at Ben Taub. Ben Taub is affiliated with Baylor, so that can't be done at Ben Taub, and it can't be done at—oh, gee—the other big hospital next door, oh, Methodist. But there are some hospitals in Houston that do that.

ROSEBERRY: Well, let me go back and ask you about—if you don't mind, about Dr. Estes as well. Was he involved in the program at that time?

HARRISON: Yes. Oh, Dr. Estes?

ROSEBERRY: Dr. Estes?

HARRISON: Let's see, Dr. Harvey Estes. Yeah I think—I think he was. Yeah.

ROSEBERRY: Were you familiar with him at that time?

HARRISON: I became familiar with Dr. Estes, I think, during my end of my second year, yeah, and then after graduation, because he was over at the Community Health Science Building. In fact, he advised me to take the Princeton job, I think, because he said—no, he said it'd be a good spot for me, and I'll be in a protective environmental for a while.

ROSEBERRY: What did he mean by protective environment?

HARRISON: Well, being I'm in a big university, Princeton, nobody's going to bother me. (*laughs*) It's better to be at Princeton than to be at John Johnson Hospital in Trenton, New Jersey, you know, carries no weight. And even with Princeton they made a big mistake, state of New Jersey didn't have any legislature for PAs.

ROSEBERRY: Well, Princeton didn't realize that, or they thought they were okay?

HARRISON: I don't think they realized it, neither did I. But I had been working there five years until the nurses, State of New Jersey, filed a complaint to the Board of Medical Examiners. And me and Princeton had to go to—in front of the board, and then they ordered a cease-and-desist order on Princeton. It was all in the newspapers. My picture is in—. So Princeton they had to cease and desist, that mean I didn't have a job.

ROSEBERRY: So the concept was still pretty untried?

HARRISON: But I was there for five years, five years at Princeton, going on six. You know, I thought I was going to be there a long time. So then I had to go round and round and round with Princeton—well, you should have—now you're going to have to give me this and you're going have to give me that until I find me a job. And their administrative

people want to play games, and I wasn't going for it. So I told them what I wanted, and I wouldn't take nothing less. So they gave me what I asked for. Because I had to—not that I was fired, but I no longer had a job. I mean, they can keep me on until, you know, until this date here, and then after that I wouldn't have a job, but I couldn't see any more patients because of the cease and desist.

ROSEBERRY: Now, were the states—were there different states, sounds like, that did certify Pas, and New Jersey was not one of those.

HARRISON: Right. New Jersey was one of the last, one of the last. They had a very strong nurse—nurse association. What's those people?

LEDBETTER: Lobbyist.

HARRISON: Lobbyist. Very strong. They spent a lot of money up there in Trenton. (*laughs*)

ROSEBERRY: So it continued to be a controversy between the PA concept and the nurses?

HARRISON: Yeah, in New Jersey—

ROSEBERRY: And it continued to carry—

HARRISON: In New Jersey, yeah. New Jersey was adamant about it, and what's so killing about it, Rutgers—Rutgers University which is right up the street from Princeton, I guess thirty minutes from Princeton, they invited—they used to invite me to come up there and speak to the PA program, invited me to speak. And I went twice. And their graduates can't even work in the state. They had a PA program and producing PAs in the state of New Jersey that couldn't work in New Jersey because there is no legislature legalizing PAs. So they had to go to what, to New York or Pennsylvania or Delaware or

come to North Carolina. And Rutgers just, they're not supporting their health care system by utilizing the PAs. They're spending money on them, educating them for someone else. (*laughs*)

ROSEBERRY: Sending them away.

HARRISON: Yeah, sending them to some place else in the United States.

ROSEBERRY: What about North Carolina? Was it early in adopting certification for PAs?

HARRISON: Oh, yeah. Yeah, I think North Carolina had—the PAs concept had good support in the legislative branch. And it probably because—because of Duke's standing in medicine throughout the United States, and they were well supported. And we got legalized here in the State of North Carolina, and Duke was known as the leader in the PA field. In fact, it was the model to help other PA programs in other states set up their legislature and license and certification of PAs. Yeah. If it hadn't been for Duke's initial work, these other people would—I don't know what they would do.

ROSEBERRY: So what do you need to be licensed as a PA?

HARRISON: Uh—

ROSEBERRY: Or maybe at that time, back around your—?

HARRISON: Well I think you should have graduated from an approved academic PA program, and you have to pass the—an exam, certified exam. I think that's it. Yeah.

ROSEBERRY: So do you have to pass that exam after you—I mean, did you ever have to take that exam since it was so new, or did you—?

HARRISON: Oh no, this was developed a little bit later.

ROSEBERRY: A little bit later? Okay. Okay.

HARRISON: Yeah, it was developed a little bit later. So I took the first one that was developed, yeah.

ROSEBERRY: Okay.

HARRISON: Yeah. In fact, in Texas I think I was grandfathered in or something. (*laughter*) Yeah.

ROSEBERRY: Well, I know that you were involved in some—in developing some rural health clinics in North Carolina for a little while.

HARRISON: Yeah, um—.

ROSEBERRY: Tell me a little bit about that, we'll go back.

HARRISON: Let's see, let me think about it. I guess initially we started off doing a survey of health care needs. And after this survey was completed, we—we set up some clinics in some neighborhoods. I think one was in like maybe in the basement of a church and another one was somewhere else. And I think Joyce—Joyce Nichols kind of worked with that, because during that building process, I left. I left and went to Princeton. So I think Joyce kind of walked into that.

ROSEBERRY: Can you tell me a little bit about her?

HARRISON: Joyce? Oh, Joyce, great person. I met Joyce as—when she was a student. I didn't know her before. I think Joyce was a LVN—?

ROSEBERRY: An LPN [licensed practical nurse]?

HARRISON: Yeah, LPN. And so me and Joyce used to always talk, and she would talk about the studies, and I'd just give her advice—she's going to have to hit the books a little bit harder than she would expect to do, you know. And she was—she participated in a lot of things in the program, you know. A lot of people knew her. And she and I, we

tried to start a little meeting of the black PAs to see what problems existed and how they can be helped. So we used to meet at my house once a month or every other week. It depends on what's up or if a problem suddenly appear with one person. And they say, Well, let's have a meeting, you know, and try to resolve the problems, find out how to deal with it. But Joyce was busy during the year. But we got a chance to talk quite a bit. And then there was other people—Earl, Ernie, Ernie [Eason?]—he went to medical school. Huh?

ROSEBERRY: I don't know.

HARRISON: Okay. Can't think of Ernie's last name. It's been so long ago. But anyway, all of us used to just meet and discuss PA business and PAs in general throughout the United States, which was none, (*laughs*) but how could we get jobs upon graduation? What does the future looks like? Everybody was worried about getting a good job. What do you really want to work in? What department you would like to work in? What would you like to do? And by the time you graduate, who do you go to, to try to get hired? Because the PA concept still was new, even in its fourth year, fifth year, the concept was still new.

ROSEBERRY: Well, who did you go to, to get that first job?

HARRISON: There was nowhere to go. I had to just—just get out there and putt, you know?

ROSEBERRY: Sell yourself?

HARRISON: Yeah, you got to sell yourself.

ROSEBERRY: Sell the concept?

HARRISON: Yeah. Yeah. I searched around, and I was getting some responses but nothing that I could really accept. They thought a PA was I guess working as an orderly or something. I said, This person doesn't know what a PA is. Maybe I'll call him. When I called him and told him blah, blah, blah, blah. And they wanted—they said, Well what type of salary? I said, Well, I—what are you offering? What type of salary are you offering for these services that I just mentioned? I can increase your practice financially. Therefore I have to be compensated at a reasonable rate. They wanted to pay some ridiculous—something ridiculous. I couldn't accept that.

ROSEBERRY: So your first job was at Duke, right? Right after—

HARRISON: Yeah—

ROSEBERRY: —is that right?

HARRISON: First job was at Duke, and then my next one was at Princeton. Yeah. And—I even went out to Alaska. Well, left Princeton and went to Seattle, Washington. Steve Jarner and Ernie Paplas was out there. I met them through the national conference. And I said, Well, I'll go out to Seattle, maybe—it sounds like a nice place to go to. So the job market wasn't that great out there. So I applied with the US Government. I really wanted to go to Alaska, but I couldn't get to Alaska. They sent me to North Dakota (*laughs*) on a Sioux reservation. And I—I enjoyed it, because I ran this clinic by myself. The Badlands was here, and over the Badlands was the clinic with the X rays and the lab work and all that. But over on this side of the reservation, which is probably a hour-and-a-half, two-hour drive, on this side of the reservation was a clinic with nobody manning this clinic. So they put me in that clinic. And this is Halliday, North Dakota right here. And the chief on this side here, he was—he took me under his wing, him and his

relatives, and they took care of me, and they made sure nobody bothered me, because a dentist on this side was gunned down on his bicycle with a rifle. It was just target practice. This was—happened on the reservations. So I had me a .30-30 [Winchester] rifle. I had a government four-wheel drive truck and I carried a .357 magnum. They called me Doc Holliday. The town is Halliday, North Dakota. Everybody called me Doc Holliday. The people in town called me Doc Holliday, the Indians called me Doc Holliday. They said, Doc will take care of you, but he also will hurt you. That was my name, Doc Holliday. They said, You're just like Doc Holliday. You'll shoot them and then you'll take care of them. I said, Well, I got to stay alive. But all the Sioux loved me, they protected me. I took care of all the kids, I took care of all the elderly ladies and all the middle-aged ladies. The men, they didn't come to the clinic. They were macho men. Hate to say that, but that's the way the Sioux—that's the way they are. They wouldn't come to the clinic. Diabetes was very prevalent on a Sioux reservation, and their blood sugars run 700. And he's feeling a little bad, so he'll come. I say, Well, your blood sugar is 700. I need to give you some insulin. And he said, No, I don't want none. I said, Well, let me write you a prescription for some pills. In fact, I got some pills right here, because I had my own little pharmacy that they let me set up right there in the clinic. I had to set it up, I had to type the labels on them and give it, dispense it. So sometime they would take the pills, the males would take the pill to get his blood sugar down, and sometime he'll leave the clinic with a blood sugar of 700. He wouldn't let me do nothing for him, he refused. And I had a few who let me give them insulin and get his blood sugar down, keep him in the clinic for maybe five hours, and when he walks out his blood sugar is down to 200, 250. And then put him on pills, hypoglycemic

medication to take. And sometimes their wives would influence them to take it. But there's a lot of people on the reservation, especially the males, that wouldn't do it, that wouldn't take no medicine—no medicine for diabetes and no medicine for high blood pressure. And you better be careful about giving their wives birth control, (*laughs*) because they might want to come to the clinic to cause you some problems. So—but they got to face Doc Holliday if they do.

ROSEBERRY: Now, were you associated with an MD, or was it—you were kind of on your own?

HARRISON: I worked for the US—what was it? Indian Health, PHS, Public Health Service under Indian Health Service.

ROSEBERRY: How long did you do that?

HARRISON: I stayed on the reservation two years. I did everything—I was elected coroner. I'll go—in the wintertime the BIA [Bureau of Indian Affairs] police would come and wake me up in the middle of the night and said, Come, you got to go. We think guy's dead. So I get in my truck, follow the BIA police, and he shines—he opened his door, and this guy's in the car dead, he froze to death. He was drinking. And he froze.

ROSEBERRY: And you pronounced him dead?

HARRISON: I pronounced him. I said, He's dead. They said, Okay, you can go home. And I go back home. Next day I fill out a form stating so-and-so and so-and-so, he was found dead at 2:30 a.m. And that's the end of that story. Somebody shoots somebody on the reservation, then the FBI comes. Yeah. Usually if I have to go to a shooting, they're either going be dead or almost dead. So I was on a Sioux reservation, pretty tough. The

Wounded Knee Sioux would come to North Dakota, from South Dakota to North Dakota to the big pow-wows. I know I'm going be busy, because it's going be a lot of big fights. And the BIA police know it's going to be big fights.

ROSEBERRY: Did you feel like the training that you had at Duke prepared you for kind of the medical situations that you'd be seeing in all these different situations?

HARRISON: It helped me a lot, but I think between Duke and the military—I was in the 82nd Airborne, paratrooper, no nonsense, you know, tow the line. I think that kind of prepared me, especially for the reservation. Yeah. You can go out there and be a nice guy, which I was, but you got to stand your own ground.

ROSEBERRY: So it gave you the right kind of attitude to be out there.

HARRISON: Yeah. Yeah. If I had known they was sending me out there in that situation without any protection, I might not have gone, you know. But I enjoyed it after I got out there. I talked to the ladies on the reservation—the ladies and young people. I had medical classes that I just—that I would give at the school. Maybe this week I'll talk about hypertension, next week I'll talk about diabetes, and maybe skip a week and then we'll talk about something else. Or they'll bring up some subjects that they're interested in. And I would—I would get the literature, do my reading, and print out—make some printouts and give to the people that's interested. And I think that helped me a lot because everybody on the reservation after about five months got to know me real well. They said, Oh, he's a nice guy. So they bring their mother, their grandmother, even the old man that's seventy years old, they would bring him. But the forty-year-old guy wouldn't come, yeah. So—but they gave me the name Doc Holliday. And I took care of a lot of the whites in town. I wasn't supposed to, but the nearest doctor was ninety miles.

So they had kids in town sick and no—so I would—when I'd go into town to the post office, I'll go into one of the stores and—say, Doc, we got three we want you to see, they in the back. So I go in the back and see the kids, because otherwise they got to drive ninety miles to a doctor.

ROSEBERRY: Why weren't you supposed to see them?

HARRISON: Because I was only supposed to take care of Indians.

ROSEBERRY: Because of working for the Public Health System?

HARRISON: Um-hm. But—

ROSEBERRY: What years were you doing this work?

HARRISON: Oh Lordy. Hmm.

ROSEBERRY: Or decade?

HARRISON: No, it was after Princeton, after going out to Seattle. I'm not sure what year it was. But—but I—yeah, I took care of the kids in town and some of the adults, you know, especially if they were sick, sick, sick, I'll go ahead and take care of them and give them some medicine, you know. They had—the medicine is outdated, I got to throw it away, you know. So I treated people in town. They can't do nothing to me now. (*laughs*) But I wouldn't receive—I wouldn't charge any money. I wouldn't—a lot of them wanted to pay me and I said, No, I can't accept any pay. So—

ROSEBERRY: Well, one of the things when I talk to some nurses they say one of the things they like so much about nursing is you can do lots of different things as a nurse. You can—and it sounds like you've had very similar experiences. You can do lots of—you can be in a hospital, you can be on a reservation, you can—

HARRISON: Right. Oh, the reservation is only the—you ain't heard the other part. (*laughter*) What they did on the Sioux reservation—they liked me so well, they went to a Native American health conference in Seattle. So I mean, Native Americans from all cultures was there.

ROSEBERRY: All over the United States?

HARRISON: All over the United States, including Alaska, Eskimos. The Eskimos asked them, What about the guy you talk about, that Prentiss Harrison guy? Well, he seem—and for some reason they gave him my phone number. They got—they stole a phone number. Soon as that conference was over with and everybody went their separate ways back home, the Eskimos called me from Mountain Village, Alaska, on the Yukon River. This is Andrew. I'm the chief here in the village. Hey, I heard about you from those Indians. (*laughs*) Would you mind coming up here for an interview? Well, I ain't never been to Alaska before. Well, we'll pay your way up. I said, Okay, let me get back with you. I called them back, yeah, fine. I'll come up. They put me up at—they owned the Hilton in Anchorage. I stayed there one night, ate king crabs. The next morning I caught a plane to Mountain Village, Alaska, and here's the Yukon River right here, and here's Mountain Village right there, and the other villages going down the Yukon River. So they—the state built them a clinic, cost them like, I don't know, something like a half a million dollars. But they had to build it on the top of the permafrost. Underneath it's permafrost. So they built it, and they wanted somebody to come out and run it, open it up and do everything, be able to do anything that walk into the clinic. Now, they had a PHS hospital in Bethel where most of the natives go for the hospitalization, their treatments and all. So I told him, Well, I wouldn't mind—I said, How is it out here in the

wintertime? Because this was summer. Oh, it's cold. I said, How cold? Oh cold ,cold. Okay. I said, You'll have to pay me some money, man. What you talking about, I couldn't come out here for that. And I gave him a high figure. I said, He's not going take that. I said, I just got me a free trip. So it was some other people out there interviewing, too. So I caught a plane—a jet back to Anchorage, which is about a hour. It takes about a hour and—a jet trip was about a hour-and-fifteen-minute flight, so that's a long ways from Anchorage. You had to go over the mountains and all. It's not far from Russia. So I got back to my hotel in Anchorage. No, I caught the plane and went to Seattle, and I got back to the hotel, and my light was blinking, and a message to give them a call. I gave them a call. He said, "Out of all the people who came, we want you, but you want a lot of money." I said, "Yeah, sorry." "No, we're going give it to you." I said, "What?" He said, "Yeah. So when can you start?" I said, "I got to give the government—" I worked for Public Health Service— "I have to give the government two weeks notice." "Okay. You're going be on salary in two weeks." That's the way they do business. So I went back, I resigned from Public Health, came to Seattle and he said, "Oh, you can't come out here right now. The building is swayed. The permafrost was kind of melting and the building is tilted. So we got to get engineers out here. So we just keep—we'll pay you until we tell you you can come." It took two months. They have no concept about money, I mean, they just have a lot of money. So two months later I flew into Anchorage and out to Mountain Village, Alaska. And they had built a duplex next door to the clinic, so I had housing. And I ordered a truck to be shipped in, I ordered this, I ordered that. And medicines—I had my own pharmacy where I'd do my own pharmacy work.

ROSEBERRY: How did you know—sorry to interrupt you but how did you know how to set up a brand new clinic? How did you—where did you learn how to do that?

HARRISON: I didn't. I just knew. I've worked in so many situations, I know what has to be done.

ROSEBERRY: You just knew what to do.

HARRISON: Yeah. And—so I ordered—I ordered all the medicines that I thought I would need, you know, and even ones I—maybe that I wouldn't need, I had it available. I had birth packs in case I'd have to deliver babies, which I delivered a lot, a lot of babies in the village because the females wouldn't leave. During the sixth months you're supposed to send them to Bethel, and they'd stay there and have their baby three months later. I don't know if they left the village. They hide and stay in the village. And then someone come knocking on your door at three o'clock in the morning, and they say, Come. I said, Where? Girl having baby. So I got into the clinic, get a birth pack, get a—gyn pack whatever—OB pack, and get on my snow machine, my sled, and go to the house and deliver the baby in the bed. And hopefully the next morning I get—I had some—I trained some health workers, and I have my health worker put her on the mail plane the next morning or the next—or the next, next, day to Bethel. So you never know when you're going have a baby—going have to have a baby, because the ladies they don't like to go. They don't like to leave home. They'd rather have their baby in the village. So I went there and when in Rome you do as the Romans so I ceased being a Sioux Indian, and I became an Eskimo.

ROSEBERRY: How long were you an Eskimo?

HARRISON: Two years. I was an Eskimo for two years. I did everything the Eskimos do—I got me a snow machine, I went moose hunting, I went fishing, salmon fishing, for subsistence, to live on, and I cured my own fish, because I needed food. Chicken in the village store cost twelve dollars, hamburger meat, I don't know, eight dollars a pound or more. Everything is expensive, everything. I experienced young people in the village store, and they pulled out wads of money like that. I couldn't believe it. Here they twenty-five, twenty-three years old, and they pull out a wad of money about four thousand dollars in their hand—money—and they just spent it. I've never seen money spent like that before, never. So that was something I had to get used to. Because I didn't have it. I got me a snow machine, but I paid cash for it. And I saw patients in the clinic every morning, all day long, seeing patients. And they'd knock on my door at night. I would see them Sunday mornings. I put a sign on my door on Sunday mornings, Do not disturb until 12:00. I'm not going have a Sunday morning clinic. (*laughs*)

ROSEBERRY: What did you do after you were an Eskimo?

HARRISON: Uh, I called Carl Fasser.

ROSEBERRY: Classmate?

HARRISON: Classmate, who was director of the PA program at Baylor.

ROSEBERRY: Okay.

HARRISON: I said Carl, you got to help me out, man. I got to get out of this ice and snow. (*Roseberry laughs*) It's sixty below zero with a wind chill, that's how bad it was. And I survived it, sixty below zero with a wind chill. So Carl told me that there's a new chief of general medicine coming in July 1, and she's very innovative, and she's—she probably would be interested in a PA. I said, "Well, how can I get in touch with her?"

He said, "I'll talk to her." He talked to her and she—she—what did she do? She sent me a letter, if I'm interested in the position, blah, blah, blah, blah, blah. I sent her a resume, and the next time I heard from him was a letter, You have the job if you agree to this salary and this salary, I'll see you July 1.

ROSEBERRY: Now, was the PA concept solidified at that time, do you feel?

HARRISON: Oh, yeah.

ROSEBERRY: Oh, yeah.

HARRISON: Yeah. Yeah.

ROSEBERRY: People knew about it, people accepted it?

HARRISON: Oh, yeah, because that was—in what year was that? I came to Baylor in, I don't know, maybe it was '86, '87, yeah. Yeah. Because Dr. Nekefee—her name was Catherine Nekefee—she knew what PAs was all about, yeah. So Carl told her about me. She checked my resume out and checked with Duke and so forth, and she sent me a letter and offered me a position: If you want it, just sign on the bottom line, and I'll see you July 1. And she was going to start July 1, too. So we all were going to be new.

ROSEBERRY: And this was in a hospital setting?

HARRISON: Yeah, this was at Ben Taub, the big trauma hospital in Houston. But we all worked for Baylor. We are housed at Ben Taub, but we're all Baylor employees. So um—I enjoyed the—oh, I used to fly bush planes down the Yukon River and stop at this village and stop at that little village, stop—about seven villages down the Yukon. And we landed in the water. And I have clinic here, and then the next day I might have clinic over here. I have clinic down there, then I go back to my clinic. So me and the bush pilot, we were good friends. I didn't like for him to fly too low. He liked to fly low and

scare the herds, that—you know, that you see on TV. It's real. It's real. So—but I had—I think I had enough of the village. Yeah, I enjoyed it, but the sixty-below-zero weather was kind of getting to me.

ROSEBERRY: How long were you at Baylor?

HARRISON: Uh, about ten years.

ROSEBERRY: So what was your role there?

HARRISON: I worked for Dr. Catherine Nekefee who was the chief of general medicine, and I was like her right-hand man. She showed me—she taught me how to use the computer for—she was a MD/PhD, PhD in statistics, and she wrote a lot of papers. So she—I helped her with her research, and then the medical clinic every morning, it was my responsibility to make sure the twenty interns that—make sure they saw these patients and make sure they did right, along with the attending that was there. But my job was to make sure the clinic ran smoothly, and any problems, I was supposed to take care of it. If it has to come to her, it's dangerous. (*laughs*) So I would always take care of all the problems in the medical clinic.

ROSEBERRY: So you had—I mean, in a lot of these different situations you had responsibilities that were very similar to a physician's responsibility?

HARRISON: Right. Yeah. Like in Alaska, I had total independent work, and also on the reservation I was basically independent. I had a doctor a hour-and-a-half around the Badlands, but his—it was Dr. Gray Eyes who was a—he wasn't a Sioux, he was—the nation in Arizona. I forget what Indians are in Arizona, off the top of my head. But anyway, it was Dr. Gray Eyes. And he trusted me so much, he would just call me and

say, Well, what's going on this week? And I'd tell him what went on. Okay, it sounds good. I'll fly over and visit you next month. So he'll fly over maybe once a month.

ROSEBERRY: Do you think other classmates that you graduated with had kind of similar experiences?

HARRISON: No. Nobody had the experience I've had, no, and plus the fun. I enjoyed it, you know.

ROSEBERRY: What were some of the things that they did?

HARRISON: Uh, they got into a university setting, you know, and wore their neckties and their starched shirts, and went home every evening to their homes. Some of them—well, I don't know too many Duke people that actually worked in the inner city. Mostly all the Duke PAs—except Joyce. Joyce worked here in Durham in the inner city. But a lot of Duke PAs worked in administrative capacities instead of clinical positions.

ROSEBERRY: Well, tell me a little bit about your clinics that you—you are operating several clinics now, is that right?

HARRISON: Oh yeah, I—

ROSEBERRY: Tell me a little bit about that.

HARRISON: Well, I built this clinic back in '83. When I left Baylor, I saw where I could—I've reached my plateau moneywise, and I wanted more money. I wanted more money. And I knew I couldn't get it out of Baylor, even though I was working a lot. Because I left the hospital and went over to—none of the infectious disease guys would go over to the AIDS clinic and take care of the AIDS patients. And the Ryan White Foundation was paying—salaries was pretty good. So Baylor offered me to go over there, and I would—I would have—well, I had a faculty position and increase in salary.

And plus I did a lot of AIDS care at Ben Taub. We had a AIDS ward where patients was just dying. This was before the medicines were really put together well. But I had experience treating AIDS patients. So I went over to the AIDS clinic, and I said, Well, I'm going to come over here. My panel started off like maybe five patients. And I checked all these doctors' panels. They didn't have a lot of patients. And then every week my panel started growing and growing and growing, and their panels was about staying the same. And so I asked, Why? Say, the patients don't want to see them, they want to see you. Why they want to see me? You take care of them, you spend time with them. So I wound up working there for a couple of years, you know, seeing a lot of AIDS patients and keeping them alive, yeah. And then I left there, and I started contracting myself out. I still wanted—I wanted—I was getting older, I needed more—I wanted to make more money. So I contracted myself out, and I made a little bit more money in rural health clinics. And then after that, I decided—no. I met a entrepreneur, and this lady, she had this clinic open up, but she needed someone to run it. It was a pain clinic. And she needed a doctor to follow up. I got the doctor, and I opened it. First year I made her $1.5 million. I said, Never again. (*laughs*) She paid me well, though, you know, but I went and built me a clinic. Bought a—leased a space, and the guy—the guy that owned it paid a certain part of the bill out, and I paid the rest, and I built it, and I'm still in it. And my first year was very profitable. Second year was big. It's kind of gone downhill a little bit because of the economy, you know, because I don't take insurance. Everything is on a cash basis.

ROSEBERRY: Lot of work?

HARRISON: Lot of work, yeah. But I hope the economy picks up. See, I catch patients—those patients who don't have—it's just like Dr. Stead was saying, You can do clinical work out of a bag. This day and time, a certain percentage of patients don't have insurance, can't afford it. And there's this group—well, they don't have insurance, but they can afford a reasonable cash visit. So I opened the door for those patients. Otherwise they have to go to the emergency room and get trapped for four hundred dollars a visit. They can see me for sixty dollars.

ROSEBERRY: You've found a group that needs a place to go.

HARRISON: Yeah. They work, they make money, but they don't have enough money to pay this high insurance premiums, but they can—but if they need to go to the doctor, they can come to my clinic and pay sixty dollars. So there's a big need, and I think I capture that need. And I just—in the past year I instituted weight loss. I give Lipo-Den injections, which make the patient lose inches, and also prescribe appetite suppressants to make the patients not want to eat as much, and B12, B6 injections, and exercise—have patients losing a hundred pounds. They got to exercise, though, got to exercise. So I opened another one in Liberty where I'm from. I have too many patients down there. And we do family practice down there, too. So—

ROSEBERRY: Have you primarily been a generalist, I guess?

HARRISON: Yeah. Yeah. Yeah it's—I like it. I get a chance to see the whole gamut. I see grandmother—grandma, grandpa, I see little Johnny who's three years old, I see Susie who's fifteen. I can see them from the baby all the way up to grandma, eighty years old. So I see everything.

ROSEBERRY: And that doctor that you've kind of hired to be part of that clinic, is that somebody you refer—you refer your patients to at some times, or is that doctor—?

HARRISON: Oh, he'll see some, but most of the patients I can take care of, you now. If I can't take care of them, I'll probably refer them to a specialist, you know. I mean, I can talk to the doc on the telephone or talk to him in person about it, but nine times out of ten he's going to agree, Yeah, let's send this person on to somebody else, yeah. But general medicine, family practice, whatever you want to call it. I think I've seen the gamut, you know. I've done pain management, I've seen patients with—who's had six back surgeries, you know, got rods, plates, screws, fusions, and then severe pain. And nobody wants to treat them. Oh, you don't hurt. How would you like to have seven surgeries and rods, screws, and plates in your back and you're in severe pain and someone tell you, I don't think you're really hurt that bad? I don't think you need these narcotics. Yes, he does, and he going have to have them to survive. But he should take them reasonably, and you should tell him how to take his medicines, you know. Pain is a disease, but here in America, you going to be punished for treating people for pain. I don't understand. The Board of Medical Examiners say pain is a disease, and DEA [Drug Enforcement Administration] says they shouldn't be treated, they're faking. How do you know they're faking? Only thing I can see this man got a scar like I got one running down my neck. He got a scar that long in his cervical spine, and he's had a fusion, and above that scar he still has a herniated disk, and he's in severe pain. So what am I supposed to tell him? Go take some Tylenol? So—the Board of Medical Examiners say one thing, and these other agencies say another thing, and the Board of Medical Examiners don't—they're wishy-washy. They need to be straightforward. Pain needs to be treated. Everybody should

treat pain. It's a disease. You notice, you go to your doctor and tell him you're in pain, he will ignore you. This is 2009. He will ignore you. You say, This knee is killing me. It's swelling on me, blah, blah, blah. Well, I'll send you to the orthopedic doctor. Okay. Maybe the orthopedic doctor might scope it, whatever, and say, Well, it should be okay. But it's still in pain six months later, it's in pain. Well, take some ibuprofen. Doesn't help. Well, I don't know. I don't know what to do with you. They avoid treating pain, all doctors do—the neurosurgeons, the endocrinologists, none of them want to mess with pain. It's ridiculous.

ROSEBERRY: Well, when you look—I guess when you look back on the concept of PAs from what you initially heard about it, from when you were initially learning it, what would you say from your vantage point that you're—?

HARRISON: I never thought I would have experienced all the things I've experienced in the past forty years, really. I thought I would probably be working in a little spot, like I was at Princeton taking care of the rich kids and taking care of the faculty. I took care of the kids, the faculty, and employees. And it was okay, it paid me a decent salary and the prestige of being at Princeton. I was on the faculty, I could go to the faculty club. I could go to all these big lectures on campus. It was a good learning experience for me. I really experienced something that will stick with me—it stuck with me the rest of my life, how life can be. (*laughs*) If you spend five years at Princeton you'll find out—you mean life was really like this and I didn't know it? (*laughs*) So yeah, I didn't—I hadn't—I didn't realize my experience over the years would amount to this. I think I've had forty years of fun. I've learned a lot in these forty years, and I've done a lot. I don't think there's too many PAs that have done what I have done and traveled the route that I

traveled, yeah. Like I said, I probably would have just stayed at Princeton and worked and retire at Princeton, one job. Leave Princeton and go—get back into another similar setting in the medical center or go to the VA and walk in and out of the VA doors every morning, which to me would probably be boring. I don't know if I'd want to do that. I enjoy doing—it was exciting, you know. I'm sixty-six years old. I don't know, I might do something exciting at sixty-nine. (*laughs*) If I could think of something exciting and something that might be profitable or something that could help a community, might well jump on the bandwagon. Because even down there in the Liberty it's considered—what do I want to say? the health negligent—not negligent—they don't have the proper health care there, support. So I could see where some type of family practice or pediatric facility could be operated and cover a whole county, which is a big county. Because they can't go to Galveston anymore for Texas A&M, because the storm destroyed Galveston and destroyed John Sealy [Hospital] which UT have all their doctors and interns and students. So that's been kind of dampered down. They can't take care of all these people anymore. So that means the health care for those counties is becoming nonexistent. So where I am with that—with that pain—not pain management, with that weight loss clinic and little family practice that I do there, other—another clinic could be—could come into existence, especially for pediatrics. Yeah.

ROSEBERRY: Leila, do you have any questions that you—that you think I've missed or—?

LEDBETTER: When I was reading—doing a little bit of research, reading up about you, I read that you spent some time educating African-American physicians on the PA

concept. You said a little bit about that earlier, that they weren't familiar with the concept.

HARRISON: Yeah. Oh, yeah. Me—I did the AMA [NMA], the National Medical Association, which used to be the Negro Medical Association. I went to Philadelphia. I was here at Duke, and I think Duke paid my way. Yeah, the PA program paid my way. I drove down there. And I had a booth in the exhibit hall for their conference about the PA. And I did expose the Duke PA program to the black doctors that was here in the States. And I did this two years. I made up a booth and had pictures on it and Duke this and Duke that, students, and literature about the program. And a lot of people stopped by the booth. I went to Philadelphia. Philadelphia was the first medical conference I exhibited, and the other one was—(*laughs*) I don't remember, but it was another one I went to. I don't remember. But yeah, I got some responses, a lot of responses, especially from Howard, Howard University in DC and—oh, that's right. I don't want to leave Howard out. I've gone up to Howard and talked to the students over a period of—in the past eight years I've been to Howard probably four times. Yeah, they invited me to come up and speak to them, to their students. But Howard and—I was going to say something about Meharry. Meharry is another black medical school in Tennessee. Yeah, I've had some response from Meharry and Howard during that process when I had the Duke PA booth.

LEDBETTER: So you found the reaction to be positive?

HARRISON: Um-hm, yeah. Well, they—they—everybody who came to the booth said, We've heard about the program, we heard about PAs, but we don't know nothing about it. So a lot of doc—a lot of the black doctors would stop by, read the literature right

there, and then ask me a lot of questions, and I'll stand—we would just stand there and talk about it. Well, what are you doing right now? Well, I'm at Duke. Why are you still at Duke? Well, I'm basically working for the program trying to blah, blah. Well, when are you going to work in medicine? Well, I am working in medicine. I do community medicine, and maybe later on I'll move on if you give me a job, you know. (*laughs*) Yeah. So—but Howard—I remember doctors from Howard University say, Well, why don't Howard have a PA program? I said, I don't know. I said, I just graduated from Duke. I don't know of any other programs. (*laughs*) I don't know of any other programs in the United States. It would be a good idea if Howard jump on the bandwagon early, you know. It probably will help me out. Maybe I could get a job in your program. But I'm glad I didn't go to work for a program. I like clinical medicine. I like clinical medicine. Yeah.

ROSEBERRY: Are there any questions that I didn't ask you that you feel like I should have asked you? Anything we missed?

HARRISON: Um, no, I can't think of anything. We've talked about Baylor College of Medicine, we talked about my AIDS clinic experience and my entrepreneurship, and I don't plan to stop working. I'm not going—I'm not going—probably I'll never retire, never. If I have to get it down to one day a week, fine, but I'll never stop. Even if I have to close my clinics, I'll still go work for someone else one day a week, because I just like to stay active.

ROSEBERRY: Well, thank you very much, Mr. Harrison.

HARRISON: You're welcome.

ROSEBERRY: Appreciate it.

HARRISON: You're welcome.

ROSEBERRY: Thank you.

(*end of interview*)