Warren: This is Mame Warren. Today is the twenty-ninth of November, 1999. I’m with Levi Watkins in Baltimore, Maryland. I guess the first simple question is, what brought you to Johns Hopkins in the first place?

Watkins: I went to medical school at Vanderbilt University, and there has been a long historical tradition between Vanderbilt and Hopkins. When I finished Vanderbilt, I went to see Dean John Chapman, who is just now retiring after many years at Vanderbilt. You have to see the dean when you finish Vanderbilt, and they help you with your selection of schools. Your selection of school depends on how you did at Vanderbilt and all of that, and, of course, you don’t know that because we don’t have grades. We did not have grades at Vanderbilt, so you had no idea where you did.

But at any rate, when I went to see Dr. Chapman, the dean, he indicated that students that finished Vanderbilt where I had finished looked at one of two hospitals. One was Massachusetts General in Boston, and Johns Hopkins in Baltimore. Since I had heard, I was shocked that he suggested it. I was about to stay at Vanderbilt because I was content with Nashville and my role in Nashville, and I was content with Vanderbilt, by and large. But they suggested Hopkins and Harvard, and since I had heard so much about Johns Hopkins just in my medical readings in medical school, I decided to give Johns Hopkins a shot, not realizing whether or not I would be accepted or not. But the whole interest came from the stimulation by the dean of Vanderbilt.
I came up here for an interview, and it's quite an imposing place. All of the buildings, I found, had the names of people with whom I was familiar through history—the Blalock Building, the Halstead Building. They take you around and you see all these pictures of incredible surgeons. So once I got here, I was quite impressed by what I saw in terms of history, but also I was very favorably impressed with the substance of the residency and the type of residency they had here.

So after a day here, really, and meeting people like Dr. George Zuidema, who was chief of surgery at that time, after spending a day and seeing the excellence of the training and the quality of the people and the cordiality of the people, the only question in my mind was would they take me out of all these applications they get from around the nation.

So that's the way it sort of began.

Warren: Did you realize you would be a pioneer here?

Watkins: I had no idea. I had no idea what the future would hold. I was taking a year at a time. I knew when I came here, or right after I came here, I was accepted as an intern, they had what they call a pyramid system. They would take twenty-two interns and then they would make a decision to keep two for the full training period. In other words, eighteen people had to find other institutions to complete the entirety of their residency. It was a system that Halstead had started. It was a system that came out of Europe. It had worked well for Hopkins. So it was a system that also was quite intimidating to the person coming from outside and anybody, I imagine, that came.

So I had no idea what it would hold. I didn’t even know if I would get past the two years. I did make preparations, I can tell you, that if I didn’t, I would go back to Vanderbilt. So I was content with taking whatever chances came, but I had no idea. All I knew was that each year I would give it my best shot in terms of what I could do as a trainee, as an intern, as a resident, give
it my best shot and see what would come from that.

Warren: So you arrived. Did you meet resistance?

Watkins: The issue of resistance is quite an interesting question, and it can be, I think, approached a number of ways. First, in terms of my colleagues, my interns, the people, my co-interns, the residents—[ Interruption]

In terms of the colleagues and in terms of most of the faculty, there was absolutely no resistance whatsoever. Now, you’d have to be blind when you come here and not notice that most of the faculty were white, most of the interns and residents were white. Most of the black people were in the basement. Most of the black people were doing custodial-type things. You’re in a black neighborhood.

When I first came here, it reminded me much of Montgomery, Alabama, my home, where the separations were quite distinct. Back there it was, of course, not only separation, not just historical, not just implied, but enforced. So one of my first thoughts as I came here is that Hopkins looks not much different from Montgomery nor Nashville. I have to say I wasn’t pleased. I thought this was the North. Of course, not having been out of the South much, not been exposed to much, but the patterns of Montgomery were absolutely clear here. Of course, we can talk later. I learned much about the patterns of this place as I stayed longer.

But I met no resistance from my colleagues, but the patterns of America—they are America, really—they have ways of cropping up, with patients not wanting to be touched, not wanting to be examined. They were examined by their private doctors, so, “You don’t have to examine me. You don’t have to touch me.” I can remember one or two of those type of situations. It was something that happened not so infrequently at Vanderbilt, where it was a little
more not so subtle.

And occasionally the old words of the South would come up. In the South, Vanderbilt faculty—and I won’t call their names, but there were Vanderbilt faculty who had no problem with the word “Nigra.” And when I got here, there were people that didn’t use that, but used “boy,” “good old boy.” When I was referred to as “boy” by a couple of faculty, that did not go well with me in my internship year.

So, by and large, my colleagues and the faculty welcomed me. I think they knew not many black people had been in my position before, nor finished here, nor been through here. There were the little uglies. I will call them the little uglies, that a number of Americans share. That was something I don’t think Hopkins could control per se, the individual behavior of patients and the individual attitudes of faculty.

So I don’t think I had resistance per se. On the other hand, I didn’t get away from the realities of America. And that will come up later when I learned where some of our faculty had memberships in private clubs that were exclusive, racially exclusive.

Warren: Tell me about that.

Watkins: Well, there were clubs like the Maryland Club. We had had many functions with them. You know what private clubs are. They’re clubs like—they have names. And I wasn’t happy to know that we could still be faculty and still be a member of those things, and at the same time profess to be diverse in our thinking.

I’ll give you the name of one such club, because I went in that club with an idea of trying to diversify it. The Hamilton Street Club, which was on Hamilton Street and had some of our faculty, some judges and so forth. It’s an incredible example of how the best of America, faculty,
educators, judges, lawyers and so forth can still—could still—maintain an all-white and, in that instance, all-male situation. And there are a lot of those.

After I got up, long after my—once I had gotten involved on the faculty, I was invited to be a member, because they decided maybe their regulations were wrong. So they invited me, two brothers, me and Kurt Schmoke. We joined at the same time. I came out when—I was in there for a while, but I was thinking I wanted it open to women also. Finally, I came out because they weren't moving quite as fast as I thought. But that had nothing to do with resistance of coming on. I'm just talking about how institutions can be maintained that say and send the wrong message to somebody different, and somebody of different color.

Warren: How was it for you coming to Hopkins and really having no role models on the faculty? I'm sorry, of course you had role models.

Watkins: I had role models. I did not have black role models. But I had already been through the integration process, integrating Vanderbilt, where there were not only no role models, very few patients, very few anything. In fact, I probably was the only thing black there except the janitorial staff.

Let me say that I had great preparation. Levi Watkins, Sr., my mother and father, Martin Luther King, Jr., the whole civil rights structure that I had known before I got here, the struggle that I had seen years before I got here prepared me for almost anything. I had role models, all right, but they were already in my heart. They were already in my mind. I didn't have to see them right in front of my face. I had come here with an incredible experience of integration at Vanderbilt. At Vanderbilt there was far more resistance initially than anything I saw here. So I was prepared, but remember also, you know, I was around when the bus boycott was about. My
whole life has been about struggle and change. And when you have that, you have automatic, almost automatic role models in your heart when your whole life is that.

So I wouldn’t say I didn’t have role models, because I had them. I had quite heavy ones, and their impact on me helped me navigate any kind of little resistances that would come up.

Warren: There was one person here, and I’m not sure whether he was still working by the time--you arrived in 1970.

Watkins: I came in ’70.

Warren: Was Vivien Thomas still working?

Watkins: Yes, yes.

Warren: Please tell me about Vivien Thomas.

Watkins: He was a great guy. I tell you, the way I met him was, I was going through all these pictures and so forth, and I saw a black man on the wall. I knew he wasn’t a surgeon, so I couldn’t wait to find out who this man was. I just accidentally passed him in the hallway one time. Both of us were going to the cafeteria, and I just stopped to ask him who he was. He told me to come up. He worked here in the lab, he said, and he told me to come up to his office someday and we would talk. And I did that, and that began an incredible friendship. That began an incredible friendship.

Then I learned his whole history and he learned mine, and we didn’t know each other’s history. He learned mine. Both of us had been in Nashville. Both of us had had Tennessee State related to us. Both of us had been at Vanderbilt. It was an incredible bond. He was a generation different from me. We became great friends. If there’s any such thing as a mentor here, perhaps he was. He was concerned about us. He always warned me about trying to change things too fast,
which we had arguments about. I would take Dr. King's side on why wait, and he wanted me not to be too outspoken in the culture of this institution at the time. So I didn't necessarily listen to him, but he was there as a mentor, as somebody to discuss things with, as a brother, as a colleague. I was enormously impressed with what he had done with Dr. Blalock.

Warren: Well, please tell me about it. You’re the first person I’ve talked with who knew him.

Watkins: Who knew Vivien?

Warren: Yes. So, please, you can be the spokesperson for Vivien Thomas.

Watkins: Vivien, as you know, wasn’t able to do what he wanted to do educationally at Tennessee State, so he looked for a job and he got a job at Vanderbilt. Dr. Blalock was chief of surgery, was there at Vanderbilt doing incredible work in shock, and then got interested, Dr. Blalock, got interested in pulmonary hypertension, and he needed a model to produce the pulmonary hypertension, and he came up with a model, Dr. Blalock did, of hooking the subclavian artery into the pulmonary artery, looking for hypertension.

Vivien Thomas started working with him in actually constructing that model, doing the actual suturing in the lab, and it was quite a technical feat to achieve back in the ’40s, but they did it, Blalock and Vivien, Vivien as a technician without any education or any definitive education, I should say. At any rate, when Hopkins decided to offer the chair to Dr. Blalock, Dr. Blalock and Vivien had a type of bond—it’s a complex bond, but at any rate, the type of bond that made him want to bring Vivien to Baltimore, and he did that in the ’40s.

Vivien then developed the lab here, did all kind of shock work with Dr. Blalock. But then Dr. Taussig, a great cardiologist, was here, had a problem and recognized that the congenital—the babies with tetralogy and babies that turned blue, the “blue babies”—she thought if she could
develop new blood flow to the pulmonary artery, that would help them, and came to talk to Dr. Blalock about it and talked to others about it, but Dr. Blalock had said, "Wait a minute." He had had this model of pulmonary hypertension where he had put the subclavian artery into the pulmonary. Maybe that would work. And they did it. I've forgotten the year now, in the '40s, and the first "blue baby" operation, the baby turned pink. Dr. Blalock became famous, Hopkins became even more famous, the "blue baby" operation, Dr. Taussig, Dr. Blalock, and Vivien Thomas once again. Here comes this technician, this black man with little education.

[Interruption]

So here's this great event for Johns Hopkins, and one of the principal players is this man from Vanderbilt, from the South, uneducated, but courageous and talented. So he had developed the technique with Dr. Blalock and had performed it with Dr. Blalock on animals, and he was there to provide moral support, if not direction. The pictures of history—you'll get those as you do this procedure—provide documentation of Vivien's role.

So when I learned all of that—he didn't tell me this. He's a modest guy. I had to learn all that on my own. But when I learned all of that, I realized who this man was. He, of course, got an honorary Ph.D. from this institution and then was put on the faculty. His first degree, definitive degree, a Ph.D., an honorary degree, in the '70s, right after I came.

**Warren:** Were you there when that was presented?

**Watkins:** No, I wasn't. I wasn't. So I learned all of this and I was, of course, thoroughly impressed. Our paths would cross a little later, but we became friends, and that's the way I learned. Then I learned of what he meant to the university.

Then serendipity struck me. I met a guy named Michel Mirowski. Michel had conceived of
this automatic defibrillator. He wanted to do the first human work, and asked me to join the team, his team, but before the first human work could be done, we needed to do more animal work. So I went upstairs, and who was the person to give advice for this animal work for the defibrillator, the automatic defibrillator? Hopkins has a long history with the external huge box, but, ironically, there was Vivien still in the laboratory, still around, still providing advice, and then his advice was not to Blalock now, but to Levi Watkins in preparing for the first human implant of this device.

Now I can’t remember when Vivien got sick. He got sick and had an illness, pancreatic cancer. Dr. Cameron operated on him. It was, unfortunately, complicated by a stroke. But we had become fairly close by then, and then Vivien died not long afterward, and his wife asked me to do the eulogy, which was a great honor for me. I can’t remember all of it. I’ve written it down in some book. But all I can remember is something about how God had taken a little boy from the South and transformed him into a giant among men, and that his work, through the operations of surgery, today people are still living because of Vivien. Then I personalized it a little bit because of what he did with me with the automatic defibrillator. We’re getting ready to celebrate the twentieth anniversary of that first human implant coming up in the year 2000.

So that’s sort of where Vivien and I were. He was a friend. We had respect for each other. He was more modest on the questions of race. I wasn’t. I had a different background. My models were Dr. King, [Harry] Belafonte, and others, Mrs. [Coretta] King and everybody in the movement to whom I had been exposed. So mine was not so much confrontation as it was articulation, and not acquiescence. That has followed me until this day.

But that’s the Vivien Thomas thing. He impacted on Hopkins surgery. He impacted on me and one of my contributions, I think, to surgery and to Hopkins, and he impacted me as a friend at
sort of a difficult time, because there wasn’t much blackness around here in leadership.

**Warren:** But what a friend you made.

**Watkins:** Yes.

**Warren:** I would have loved to have met him.

**Watkins:** Yes.

**Warren:** And known him. I envy you.

> There was another fascinating person around here. Did you know William Kouwenhoven?

**Watkins:** No, but the reason I knew of him, and he’s in my historical lectures, because he was the pioneer of that first external device way back, way back. I have his pictures and his graduate student, whose name I’m blocking. They worked out—what year was that? I don’t know what year it was.

**Warren:** I don’t remember either.

**Watkins:** But Hopkins has a significant role in the whole concept of defibrillation, human defibrillation, and now everybody knows about it. Now they want defibrillation on the football field, the airlines, the police are going to get them. Human defibrillation has come a long way, and that was one of the pioneers—the pioneer, perhaps—of the whole concept, and what we tried to pioneer was the internalization, the implanting it in humans.

**Warren:** Part of what fascinates me about Kouwenhoven is that he was an engineer, that he wasn’t a doctor at all.

**Watkins:** Yes.

**Warren:** And it’s those links with all those other parts of Hopkins that is so fascinating.

**Watkins:** That’s the incredible thing about Johns Hopkins. We do have all these different fields,
all these multidisciplinary areas, and incredible, incredible brilliance in each of them. I think that’s what separates us from most places. We’re not a strong memorial that does cancer or something that does heart or something that does—you know, all these hospitals advertising for what they are. We try to be the best in all of those areas, not just focusing on one. I’m speaking now as dean. Because we have trainings in all of these areas. But that’s one of the incredible things about Johns Hopkins, is the breadth and depth of creativity. And that’s a wonderful example.

And then Dr. Michel Mirowski is another example. Our paths just crossed.

Warren: I don’t know him.

Watkins: His family was almost destroyed in Poland. Here he is from a family out of Poland, I’m out of Alabama, a black man from Alabama, and history and Hopkins and serendipity brings us together to develop something. He had conceived it, I implanted it, and then it took off. Mirowski was a cardiologist. He lost his best friend to sudden death. The defibrillation prevents sudden death. He lost his best friend, and he came up with the idea, boy, if we had something that we could stick in people that would prevent sudden death, that would be a great thing. So he had to move to America. By then he had left Poland, went to France, got to Israel, and finally to America.

He came up and was at Sinai Hospital, and then he was with us. He was a cardiologist that conceived of the automatic defibrillation, and he lived long enough to see it become successful. Too bad he isn’t around now. He died of multiple myeloma. He saw the success of his thinking. We developed all the techniques for putting it in humans and stuff, and that’s why I had to go to the lab and hook up with Vivien.

Mirowski was quite a man. He was quite a man. We got to be not only professional
colleagues in the development of human defibrillation, but our stories, our struggle—Montgomery. He knew about Montgomery, but he had not met anybody from Montgomery. He knew about the bus boycott, he knew about the white water fountains and all the ugliness of America at that time. He knew about it. He had seen ugliness in Poland. He had these things on him, and his mother. So when we traveled the world to explain human defibrillation, we became personal friends. He is one of the very bright points, to me, about Johns Hopkins, just like Vivien. But it’s an example of what you were talking about, though, across-the-board strength.

Warren: Are there any other colleagues who really stood out and made a difference in your life here?

Watkins: George Zuidema, who brought me here. I’m telling you, when I came here, I was quite intimidated. I didn’t even think I had a chance. I had not gone to Harvard, Yale, and so forth. I had gone to Tennessee State, segregated schools in Montgomery, segregated college. And when I say “segregated,” white people wouldn’t come. I shouldn’t say “segregated.” The University of Alabama and Vanderbilt and Hopkins, they were segregated, meaning they kept people out. I went to all-black schools. At Hopkins, I didn’t know if I stood a chance. Dr. Zuidema saw something in me and provided that chance, and he, too, became a—he went to Michigan to be provost. But gave me opportunity. I did not need so much encouragement, because I already had the fire of survival. [Chuckles] No matter what I did, I was going to survive. But I had the fire of survival that antedates anybody here. But Zuidema was another powerful friend here.

And finally, Bob Hyssel, who was president of the hospital. He had come from Vanderbilt. He knew the whole thing at Vanderbilt. So those are some of the names. I’ve been here so long and I know so many people now, and there have been so many wonderful influences and
wonderful friends. But back then, those are the names that I think about.

Warren: I read a reference to—and I don’t know much about, I don’t really know anything about, that I think it was in 1975 or '76 that Dick Ross came in and was concerned about the lack of diversity here, and sent you out as a recruiter?

Watkins: Yes.

Warren: Tell me about that.

Watkins: I think when I finished here in '70, later, '78, I guess, when I finished here, one of the things I said I was going to do was try to make a difference in this paucity of black folks at all levels. Dick Ross appointed me to the Admissions Committee. He did not necessarily develop the methodology that I would use, but he and I saw eye to eye on what needed to be done in the School of Medicine. He, in fact, let me do what I wanted to do.

Now, what I knew I needed to do was, one, try to change the image of Hopkins. We didn’t have a good image in America. So I needed to go out. I needed to let them see that you can do something, let them be convinced by sincerity, let them be convinced, meaning students of America. So I did travel over America for a lot of speaking and speaking and speaking, and writing students. I still do that, twenty years later, I write. Every year I write two or three hundred minority students to get them to apply.

So Ross appointed me there with a mission. We developed the methodology and it worked.

Warren: How did you do that? How did you convince people to come here?

Watkins: One, our academic quality spoke for itself. So I already had that in my pocket. And I just told them that I was absolutely convinced that we could just change this place and they would
change their lives, too, if they would come, but they needed faith. I think just talking, my own background, having gone through it myself, and coming directly to them. In fact, it turned out not to be as hard as I thought it was going to be. The very first year we did it, the very first year, we came up from two students to fifteen. The very first year. And we kept on doing it and we kept on doing it.

I was telling the students, too, that I wasn’t just talking about year one in medical school. I was talking about year one through four, internship through chief residency, faculty to deanship. My mission way back then wasn’t only the first year class; my mission back then was where we almost are now, meaning diversity at every level of Johns Hopkins. Once students would see diversity at every level, they would see that we were serious and they would come. They would visit other schools and see.

What do I mean by diversity? I mean we have three black deans right now. We have two black vice presidents right now. We have sixty faculty members right now. Ten percent of our minority faculty are full professors right now. We’ve got sixty-odd house staff right now, and the whole medical school is at every level, is decently represented. We’re having to fight now because America has gotten so conservative, and racial conservatives have taken over the language of the debate on affirmative action, saying it’s reverse discrimination, so we’re fighting that right now, but we have great tools to fight it with, because the quality, the products that we’ve turned out, their work speaks for itself. My mother said, “Let your work speak for you, son, and you’ll never have to say anything about yourself.”

So we have diversified, but it’s taken years. But Dr. Ross did have the vision. Dr. Ross knew we weren’t doing well. He knew what my interests were. And they just jelled. I respect him
to this day for that vision.

    We went out, we talked, we brought people to Hopkins, we had them share our vision right here in front of everybody’s face.

**Warren:** Now you’re pointing at some pictures we need to talk about.

**Watkins:** [Laughter] I’m just saying I try to bring thought, influence, vision here, and I think that helped us diversify. I think it helped people here feel better about themselves, better about patients. I think patients felt better. We have tried to make this a more decent environment racially, and I have plenty of help here. We have plenty of help. But that’s the role Ross played. So I give him credit and take my hat off to him for having the vision of saying, “Let this man go and do,” because at the end there will be some decency, and that is exactly what happened.

**Warren:** You were pointing to these pictures. I know that these are people you’ve brought in for a Martin Luther King celebration.

**Watkins:** Yes.

**Warren:** Which you started.

**Watkins:** Yes.

**Warren:** Let’s talk about that.

**Watkins:** The King celebration?

**Warren:** Yes.

**Watkins:** Well, you know, coming from Montgomery, having him in my life, his wife in my life as recent as last night, I was once asked to go to Harvard to speak for a King program, and on the plane to Boston I started thinking, said, “Jesus, we don’t even have one here,” and I vowed—it was in ’79, ’80, I vowed then on the plane that when I got back to Baltimore, I would do
something to start a program that would celebrate the life and death of Dr. King, and that I would
try to do it for as long as I was at Johns Hopkins.

I was hopeful that it would help enlighten many people, not just the students, secretaries,
many people who come from areas where they've not been exposed to anybody or anything
different from themselves. I hoped it would enlighten black people, too, white people. As it turns
out, it go to be the only program where black, white, presidents and janitors, everybody sit down
for one time in the name of what he was about.

So I started thinking about that. I knew I had an inside track on a few speakers just
because my whole life was there. So I began the program in 1980. The first speaker was Dr.
King’s son. We called him Marty at the time. You have to call him Martin now. But Martin
Luther King III. He and my brother-in-law, who worked for Dr. King, Reverend Dr. Bernard Lee,
the two of them were the first speakers. A hundred people were there, maybe. But that was the
first year. I found singers, black women here who could sing. It was quite a little modest program,
but it was a program. But I knew if we kept at it, it would become a major program.

So then the next year, I brought Coretta. Now, bringing Coretta brought the major
national press, and the program was almost like a revival. People were joyously hollering and
“Amening,” black and white, and the music was beautiful and her message was beautiful. Many
people had not seen her in person. She talked about her husband’s mission and talked about our
mission here at Hopkins, too.

After her, a whole parade of people came. Harry Belafonte, who’s coming to join me in
January for this twentieth celebration of the defibrillator, Harry, he brought a great story. He
talked about the mission in America, in the world, and at Hopkins. Then [Archbishop Desmond]
Tutu, he was most incredible. He came all the way from South Africa. Of course, people didn’t believe we could bring him, that he would come here. He’d just gotten the Nobel Prize. He was incredible. He, too, talked about the mission.

Then Rosa [Parks], who I’ve known all my life, came. Rosa talked. And then Ralph Abernathy, who’s dead now, Ralph came with Rosa. So I knew that we could bring people to Hopkins, bring them to this hospital. No hospital in America would get this lineup of people. It made our program almost as big as Mrs. King’s program in Atlanta. In fact, we shared Tutu together.

So that’s the way the King program came about. I knew it would reinforce everything I was thinking. I felt obligated in a way because I know if it hadn’t been for King, it wasn’t just my mother and father, as many people say their mother and father. I understand that. But Martin helped change Vanderbilt and this place. So I felt obligated, and I knew that it would impact. I knew it would help bring diversity, thought, expose people to things they just hadn’t been exposed to. Part of racism is ignorance, not only ignorance, because you have some great intellectuals who are racist, but part of racism is ignorance, and sometimes exposure brings our commonalities out more than anything else you could do or say.

So that was my thought on the King program, so people just came, and here we are twenty years later, I’m working on one now. So twenty years later. So that has, by and large, I think, helped the institution, I think brought us together, more than when I first came to Hopkins. If I look at my impact, if you want to know what I think of my impact, medically I hope it will be helping to develop that whole area of human defibrillation and the thousands of people who have had their lives saved as a result of that technology. One area. The other area is trying to develop
human lot here by working for diversity. I mean working, not talking. Working and bringing all
these people to do that. And the last thing, in my role as dean. In my role as dean. There were a
whole 1,200 people at this university that felt left out. We call them postdocs.

Warren: My next question. Please.

Watkins: We call them postdocs. They came up to me one day years ago. They were very clever
in their choice of words. They told me they felt like they were on the back of the bus at Johns
Hopkins. And as I said to Hopkins magazine and later to Science magazine and other magazines, I
knew what they were talking about.

Warren: I’m going to turn the tape over.

Watkins: Go ahead.

[Begin Tape 1, Side 2]

Warren: Okay.

Watkins: Well, inclusion, that’s really what the race issue was about in Montgomery, inclusion
and equity, fairness. So when these people came to me–

Warren: Wait a minute. Let’s talk about who these people are. Who are postdocs?

Watkins: Postdocs are people who have already have a doctorate degree, M.D. or Ph.D., and
they now are here, they’ve finished all that, they’re now here doing further training and further
research under specific mentors. They usually go to a laboratory. They’re making incredible
discoveries. For example, Bert Vogelstein and all the work he has done in molecular biology has
ten or twelve postdocs, people in his laboratory, doing the research with him, yet they’re still
training. So there are incredibly rich, incredibly productive researchers and trainees at this
university.
Because we’re a major research university and how large we are, we have quite a few of them. We didn’t realize how many we had until there was a problem at one time with one of the graduate students or medical students who was assaulted. There were some moves made for parking for these medical students, but then one of the postdocs say, “Hey, we are subject to the same environment, and what about our parking?” And that led to a whole host of things, just that one question. Then they decided to organize themselves, and then they found out, first of all, they had no organization, they had no representation, they had no uniform stipends, no uniform benefits, no specific length of training. They were just people assigned to one professor or the other. If the professor happened to have money, they would get money. If the professor didn’t, they would work for nothing, practically. So it was a whole host of them.

When this event happened, they came to me and then they assessed themselves and then finally came and said, “Look. We just feel we’re on the back of the bus.” So the dean previous to me—my title was to handle the interns and residents. Nobody handled these things. But when they came to me, and here they are, we have more of them than we have interns and residents, so when they came to talk to me, I heard everything they said, and I knew the feeling that they were feeling. No voice, no representation, no nothing.

So over the next few years we worked. I tried to articulate their issues before the Advisory Board. That’s the group that runs the place. The Advisory Board is chaired by the president and co-chaired by the dean. Over the years, one thing after another, we came, we came, we came, we came, we came, we came. I tried to articulate those issues of fairness and equity in such a manner that you couldn’t say no. And one after the other, one after the other, one after the other, came. So after a few years, we’re still working. We’re right in the current issue of Hopkins
magazine.

But the biggest thing on that was when Science recognized. Science heard about it.

Warren: Science magazine?

Watkins: Science magazine, yes. They heard about it. They did their own surveys of the world’s postdocs and America’s, and they saw 48,000 people in America in the same situation as the 1,200 here, but they singled out Johns Hopkins as providing leadership in the way postdoctoral education should be done.

So if you ask me, this is another part that is important to me and the legacy that I will try to leave here. And this has nothing to do but—the only way this is connected to race is the fact that race means disempowerment. So this was a group of students, some were black, some were Indian, some were Chinese, whatever. We were trying to empower and bring them into our academic family, and that I think we have done. And people have recognized it. The postdocs themselves, America now reading through Science, and I get e-mail from all over the country now of how to do it and so forth. So that has been a major part of my work in the dean’s office.

Now I still run the 660 house staff and all their problems.

Warren: How do you do all that?

Watkins: The fire inside. The fire inside.

Warren: That’s quite a responsibility, so many different things that you do in your day.

Watkins: Yes, but the fire inside, I think, and just wanting to make a difference, trying to make a difference in individual lives. That’s what heart surgery does, make a difference in collective lives. That’s what the postdoc stuff is and that’s what the defibrillator has been about, making a difference in the lives across the world. But, you know, it goes back to Hopkins. I had the
environment. Even for the postdoc thing, nobody stopped, nobody said, “No, this is too much.”
Now, some of the chiefs, when they found out they have to pay money now when they didn’t
have to pay, they get a little irritated, so they raise a little hell. But by and large, that whole thing
has worked out in the postdocs. So it’s important to me, and that’s what I do. And, of course, as
you see, I continue to operate.

Warren: Have you ever thought of going somewhere else?

Watkins: Yes.

Warren: What makes you stay?

Watkins: The things we’ve talked about. The things we’ve talked about. But, yes. In fact, I’ve
seen other places. I guess when the feeling is right—I’ve been offered other positions.

Warren: I’m sure you have.

Watkins: But the things that I’ve been trying to do here, unfinished business, new business. It’s
been my whole career, as you know, from internship to deanship. It’s quite a—I had no idea when
I came here, I was so intimidated by the place. I had no idea that we would be talking almost
thirty years later. You know, after the training and what would happen, what would come down
the road. But it’s been fine. The issues of race still have a way of—I use the word now “cheerful
non-inclusion.” That’s when people say “hello” and “good morning,” “how are you,” and still not
include you in their professional circles or social circles. I think sometimes my outspokenness, like
against some of the clubs—incidentally, that Maryland Club, they did take in minority members.

Warren: And women?

Watkins: You know, yes. The Hamilton Club, they did take in minority and women, Hamilton
Street. But there are still quite a few others that I’m sure you know are still there. So there have
been some negative sides. For me right now, even with all the cheerful non-inclusion by certain people that I guess don’t like my style or my articulation of issues face to face, and that is to this day. On the other hand, I have so much richness that I can’t worry about cheerful non-inclusion, because I have so much other richness.

**Warren:** I should say. This place, East Baltimore, is set in a neighborhood that is very, very black. I’ve picked up—I’ve only been on this job since the first of June, but I’ve picked up that there is a tension between Johns Hopkins and what we call East Baltimore.

**Watkins:** Yes.

**Warren:** And the community of East Baltimore. Would you speak to that?

**Watkins:** Well, there’s tension and there’s clearly tension, but you have to put everything in perspective. There are two types of tension. One is just the racial tension, it’s black and white, and then there’s economic. When you combine those two things, black and poor, and they see driving in white and BMWs, that is the recipe for tension.

Now, put that in historical context. Blacks used to come to this place and go to—we’d have separate blood banks, separate wards, separate cafeteria. We had housing down here for interns with a fence around it. We had no love, no love. We saw the community only in the emergency room and the clinics, basically. No love. And you don’t have love, no communication and no trust. That is the history of it, for years. They come in here, they don’t see themselves, meaning the community. So you have to have that in context. That is the same thing that was at Vanderbilt.

So one of the reasons I wanted to try to diversify this place was because I was absolutely convinced that when the community walks in and see themselves in all of the positions, that would...
help with tension. Help.

So when I look at it in 1970, right after Dr. King was killed, and the riots, we couldn’t walk, we had house staff carrying guns, and I look at it now, and I hate to be the one to say we make a lot of progress, because I’m tired of hearing that business, but we have. And the tension, I think, is less. We do more in the community than we ever have.

Is it still there? You bet your bottom dollar. It’s going to be there until we honestly believe—and I don’t think we’re there yet—till we honestly believe in the brotherhood of man. And I don’t think we honestly believe that. I think we’ve got too many racially conservative—American is just going, to my opinion, going backwards, and they have so many racially conservative—you know, you’re not a racist now until you’ve cut somebody’s head off or dragged them. Then you’re racist. You’re not racist when you’re Jesse Helms anymore or Strom Thurmond or a whole bunch of others. I’m disturbed by that.

But this conservative movement and the reversal of action that affirmed our possibility, the reversal of that, I think, will lead to more tension. So I have to speak about it in a complex fashion. It was one way when we first came here, but I think with all the programs and all the singing, we’ve got a choir now. We’ve got unified voices that sang for Brody’s inauguration. It’s better. It’s better. But I’m worried about reversal of fortune because of conservative America, and they’re joined by a group I call neo-Negroes, black men and women that buy into the fantasy, the fantasy of equity.

So we’ve come a long way. You know what we have to do, though, is we have to do more development because when they fail, we fail. A lot of white people don’t want to come down here anyway. That’s why the Beltway hospitals have thrived—they’re now our competitors.
We have to develop a community, and we will. There are big plans now with the empowerment zone. So I’m trying to stay optimistic. I’m going to give a huge speech myself for the city’s Martin Luther King program. I’m going to touch on some of these issues that we’re talking about right now.

But as I see it, we have to remain vigilant, and I want black people here to do a number of things. I want them to do very well professionally, because it’s not good enough to go and be a spokesperson if your base, if your professional base, is shaky. One of the things I try to do is have my professional base and my political base and all those things productive. That’s why I knew the students, if they saw me as a professional heart surgeon doing things, if they read about the defibrillator and, on the one hand, I’m in their face talking about, “Come on into this medical school,” I think that has more credibility. So I want black people here to do well professionally, to remain outspoken, and at the same time continue to love. You have to love to keep people from getting intimidated by outspokenness.

Warren: We’ve been through all of my questions. Is there anything that we haven’t talked about that we should?

Watkins: I don’t know. I think you’ve hit it. I think you’ve hit it, and I hope it’s been contributory.

Warren: It’s been a great honor to spend this time with you. I have been looking forward to this.

Watkins: Thank you.

Warren: I’ll reveal a little of myself and how thrilled I am to be here now. I wanted you to reveal yourself first.

Watkins: Well, I was very honest with you.
Warren: You have been, but that’s your trademark, from what I understand.

Watkins: Honest. Honest, because when you base your life in truth, as Mama said, you don’t have to worry about anything.

Warren: Thank you, Dr. Watkins.

Watkins: Thank you.

[End of interview]