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Dr. James Davis

Interviewed by Allison Seyler

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Interviewee: Dr. James Davis (JD)

Interviewer: Allison Seyler (AS)

Subject: The life and education of Dr. James Davis.

Date: April 2, 2021

JD: Okay. So let's get started. Let's take me back to when I was 20 years old.

AS: Sure. *[Laughs]* So I'm just going to say a little thing to get us started; introduce myself, the date and the time. And then, I'll sort of – I do want to know a little bit more about before you came to Hopkins. So I'll ask you a couple introductory questions and then we'll get to your, you know, school and your career. So this is Allison Seyler. I'm here today on Friday, April 2, with Dr. James Davis. And we are conducting an oral history interview for the Indispensable Roles Black Project at Hopkins. Can we start today with you telling me a little bit about when and where you were born?

[0:10:00]

JD: Okay. I was born on Valentine's Day during America's anti-Apartheid era in Little Rock, Arkansas, I was born to parents, Jessie and Louis Davis in Little Rock, Arkansas.

AS: Okay. Could you tell me more about your family? If there anything that you'd like to share about your parents? You know, what their professions were or if you had any siblings?

JD: Yes. My parents – well, first of all my parents were divorced even before I was two years old, and my mother from a previous marriage had two children; a sister – my sister and my older brother, and my younger brother, who's about two years younger than me. My mother – it turned out that she was a single parent because she had been divorced, so a single parent of four children in Little Rock, Arkansas. She did go to college, she went to a college in Little Rock called Philander Smith College, it's an HBCU.

She actually had a teaching job as a – not a professor but a little more than a teacher's assistant – where she actually had her own classes there. And we lived there until I was – I lived there until I was ten. My father moved away from Little Rock, moved to be with other family members in

Washington DC. At that time, he was a teacher also, a high school teacher, he taught high school science at what was considered the "reformed school." It was a school for children who – some who were just really like orphaned, but others had committed some type of crime and they lived on a campus.

And he would go there, and he taught science there. Oh, by the way, his background was that he was a Tuskegee; another HBCU and with a degree in Agriculture, which was the big thing at that time, George Washington Carver was there. And then, he came here and he taught science. When I was ten, my mother left the oppressive Arkansas to move to California, and she took two of the children and sent my younger brother and I to live with my father in Washington DC.

AS: Okay, yeah. I was really curious, too, about that transition...I guess we all have transitions in our lives. But I was really curious about what your life was like in DC. You know, what it was like to grow up in Washington DC. So could you describe that for me?

JD: Yeah, now, in Little Rock there was this segregation by law and some of the schools had been integrated – so Central High School. In fact, my older sister had been invited to join the Little Rock Nine. Daisy Bates came to our house, and my mother – you got to remember, she was the single parent of four children – she said, no, her child was not going to go. A close friend of ours, Minnijean Brown went, she had more of a stable family. And she did go along with some others; Ernie Green, and some others.

But when I got to Washington, there was no segregation by law, but there was this de facto segregation because I lived in an all-black neighborhood on the East side of town and went to finish my elementary school there and started junior high school there. So up until that time, I'd only been in segregated settings. But it was – in these segregated settings, there were teachers, counselors, students...everybody was all African American. And Little Rock schools did prepare me, so I did quite well when I got to Washington DC. Okay?

[0:15:00]

Where a lot of the kids were not that focused about learning, I started from Little Rock and encouraged by not only my mother but my older siblings to do well in school, *[laughs]* – that made it special during those days.

AS: Mm-hmm. Did you, like – at the time, did you realize how sort of big the change in Little Rock was with the Little Rock Nine? Do you remember whether or not you realized the significance of that as like a teenager?

JD: No, well, remember, I left Little Rock when I was ten. So in 1957, when I was about eight years old, I lived in Little Rock and one of the highlights of the day was when the federal troops would leave Central High School and they drove right down the street where I lived. I lived right across the street, and we'd stop playing and we'd watch the whole thing, it was like a parade every day, so that's stuff that I remember.

And of course, they were there because the National Guard had to be called up, because the National Guard allowed the brutality against the children as they went in and out of school. So, Eisenhower...in retrospect, I knew, called the Army, the 101st Airborne, to go to Little Rock to escort the kids into school and out of school each day. So, at the end of the day, they would head back to the Air Force base, which was near Little Rock. The other thing, too, was that we were very close to Minnijean Brown's parents; the Browns.

And Minnijean was expelled from the school. So I remember when we were little kids, we were running around saying "little Minnijean got kicked out of school." You know? This type of thing. But more seriously, she had injured one of the white students who tripped her and was expelled, and I think her parents had to send her to a cousin in New York. Minnijean finished in New York.

AS: I seem to remember – yeah – that story. I think she threw something at them or...yeah. That's fascinating to me. That's so interesting that you all knew her. And, you know, it's a small town, right? Like, Little Rock is not that big of a place.

JD: No, no, it's not. It's sort of cosmopolitan from the point-of-view that it's the most cosmopolitan thing there for miles, there's nothing else in Arkansas. *[Laughs]*

AS: Right. *[Laughs]*

JD: Nothing else in Arkansas, but anyway. So that's what I remember from that. I must admit that I was happy to get away from Little Rock, even as a little kid, because at least when I got to Washington, the overt discrimination was not there. Washington was still a very segregated city when I got here, but it was a little different. A lot of the people who you interacted with were African Americans in the situation that you never saw in Little Rock.

I mean, some government officials, store owners, well in Little Rock, we had store owners. But working – African Americans working in department stores, things of that nature, right? And African Americans

working for the US government. That sort of inspires you, because you can see that they could do it, and then you feel, "Well, I can do that too."

AS: Yeah, to see those people in those roles is really important, especially when you're a kid or you're a teenager and you're thinking about what you might do when you grow up. So I guess you spoke definitely about the experience of segregation and, you know, de jure and de facto what it looked like for you. When you came to D.C., you know, obviously – so you graduated high school in 1967, is that right?

JD: That's right. Yeah.

[0:20:00]

AS: So when you came to D.C. and, you know, you're finished high school and all those things, obviously there's a lot happening. It's a very tumultuous time, you know, there's the civil rights movement. You know, the Vietnam War. There's obviously all kinds of protests related to that but also for Women's rights, and then, we also have the assassinations of both Malcom X and Martin Luther King Jr. You know, obviously I could go on, it's kind of a crazy decade there.

JD: I like what you're saying, because I missed most of that. Let me tell you why – two years after, the courts decided that I couldn't live with my father anymore – I had to go and live with my mother, okay?

AS: Okay.

JD: So I went out to California, and so, for the next four years I had to leave Washington D.C., and that was my first experience with integration, because when I went out to live with my mother, who was teaching elementary school at that time – and she had a job in Sacramento, California. Then later, we moved to Berkeley, and I went to high school in Berkeley, during my 12 years from the 1st grade to the 12th grade, I went to eight different schools. *[Laughs]* So, making adjustments – I had no problem with that, I learned – but what happened, and you mentioned that...you know, there was no Civil Rights movement in California. Okay?

AS: Right.

JD: There was Civil Rights movement within the north – and the south primarily and in the north; meaning the north, meaning what we call the Midwest now. But not for much in California. California, there weren't as many African Americans at that time and even now, and most of the African Americans were concentrated in Oakland and Berkeley and probably in Los Angeles too. But overall, there weren't many marches, the

whole Civil Rights movement to me was on TV, and in fact, I still remember the day that Kennedy was assassinated.

I was at Garfield – 9th grader at Garfield Junior High School. Garfield was in North Berkeley, Berkeley had three junior high schools, and that was one that was predominantly white. I remember it was really a sad time. Everybody was sad and I was old enough then to realize that the person that was going to succeed Kennedy was going to be this Southerner from Texas, this Johnson fellow, right? I mean, he was just – all I could think about was the people that I knew in Little Rock Arkansas. Right? Which fortunately turned out to be so wrong, I'm happy about that. *[Laughs]*

But I was isolated, I was in Berkeley. The Panthers were there. The Panthers were just coming around then, but the Panthers were more a community group, you know? Helping kids in the morning with breakfast and tutoring in the afternoon. In fact where I lived was not too far from their center. You mentioned the assassination of, well, Malcolm X. One of the things that I learned to do even from Washington was to read the "Muhammad Speaks." It was like an alternative source of news. One of my friends were walking home from Berkeley High School then. We were having a good time, and we got to this house, and I remember his mother came out, and she was so sad, and she told us that Malcolm X had been killed. She didn't say another word, he just went in the house, and I just walked on home. And, you know – but again, I was in Berkeley, California and this is something that happened in New York City.

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So unfortunately, a lot of that I sort of missed; even the March on Washington. I was in California. All of this happened on TV. I was aware of it, and people talked about it, and we were tuned to it because we saw it. But I didn't come back to Washington to live until 1965.

AS: Okay.

JD: I always wanted to come back, I never really liked California. I think I liked – California was very different from Washington. California, for example – I'll give an example. In Berkeley High School, 3,000 students, the only high school in Berkeley, California, 30 percent of the students are African Americans, which is large for California then, but can you tell me – with 3,000 students, the large faculty – we did not have a single African American faculty member.

AS: Wow, mm-hmm.

JD: The only non-white person was my physical education coach. And he was of Asian descent. He was the only one. That was very different for Washington D.C. So, I think I was very fortunate to get back. It was the time where I had, you know – the integration was good, because, you know, it's always good from a diversity point-of-view to learn about this and such. But I did feel more inspired in the predominantly African American community because, again, these role models were there. You just can't overestimate how important they are in young people's development. Then I came back to D.C. – for a year-and-a-half and went to Eastern High School. Then, I was supposed to go to Howard that was my plan.

AS: Okay.

JD: And there was a man who called me in my senior year. I already been accepted to Howard, early acceptance. So, what happened is, one of the students from Eastern High School had gone to Wesleyan, two years before that, and so, Wesleyan was always sort of recruiting at the high school. I never went to any of them because I was determined I was going to go to Howard, okay? So he called me, this guy called me, this African American guy, his name was Chuck Stone. Chuck Stone was a journalist, but he was also like the press secretary for Adam Clayton Powell, from New York.

He was down here as part of – he worked for Adam Clayton Powell – in his congressional office, so he'd go back and forth to New York. But he asked me to come by his house, and when he convinced me, you know, to change my mind...first he told me that if my goal was to go to medical school – and that was my goal – that it'd be a lot easier to get into medical school if I went to Wesleyan, as opposed to going to Howard. He was certain about that, and he was telling me about other West end graduates and what they had done and where they went and so forth. And *then*, he called the Dean of Admissions, John Hoy. Right? You know, that Sunday. It was a Sunday. And Dean Hoy on the phone. And he said, "If you would like to come, consider yourself admitted." Right?

AS: Wow.

JD: So that was good and bad. So, “Yes. Yes. I'm coming.” I'd never been to this place. I mean, it was in Connecticut. You know? I knew from geography where it was, but I'd never been. I'd been to New York, to the World’s Fair in '64.

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But I'd never been to Connecticut. So, I worked hard, I had to send in an

application, but he guaranteed me that I was going to be accepted. So, I got on the bus, headed back and I'm glad, it was a long bus ride back to my house, thank goodness, because it gave me an opportunity to get my story straight. Because somehow, I had to convince my father that I'm not going to Howard. I said, "Dad, I'm going to go to this place called Wesleyan, and it's in Connecticut. That's all I know about it, except it's going to make it easier for me to go to medical school." Right? Okay. And I had – the first question my father asked me – he said, "That's all well and good, but how do we pay for it?" But Dean Hoy had guaranteed me that there would be some financial package; that whatever it was that we were going to pay for Howard, in addition to that I'd be able to come there, and I shouldn't consider that as a barrier. I believed, and my father did not.

AS: That sounds like most dads. [*Both laugh*]

JD: But, you know, that summer I went up to Wesleyan, and then we went over to Massachusetts – it was fantastic. In Massachusetts, we met with some other African American students who we were affiliated with in Upper Bound program. And we were the tutors for the Upper Bound students who were high school students from the City of Middletown – Middletown, Connecticut where Wesleyan is. This was right outside of Boston – Milton Academy allowed us to go there for the summer. And New England was fantastic. I got to go to see the Red Sox play, I was riding on Boston's subway, and it was just fantastic. I didn't come home, after that, I left there, and I went to Wesleyan. And, you know, this is – maybe I shouldn't share this with you – but my greatest fear when I got there was that I wouldn't succeed. And I felt images of you know, how people stand in front of McDonald's? Right? That I was going to have to go and stand in front of McDonald's bagging if I didn't succeed.

AS: I think when you're starting something as big as that and you're taking such a risk, I think that's a very valid fear.

JD: Yeah. Fortunately, I did well, but especially in my science courses at Wesleyan. Initially I was a chemistry major, and just before I left Wesleyan, I changed over to biology. And I did that because I wasn't sure whether or not I was going to be accepted at Hopkins, so I did that. All the fun that I had in New England started to disappear in October, because in October the snow came. *[Laughs]* And, you know, I'm from Washington, so I'm thinking, "Okay, snow, give it a day or two and it'll be gone." Right? That first year, the snow left in May just a little bit before we left for the summer. [*Both laugh*]

AS: Oh, my gosh.

JD: That was – I think those cold winters helped me study. I just, you know –

AS: There wasn't much else to do other than snuggle up with a good book.

JD: Yeah. Some of my classmates, they were doing lots of things, but they came from other environments, you know? I spent my first year trying to stay warm by staying in into the – the furthest I went was from class, the library, the dormitory, to class, the library, to dormitory. Okay? But the faculty there, they had embraced – this New England thing was very different. You didn't feel discriminated against. You felt as if you were part of what was going on. They were very inclusive up there.

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It was very different, okay? You know, especially from me coming from Little Rock and Washington D.C., to see people of different races getting along and interacting and studying together, just talking about their backgrounds – even though I lived out in California, the New England experience was very, very different. Especially with the faculty. They were – I remember the biology teacher, my second year, I took biology – and some of the other African American students at Wesleyan weren't doing well at biology, some of them were freshman. But I was a sophomore. And he called me in to talk to me about the African American students and what we should do to sort of get them on board. So we did some tutoring. Even there, at Wesleyan. And that was one of the reasons why I think I changed over to biology, because of that professor. It was a great experience, except for the cold. The cold was… *[Laughs]*.

AS: Yeah, I was kind of curious, too, about like what your family – I know you mentioned your dad, you know, wanted to know you all were going to pay for it. But I was kind of curious about your family that had lived in these bright, sunny places like California and you were saying goodbye and heading up to Connecticut; like how they reacted. Was your mom concerned about it at all when you went there?

JD: No, my mom, of course, lived in California. So, I was a long way from here, I had lived with my father and stepmother. So, no, I don't think my mom had a good feeling about Connecticut. Okay? It was...you know, it was like people, when they ask – when you're far away from California, you're just "back east". They don't care, you know...you're just "back east," whatever that is!

AS: Yeah.

JD: My older brother and sister and my younger brother, they were there. I was the only one living with my father. And they were more concerned

about me. My mother had a sort of type of confidence and, you know – there was something – they were determined to get me back to come back and live in California. I had fallen in love, of course, with Washington D.C., and I was never going to go back and live in California. And even when I talked to them, they would say, "Well, when are you coming home?" Okay?

AS: Yeah.

JD: But Connecticut and the faculty of Wesleyan, they were really very great. I got the wrong impression when I was there. I got the impression that *all* institutions of higher learning were as enlightened as the people at Wesleyan in Connecticut. And I thought that petty racism and discrimination – I thought that that was something that didn't – you'd never find in an institution of higher learning; at the universities. You see what I mean? Especially some *prestigious* institution, right?

AS: Right.

JD: So okay. So then, I couldn't take the cold. But more than that, Middletown, Connecticut was a little town. Every now and then I would catch the bus and go to Hartford and stay with a friend's parents sometimes, it was like I wanted to be in a city. I remember I was at the downtown park in Hartford, Connecticut. And, you know, the brightest part of my day was watching the rush hour; watching people get on buses, just *[laughs]* – yeah, I just stood there.

[0:40:00]

AS: That's amazing, yeah.

JD: You know, buses and cars going and traffic and people walking around. Middletown had none of that. Middletown was a teeny, teeny town. So, I was determined that I was going to transfer. And I put in my papers that – I sent and application to transfer to come as a junior student at Johns Hopkins in Baltimore, not the medical school.

AS: Yeah. I was curious about, you know...just continuing with this line of thought, did you know about Hopkins previously or did someone recommend it to you, or you just knew you might want to be in Baltimore? That's sort of the thing, like the setting was appealing to you?

JD: Yeah. I knew about Hopkins, and I knew it was in Baltimore, which was, I'd been to Baltimore many times. You know, because living in Washington, you come either for baseball or something in nature. I had

one relative who worked for the police department in Baltimore. We used to go and visit him. And at that time, Baltimore had professional basketball, it also had baseball and football, it was a big city. You know, at that time – this is going to be hard for you to believe this – but at the time, Baltimore was the sixth largest city in the United States.

AS: Mm-hmm.

JD: Right? It has lost so much population. But at that time, Baltimore was a big city, and that was fine. It wasn't so much I wanted to come home, I wanted to come to a warmer place that was more cosmopolitan, and so, I applied to come here. The other thing, too, is that I was a science major, and I knew that if I came here, I could continue with my science background. I felt that if I came there, that same possibility of going to medical school – because if I did as well there as I did at Wesleyan, I'd have no problems getting into medical school. So something happened along the way. Okay? *[Laughs]* I get an interview to come down to interview as a transfer student. So, part of the interview is that you get a tour of the campus, and a student takes you around. So, at the end of the tour, I'm talking to this student, he's a pre-med student, right?

AS: Okay.

JD: And he says, "Do you know about the early admission program at the medical school?" I said, "No." He said, "Well, what are your grades like? If your grades are good enough for you to transfer here, then your grades are probably good enough for you to go to get into that program." So, I took a taxi, went down to the medical school, the admissions office and got an application.

AS: Oh, my gosh!

JD: Now, fortunately, the acceptance of the 2-5 program – you don't really get accepted until June, so I had some time; this was in early April. So I applied quickly and got all my information there, which was easy because I'd already tried to be a transfer. So I got all of my information to them and I had not taken physics, so I was accepted with the condition that I would take physics. I took physics at Georgetown, and I did well. And so, that was it. I didn't know about it until I came down for that interview, and it was still Baltimore, and I was in medical school. So, I felt that, "This is great. This is really, really great," not knowing, again – I was coming to an institution that I really didn't know much about, one I had not really looked into it. I knew more about the undergraduate campus than I did about the medical school, but I'd been accepted to the medical school. I thought this is good, because then I didn't have to apply anymore.

AS: Right.

[0:45:00]

JD: And so, that was good.

AS: Yeah. So could you – do you mind telling me a little bit more about the 2-5 program? I'm not quite sure I fully understand. I know it's a program that was exceptionally performing students who are getting great grades, sort of excelling, and those types of things. But was it like a dual situation where you got a bachelor's and your medical degree sort of at the same time, or how did it work?

JD: Most of the students in that program, at that time, the medical school class – the traditional first-year medical school – had 100 students. 25 of those students, somewhere between 20 and 25, they were accepted in the 2-5 program. So after the first year of that 2-5 program, which is sort of a transitional year, you actually went to school with people who had graduated from college and went the traditional medical school route, and even though they called it year two, it was really the traditional first year of medical school.

But that transitional year, students got to do lots of different things. You could take more science courses at the undergraduate school if you wanted to so that you could be better prepared the next year. You could get involved with some research with some of the professors, because you *were* a medical student, right? You could get involved with other types of courses that you never had a chance to take when you were rushing through your first two years of college. You could sort of relax a little bit and try some humanities and history and it seemed that you didn't have to get As in all these subjects because you're already accepted to medical school, you see what I mean?

AS: Right.

JD: Now, they did have two courses that you had to take at the medical school campus, but they weren't science courses. One was called the "Doctor in Society." This was something that was taught at the School of Public Health, which is down on the medical school campus. And that was fantastic because I got a chance to really learn about the healthcare system in the United States, – underserved communities – I got to meet with a lot of professors who were in the School of Public Health. Some of them had come from all over the world. Hopkins School of Public Health was a really big deal then.

AS: Mm-hmm.

JD: Probably still is now. These were policy makers from around the world who would go back to their place in the world and try to bring about changes in healthcare systems and getting care to people *wherever* they were. So, I took another class there, too and I did research, not laboratory research, but I did some public health research. We did help with the surveys and that that particular time, Hopkins – the medical school – was sitting in the middle of an under-served community, a huge African American community, and the question was, "How do we provide better service for the people right here all around our institution?" So, they were looking at HMO's – health maintenance organizations – who at that time had a good name. Okay? *[Laughs]*

AS: Right.

JD: The whole idea was that providing more care for more people, in a systematic way, profit was not even part of the equation at that time. And I got a chance – I worked with Steny Hoyer.

AS: Oh, cool.

[0:50:00]

JD: Yes. Steny wanted us to help with – he was working with a rehab program for alcoholics on Broadway, there was a house on Broadway, a detox center there – and he got a lot of the students who were doing things in the School of Public Health to go over and work with them and in the Baltimore community. So that was fantastic. I did those things, but most of my experience was with an undergraduate campus. You know? I was 20 years old and I did not feel comfortable at all going into the hospital – okay – which is a shame. I was afraid to go to the hospital. I wouldn't go in the hospital, I was still afraid. I said, "Now I'm in medical school, and one day if I keep this up I'm going to be somebody's doctor." That transitional year, I had a year to not even worry about that. I gravitated to the undergraduate students, the undergraduate classes, and when I got there, I met some of the leaders of the Black Student Union. We had a very strong African American organization at Wesleyan, where we had taken over buildings, that was the trend at that time – in protests, demanding more faculty, an African American student union type of thing, at that time, we called it the "Black House," bringing in more guest speakers dealing with African American issues, African American artists from African American culture. At Wesleyan, it was sort of like a competition. We had to do more than Cornell, we had to do more than Harvard, we had to do more than Williams, and we had to do more than Columbia in terms of getting more African American presence on campus.

AS: Sure.

JD: So, when I got to Hopkins, there wasn't a lot of interest in that. So, one of the things was that the Black Student Union wanted to share some of my experiences. We did a lot of organizing during that year, you probably know that we also took over a building.

AS: Mm-hmm.

JD: We took over a building and the strategic plan was one that we had adopted from my experience at Wesleyan; how to get in, when you have to get in, what to do, when to leave. Maybe I shouldn't share this with you either, but the time to leave is around 4:30, because you want to make sure that you can be on the 5:00 o'clock news, okay? [*Both laugh*] At that time, Ron Owens was the only African American Administrator there. So we wanted more African Americans at the undergraduate school, Homewood campus, in the administration; we wanted more African American faculty members. Right? And of course, we wanted them to continue to recruit in African American communities, in high schools. Believe it or not, they were open to all these things. In fact, I actually did some recruiting that year for Hopkins; I went to Roosevelt High School to talk to students about coming to Hopkins. It seems as though I was a long way from medical school, but that was okay with me. *[Both laugh]* One of the things, too is that I had done fairly well with the sciences, Believe it or not, it was sort of easy for me, and I really liked that. But those courses that I sort of mastered, a lot of the students – African American students – at Hopkins were struggling.

[0:55:00]

So Rudy Scott asked me to help him, and then when word got out that I was helping him with some of his chemistry and biology, other students would come from time to time. So, I helped to tutor a lot of the students, I taught them about getting old tests and looking at the old tests because that's, you know – nothing's changed – maybe they're going to ask the same question in maybe a different way, but it's information that you needed. Those tests are available – the fraternities at that time would keep old tests, for their members.

And they were willing to share this information, you just have to know to go and get it. So, I got a chance to meet a lot of African American students during that year, in that transitional year tutoring. Some of them were in the process of applying to medical school, and I knew about that too. So, I not only helped Frank Spellman, but a few other students get their applications in, not Kenny Brown, he'd already mastered his.

But I helped Greg Thomas; shared what they needed to do, when they needed to take the MCAT and those types of things in medical school. All those types of things; how to get the references they needed from the professors, and it's something that you needed to do – you needed to sort of have some type of relationship – you don't want to walk in and say, "I need a reference," from someone that barely knows you. So, all the things that you needed to do to get into medical school. I enjoyed doing that, it was a very relaxed year for me because I didn't have to get As, and I could just enjoy learning for a change. I know that sounds bad, but *[both laugh]* the pressure was off. That same year, I even had time to date a senior at Morgan State. So I got to meet some of her friends too, but she graduated and went back to Florida, so that was okay. *[Both laugh]*

AS: I mean, it sounds like you were – you sort of came into your own and knew what was important to you – at a young age to mentor and support others and really bolster the African American community at Hopkins. You know, that's really interesting to me. I'm kind of curious about like – so you mentioned you guys were advocating for Black faculty and those types of things. Could you just comment on, there was a noticeable lack of those things when you got to Hopkins campus, right? There weren't a lot of black faculty, and maybe even if you could comment like about what you encountered at the medical school, like, I wonder if there were even Black faculty members there?

JD: No. I want to move into the traditional year now, leaving the undergraduate behind now, I had friends there and they were still there, and I stayed in touch with them. But the next year I had to study more, and it was real school again for me and it was very competitive again. But, let me read something to you that I was writing here.

AS: Okay.

JD: "The five-year program at Hopkins was more than the early release from Middletown. The overt racism during the traditional four years – which started at that second year at this Southern, prestigious institution – actually helped me decide what I wanted to do for the rest of my life."

[1:00:00]

JD: That first year was a really rough year. In the 2-5 program my first year in those 20 students, there were two African Americans: me with Clark Coleman. The next year, 11 other African American students joined us; there were 13 of 100 African American students. Right? And I was encouraged by that for a short period of time, but then, we started taking classes with some of the most *prestigious* professors in medicine and doing our basic science – teaching our basic science courses, right?

AS: Mm-hmm.

JD: They were determined to show the administration there that they had made 13 mistakes by admitting us. They were *determined* that whenever any of us had any problems with our studies that they would take that to the administration, to put pressure on the administration to sort of get rid of us. So, it turned out that we were under a lot of pressure as a group. That first year was *really* bad; in anatomy, for example, it wasn't just the faculty, it was the professors but also the laboratory instructors. Right? There were things that they would share with the white students that they wouldn't share with us. I remember many times that there was something to see, and too often they would turn their backs to us. You see what I mean?

AS: Mm-hmm.

JD: And the other thing, too, was that special session with them: we'd find out about them after-the-fact. We were required in the second year to take a course called Physical Diagnosis – a course that I really loved – that's where you examine the person and you figure out what's wrong with them. Even today, I sort of pride myself in doing that type of diagnostician that, "I can do this." You know, this whole thing of "laying hands on," what they would call it. But Hopkins at that time had segregated wards, but not officially.

But the indigenous people, all of whom were Black, were on the Osler floor. Oh, what was the name? Some type of bird? I can't remember the name of the other ward that was for private patients. *All* of the private patients were white. I remember that one of the things that happened was that they selected a few patients for us to examine, and if you went to the private ward, if you were an African American student they had to okay that with the patients; would it be okay if an African American student came and examined them. That was just showing what the setting in Baltimore was like at that time, still a big Southern City. When we went to the ulcer Osler – this is the part that I really disliked – the nurses and the physicians would *never* call the African American patients by their last name: nobody was Mr. Jones or Mrs. Johnson; everybody was Grace or John or Bill, you see what I mean?

AS: Right.

JD: And these were people – I was little. I mean, I was 22 years old – I'd never say that to anybody in my community who was black in their 40s or 50s or 60s. I mean, I never called anybody by their first name that was unheard of.

[1:05:00]

AS: Yeah.

JD: But they did it, and it was really a type of disrespect. They did not like it when a few of the African American students referred to them by their last names. You know? Which was really strange. So, not only were the prestigious professors somewhat racist, but the house staff – the ones that were seeing the patients with you, like the young doctors, interns or residents, right – they were unbelievable. They were *really* unbelievable.

So, that along with my experience in public health made me commit that I was going to serve the African American community, I was going to take whatever knowledge I got, to be the very best physician. And the most important thing I was going to do is, I'm going to treat every patient – *every patient* – with the utmost respect and dignity. Because I saw so, so much – sometimes it fringed upon brutality – the next year when I did OBGYN, there was an OBGYN nurse who ran the clinic there.

She would say the most horrible things about the African American women, a lot of whom were older teenagers about their sexuality; treated them, almost like they were animals. It wasn't just my experience because we would share notes, the African American students would share notes, and almost every single one of us identified this nurse as being that way. And she was doing it with impunity. I mean, doing stuff that you could never do today, thank goodness, but that was their mode of operation, that was the way that they did things then.

Saying like, "You're in here again?" Like, "What are we going to do with you? Every time I look up, you're back in here." That's not what you say to these people. I understood that these were young African Americans, like teenage to early-20s, and they had to take that type of abuse to get care. Okay? And I would just determine, "No. I could go someplace where that wasn't the case." But anyway.

AS: It sounds like it was really like part of the culture, not necessarily like – it just was so inherent and sort of built in that it seemed probably abnormal for you as African American students to go in this scenario and see this – but for everybody that was already there, it was just status quo. It was just, you know, every day, like you said, their mode of operation.

JD: Yes. Let me tell you about Vivien Thomas.

AS: Okay.

JD: All right? He was not necessarily a faculty member. But he had his labs, and he taught students. Exactly what his status was, I'm not sure, but he taught students. And he taught the students in dog surgery. That's where you operate on the dog, and you learn how to operate and you do it on the dog. I can't tell you all of the things that they learned because I never took dog surgery, but he taught that. He also ran the lab for Blaylock, helping him with some of this heart research and so forth. But at that particular time, when I was there, he had stopped teaching, he was that old. He stopped teaching, but he was still sort of supervising the lab.

[1:10:00]

I think that they just wanted to keep him around. He was like an honorary faculty member. It was like he was – he'd done so well and helped out so much. In the surgery department, he was like one of the fellows from the surgery department that could stay as long as he wanted to. But my friend, Nate – Nate Evans – came to me one day. I was a freshman, well I was in my second year, and he was in his third year, a year ahead of us. He said, "We've been invited to meet with Vivien Thomas."

So, they sent a group of us over to meet him. One of the things that I got most out of the meeting is that regardless of how bad he had been treated, or mistreated, by faculty students or whoever – he had made it through lots of racism and dealt with lots of racism during his time – he was so pleased to meet with us, *and* it was a message that things were getting better. "You are African American and things are getting better." You know? It was fantastic.

So, you know, to just deal with this, like, don't be discouraged, and don't let it run you away. It's almost like that was the first time that I really felt like I was at Hopkins for a reason. I never met with him again. But, Levi Watkins came. Levi Watkins was extremely pale, he's African American, but is extremely pale. He'd gone to Vanderbilt, and many times, his patients and other people, when they first met him, they thought he was white. Right?

AS: Right.

JD: And Levi was good about not informing them otherwise – I'll just say it as that – if they want to see him as white, well, okay. You know what I mean? And one of my friends at that time was a nursing student...well, no, she graduated, she was working at Hopkins. She was Levi's cousin.

JD: So, that's how I got to meet him from a personal point-of-view. But Levi was the *first* African American surgical resident at Hopkins. He came from Vanderbilt with a good recommendation, he was from Tennessee. He

spoke with a somewhat Southern accent. He was a very sociable person, I'd always see him in the morning going very focused, and I didn't even know whether he ever relaxed, because I he was always so focused, but his cousin that allowed us to meet him in social settings. I mean, it's like the stories that he would tell at Vanderbilt and even some at Hopkins about the discrimination that he had seen – right? It was a lot more than we had, because in many settings, they thought that he was white.

AS: Right.

JD: You know? So they would share racist jokes with him. *[Laughs]*

AS: Oh, my gosh. *[Laughs]*

JD: Like all types of things, all types of stuff, in different settings. So Levi was there. Our first impression as a student was that he's here, and he's not going to meet the discrimination and he's going to try to sail through and just go fade away into the white world. Do you see what I mean? But that wasn't Levi's mission. Levi said, "I'm going to be the best surgical resident they've ever had. I'm going to turn out to be the best surgeon that they ever had. I'm going to be an authority, and I'm going to be an African American authority."

[1:15:00]

And "I'm going to change the culture here." So, a lot of it was he was encouraged, I think, by some of the African American students who were there. He stayed in contact with us. Levi, if you've ever been to the Rotunda of the old hospital in Broadway –

AS: Yeah.

JD: If you've ever been in there, there's a portrait of Vivien Thomas, and they made a movie about it.

AS: Mm-hmm.

JD: Okay. They movie did not emphasize how much trouble there was of what Levi had to go through to even get that portrait to be displayed and finally to put it in the Rotunda. Before going into the Rotunda, it was in lots of other places. They found it right next to Blaylock. Levi got into the community, Levi increased the – in every setting, whether it was admissions or any type of evaluation or residence, *[connection sound]* – hello?

AS: I'm here.

JD: Okay. Any of those things, he was there. And I was so proud of him and hearing things that he was still doing long after I'd left Hopkins. But his thing was, "First I'm going to show them that I'm the best." Then, "I'm going to show them that I'm also an African American – right – that comes from the African American community," and then "I'm going to make sure that community is represented in *every* aspect of this institution."

AS: Mm-hmm.

JD: So anyway, needless to say, I think a lot about Levi Watkins.

AS: Yeah, no, I mean, that's an amazing story. And for you to have – I think of a young person when you encounter people like Vivien Thomas, even introductory or you don't get to work under them, just to see them in the ways in which they've persevered and then also are really trying to...those to me are the first signs of changing the culture. Right? You know, by having those individuals there and I actually didn't know that Levi that – technically, I guess – "pass," like a few...I didn't realize that. So that's so fascinating. And I'm sure that was so complicated for him to decide in which situations he would reveal that. You know? Especially early-on in his career.

JD: Yes. Now, I don't think that – he would share that with us. But later, once he was more established at Hopkins, he would share that with anybody, talking about the experience. So that was it. In my junior year, the faculty there – in my second year, I started to get somewhat discouraged – I'd always been an impressionable person. The basic science faculty didn't like the fact that we were there, African American students were there, and then at the end of sophomore year, I started doing my clerkships in internal medicine and pediatrics. I think the first year I was going into pediatrics – and I can't really share with you why, but I was going into pediatrics. So, I studied pediatrics, I did really well in pediatrics up at the Kennedy Center, it has another name now added, but it's in the same location on Broadway. I worked with a lot of the people who came there. Pediatrics, I really liked that, I was very accepted, so I think it varied from department to department.

[1:20:00]

the next year, I went to internal medicine. And internal medicine was – I went out to Baltimore City Hospital – which was a predominantly white hospital then. The steel mills were gone, but the people were still there; meaning that these were steel mill workers in far-East Baltimore. There was some manufacturing over there but not a lot, and they had a huge white community that was not impoverished, but it wasn't like the whites

that I saw in Washington D.C., all of whom seemed to be middle class, these were poor white people. Right? And I got a chance to interact with a lot of them. And let me tell you that was not negative. That was very positive. I remember my first patient, his name is Mr. Dorn – D-O-R-N – that I had over there. He had Korsakoff syndrome from alcoholism. So when I first met him, he wasn't lucid at all. And he was having seizures and things of that nature from alcoholic withdrawal.

But once he cleared up – and he was just curious to find out about me, an African American student at Johns Hopkins and what I did to be where I was – as I was about him, about what he did – that's where I found out about the steel mills and so forth. I remember once that his family was in his room – as I go into his room and they all look at me – now, I've had this relationship with Mr. Dorn for a while now, they all looked at me, and Mr. Dorn had to explain, "Oh, he's okay." Like, "That's the guy I told you about."

AS: That's too funny. *[Both laugh]*

JD: Yeah, so it was really strange that at Baltimore City Hospital where they had really a working class, white patients, right, that the experience there was better than at Hopkins down on Baltimore. In fact, at Baltimore City, I don't think I ever had an African American patient. But there were African Americans that worked there, African American students like myself, I don't know if they had any African American house staff because most of the house staff there were actually house staff from Hopkins, that was one of their hospitals at that time.

AS: Okay.

JD: But was it a good experience? Yes, I learned a lot there. But, I wanted to get away and I talked to my Black student advisor, Dr. Marshal, to see if he could arrange for me to study at Howard. I'm going to tell you the whole story. *[Both laugh]* In that summer, I got married.

AS: Okay.

JD: I was on the fast track, now I knew what I wanted to do in life. So, I figured, well, I got married, my wife was a senior at Howard and I wanted to come back to D.C. So, I talked to Dr. Marshal, and he arranged for me – I had to get preceptors there; people willing to say I was going to study with them – so I remember what one of the pediatric residents told me. He said that he regretted doing all pediatrics all his life, and he never got to really learn about adult medicine. So, when I take my electives to make sure that I've taken adult medicine, because that'd be my last chance. Right?

AS: Mm-hmm.

[1:25:00]

JD: He told me that when I was over at Kennedy, at the Kennedy Institute. So, I was determined to do that. By that time, I'd gotten over my fear – the fear – I was little. When I got to medical school, I was 20 years old, and the whole idea of examining female patients just frightened me to death. That's why the safe bet was pediatrics. Right?

AS: Right.

JD: So that's why I was going to do pediatrics. But after my experience at Baltimore City, I did examine some female patients. I still felt very uncomfortable, but I took his advice and decided to take all internal medicine electives and never came back to pediatrics.

AS: Mm-hmm.

JD: In a way, that was good. So, I went to Howard, I studied there. Let me tell you something funny. You were allowed to "study away" for two quarters. Quarters are nine weeks. Right?

AS: Okay.

JD: Half the semester. So you could study two quarters without seeking any type of special permission. You just have to have a preceptor that says that you're going to be doing something in academics and that they're going to evaluate you, and they're going to send your grade type to them.

AS: Okay.

JD: So I did that, the first two at Howard. But I had one more quarter left, and I didn't want to go back to Hopkins. So, I got all these papers to give special permission, but I caused so many problems *[both laugh]* by that time at Hopkins – right – that I got special permission in 24 hours.

AS: Oh, my gosh.

JD: Dr. Marshall laughed when he told me. Right? Okay? He called me, and he said, "Jim, I don't think they ever want you to come back." *[Laughs]* So I stayed, but I came back to do my senior year.

AS: Okay.

JD: And that was – senior year was very easy – because when I got back from Hopkins, from Howard, I was already a physician. I'd already served as the House Officer, they call it an "Extern," admitting patients to the hospital. So, all the things that the interns would do, but I did have one more year to complete. I wasn't interested in surgery. I remember when I took my surgery, I took the least competitive program. I didn't want to compete with people who were going into surgery.

AS: Yeah.

JD: And there was a little hospital further down Broadway at that time called Church Home. They had a foreign residence there and they had a surgery program. That was the program that you got sent to if the surgeons didn't want you. Right? *[Both laughs]* So I volunteered. I wasn't going there, right? That was good, that made it easy. I went there and I remember they would wake me up during the night because the surgical physicians – residents – knew very little internal medicine; so they would wake me up, and the fact that I was there – because I could take care of all their medical problems. People came in blood clots; I knew how to anti-coagulate for any type of infection because I'd done that, preparing them for surgery and all those types of things, reading the EKGs, all the types of things that internal medicine doctors could do, I did that. But during my whole surgical residency, I went to the OR one time.

AS: That seems a little abnormal, right?

JD: Right. So at the surgical floors at Church Home, I knew all of the indications for surgery, but doing surgery? No. No. In fact, I was still sort of – that one time I went in, I was okay – the nurse kept asking me if I was okay. *[Both laugh]* I can't even watch surgery now.

[1:30:00]

AS: Yeah.

JD: Yeah.

AS: I'm just really curious too. I know you did internal medicine, but I think you also mentioned doing something with infectious diseases. Was that – that was during a residency or like a fellowship?

JD: It was afterwards. It was sort of like a fellowship where I studied with Dr. Marshal as my preceptor. I did cases with him; I wrote up cases with him. But part of that time, I actually got paid...they were my private patients, and I did that with him. So I was able to do infectious disease based upon that training, but when I came back to Howard the first time, my second

rotation from that week was with infectious disease doctor.

So, for nine weeks, I did infectious disease all over Washington D.C., because Howard's strong point at that time was this tropical/infectious disease medicine. And GW and Georgetown would come to our conferences, and we would travel to their places. And our infectious disease people were really fantastic, so that's why I was interested in that. However, remember I told you I was married?

AS: Mm-hmm.

JD: So, I graduated from Hopkins…oh! I had an individual protest at graduation.

AS: Okay.

JD: Okay? I had felt that the institution had let me down because they really – because they had exposed me to a tremendous amount of racism, not only me but to a lot of patients – I saw a lot of disrespect there. The way I was treated, that was fine because Vivien Thomas said, "You know, get over it. Stay here and do your thing." But, the way that a lot of the patients were treated and were still being treated at the time that I finished – right – the way some of the students who actually graduated with me, how many times they'd been put on academic probation. Many times, they'd been threatened they had to go to summer school and things of that nature. Right? It was a real struggle. And fortunately, I did okay, but some of the other students, they did not, but they made it to the end. Right? It was graduation time. Now, I was going to go because my father wanted to see me graduate.

AS: Mm-hmm.

JD: But, I wasn't going to wear that cap and gown and pretend as though all was well. So I put on a little suit, and, you know, I figured I'd earned the degree, so they couldn't tell me I couldn't participate. So, that's what I did. And I wanted all of the visitors there – everybody who came – to wonder, "What is wrong with that guy?" Okay?

AS: Yeah, "What is the story?" Right.

JD: You know, "Did he lose his cap and gown?" But whatever the story was and, you know, I just felt better because Hopkins – when I left there going to New York, I felt that Hopkins was still a very racist institution – and that it had to go through a lot to change. I kept that attitude until my father went there for care, years later. I mean, it's like, "My word. What has happened to these people?" *[Laughs]*

AS: That's so interesting. Yeah, what time life was that for you when you took him there?

JD: I left there in '74. This was 20 years later, my father went there in the mid-'90s.

[1:35:00]

AS: Okay.

JD: And I went with him, and I was blown away. I mean, the reception that they had for us, the way we were received. There were African American people working in the centers and even as supervisors. And it was like, "Whoa. What has happened here?" If anybody had asked me before making that trip – should I send them over to Hopkins? – Even into the '80s I was telling people, "No. It's such a racist place. You don't ever want to go there." But that was wrong, that was wrong. Then, some of my patients went there and as their referring physician, I was treated with the utmost respect. I mean, you know? *[Laughs*] When my best friend had problems with his eyes, I took him to Wilmer, to the eye clinic there at Hopkins. So, I wasn't part of that change, but I was impressed.

AS: Yeah, I mean, it's the type of thing I think that – yeah, I'm a "younger "person, but I would say that it takes an incredible amount of time to sort of change and turn the cogs and wheels within a historic institution, right? So, you know, I think I would probably have felt the same way, and then, who knows what's going to happen in 20 years? Like, you have no way of knowing that things would be significantly changed.

JD: Oh, yeah. I mean, really changed. But going back to me going to New York.

AS: Yeah, you were at Columbia or...?

JD: Yes. I told you I was married. Well, that's something else that's wrong about this too. I was in a Columbia program at *Harlem Hospital.*

AS: Oh, okay.

JD: Harlem Hospital. In Harlem, 135th and Lenox. And my wife had been accepted at NYU.

AS: Okay.

JD: So the arrangement was that she come back to Baltimore. She'd defer going to graduate school while I finished my training at Hopkins and Baltimore. And the next year, she would accept the scholarship that she had at NYU, and we would go to New York. So off I was to New York, I wanted to stay, I wanted to go back to Howard, but Harlem doing something special at that time. They had a program that was a part of Columbia University where the people who taught us were Columbia professors. They were on the faculty there, but the hospital setting was Harlem Hospital, it wasn't Presbyterian. Occasionally, we would go up to Presbyterian for seminars or things of that nature. But all of the work was done at Harlem, and fellows from Presbyterian in all sub-specialties would come down to Harlem.

And there was a professor there, he was the head of medicine there, his name was Thompson – Gerald Thompson. And he was recruiting African American students to come and be part of his house staff. He was recruiting from what he considered to be prestigious institutions. So, when I got there, the house staff, I was the only one from Hopkins, but there were house staff from Columbia, from Harvard and Tufts, from Einstein, so we were all there. But the Harlem experience was good and bad. I'll give you the good first.

[1:40:00]

The good was that I learned very quickly how to take care of people. I could work in emergency; it was almost like almost nobody died on my watch. Like, I worked in the emergency room. I worked in the intensive care unit. I was doing things, saving lives and doing things that I never dreamed of before. I knew it – I was putting people on ventilators, all types of things, but that was the good. It was like trial by fire, you have to learn very quickly, because at night you were the doctor. Nobody else was there.

You might have had some other residents there, of course, but they were residents too. They had just a little bit more training than you did. But I also liked the fact that the professors there really cared about us and to make sure that we learned, because a lot of them wanted us to go into academic medicine, so from a learning point-of-view, it was very good. Harlem was the bad part. I had been at Howard, and at Howard, I took care of little ladies that just happened to have diabetes, and the diabetes wasn't doing do that well or they developed renal failure from the diabetes over 30 or 40 years, and I worked with...everybody cared about everybody else. And these were people that things had happened to them – they had thyroid disease, or they had a heart attack, myocardial infarctions – you know what I mean? And at Harlem, almost all my patients were either drug addicts or alcoholics. It was like – that part I told you it was my

effort to save them from themselves. And Edna Young. I have to tell you, a lot of these things are still in my mind. Edna Young. And this is going to sound really gross, but you have to hear this, okay?

AS: Okay. *[Laughs]*

JD: I first met Edna Young when she came in vomiting blood. Okay? Lots of blood, not from an ulcer, but she was bleeding from varicose veins around her esophagus because she had liver disease. Edna Young was in her late 30s. She'd been drinking since her teenage time. She had – I put the NG tube down, bringing her blood up – I was pumping blood in, almost as fast as it was coming out. You know, there's no way you can do this without getting covered this with the blood, because you have to change where the NG tube has been drained and all this.

She's in our intensive care unit. Edna Young survives. Then, that next month I left the intensive care unit to go to the regular floor and Edna Young's on the regular floor. She's still in the hospital, and she's getting better. Because of her liver disease, she's not bleeding anymore, but she has what's called some degree of encephalopathy, there was something wrong with her brain because of the liver disease, metabolically. And they told her that she's on a special diet, somehow under my care – she's now my patient again – she eats this tuna salad sandwich that someone brought in to her. And that sandwich gave her so much protein she couldn't handle it, she was headed toward coma. Okay?

AS: Wow.

JD: Back to the ICU, she's in a coma. I would go in from time to time to check on her because she was going to come back to me whenever she left the intensive care unit, they tried to make sure she didn't know a doctor that didn't know her.

[1:45:00]

JD: Long story short, she gets out. Then I'm working in the emergency room again, and she comes in again. This time, more bleeding, but she gets admitted to someone else, before my internship was over, she comes back to us, and this time, she's admitted to the regular floor: she had a stroke.

AS: Oh my gosh.

JD: And, you know, I feel terrible because I'm thinking that the stroke is going to save this lady's life. She stayed there, and ultimately we sent her to rehab. She was paralyzed on one side, she gained some of her strength back her side, but she went to a nursing home. Like I said – she's in her

early-30s – I think maybe I was a resident there when she came back with the stroke. And so, you know, she goes to a nursing home. So, I figure unfortunately she's going to be in a nursing home for the rest of her life, but at least now she's no longer going to die from the alcoholism.

AS: Right.

JD: Okay. So next year, I'm working in the emergency room. Who has gotten out of the nursing home, back on the street? Somebody's bringing her alcohol…here she comes in bleeding again. Unbelievable. Unbelievable.

AS: Yeah.

JD: Okay. But I tell you about Edna Young; just an example to show you the types of patients we were getting at Harlem. I didn't like my experience there. I started to lose a lot of my compassion – it's hard to care for people who keep trying to kill themselves.

AS: Yeah.

JD: And there were other people around me who felt that same way. It was so different from any experience that I'd ever had before, especially the experience at Howard. So I decided, "I got to go back to Howard." So that's what I did. I went back to finish my residency there. I couldn't do it immediately as I worked a year at Harlem, meaning as a junior faculty person. So, I had an appointment there, just to do something until I could finish my residency. So, I was so glad to get back to Howard and back to Washington D.C.

AS: Yeah. So, I mean, that's an incredible story, and I think you're exactly right. You know, it sort of shows the evolution of like you as a doctor and realizing how hard that was on you and what it was taking from you to see patients like that. You know I think that's probably left an incredibly lasting impression on you. So, I'm also really curious about like the sort of...in the same vein of that question, like the how you decided what, you know, your next steps were after medical school. Like, because I think you went into private practice. So, maybe you could just tell me about that transition and if you could describe your work, because I know that's something that I think you did for the majority of your career. So I'd love to learn about that too.

JD: Okay, yeah. So I came back to Howard and finished my residency. While I was still doing my residency, my wife – another wife – was working at Howard, she was a nurse that I met at Harlem.

AS: Okay.

JD: So that was another good thing that came out of Harlem, but anyway. We went here, and I went by to pick her up one day, and she was working and going to school at Providence Hospital. We only had one car, so I went by to pick her up, and standing at the elevator waiting for her, I see my old Black student advisor from Hopkins: Dr. Marshal. So, I had already accepted a job sort of, it hadn't been fully processed, but I was doing that, to work for the health department here in Washington. I wanted to do that because I thought that would be a great service to the community. I was going to try to go up that ladder and get involved with making policy, health policy. Right?

[1:50:00]

But definitely staying in the African American community and trying to make sure that wherever care was delivered, it would be delivered with respect and dignity for our patients. So, I was still in that mode. I ran into him at the elevator, and he asked me what I was doing. He said, "Oh, that's good. You know, but you ought to consider coming to work with me." So I thought he was joking, of course. So, I said, "Well, good. What will I need?" He said, "Just bring your stethoscope." Okay. So *again*, I thought he was joking. And my wife comes down, I introduce her to Dr. Marshal. He was a little surprised because he knew about my other wife, from before.

AS: Yeah.

JD: So, about three or four days later, he knew I was at Howard, as a resident, I get a call – I get paged, and it's him on the telephone. He's paging me. So I answer the phone, and he said, "Really, you need to come down to see me, see my office, because this would be a great chance for you to get into private practice, and I really need your help." So I go down. He's always looked out for me. And I said, "Well, maybe this is a good way to do this instead of going into the D.C. government clinics that they had around the city." I said, "Well, maybe I'll do this."

I then made a commitment to him, and I called the people – Dr. Kelly – and told her that I was not going to join them. She subsequently became the Chief of the D.C. Healthcare here in Washington. But at that time, she was the one that I talked to and interviewed with, so, I told her I was going to work with Dr. Marshal, he was part of a group that were five OBGYN doctors and two interns. But one intern had left him a year before, so he was the only intern with the group and it was overwhelming because he was getting lots of referrals working with five people, and at that time he was working at three different hospitals. He was doing infectious diseases, especially at Providence Hospital. So I worked with him for a year, and

then I said, “I want to do infectious diseases.” So he said, “Good.” We started seeing patients together. In fact, I started getting more infectious disease referrals than he did because he was busier than me. So, that worked out. Let me tell you about that group – there were eight of us in the group, five OBGYNs, two interns and one radiologist. I’ll tell you, that was 1978.

AS: Okay.

JD: 1978. That group, we were the second-largest African American private medical group in the country: it was just eight of us. The largest one was – they had about 25 people out in Los Angeles, and they had more specialties than we did. But at that particular time, African American doctors weren't really working together. To say that we were the second largest, and there was only eight of us.

So I worked with them for 12 years, and unfortunately the group started breaking up. One of the partners in OBGYN left. Then, another one was going to leave. I had an offer to work with another group. And I did that; I left that group after 12 years and decided to work with another group. One of the reasons I left the first group was – remember I mentioned HMO's before?

AS: Mm-hmm.

JD: Okay. Now, what happened was if the group took the HMO, I had to participate also. Right?

[1:55:00]

AS: Mm-hmm.

JD: So what happened was, the HMO – there was a new way of practicing – before people had what we call the indemnity plans where old insurance...like the current day Blue Cross Blue Shield, where you provide a service and the insurance company pays you for your service. Right? They allowed you to make decisions about how you were going to practice, how aggressive you were going to be in terms of trying to diagnose what's going on with your patients and how *caring* you could be. In other words, if you felt that this patient really needed to be hospitalized, that was enough. That was all you had to say.

So I practiced like that for about eight years or nine years and then the HMOs came to town. And the subspecialties started losing patients, the OBGYN guys started losing patients because their Blue Cross Blue Shield and others – there were other indemnity plans – started opting for less

expensive HMO plans. So I had to also. Now, they could continue doing what they were doing to the most part, but they had to be referred by internal medicine people. Many times for an OBGYN, women could see their OBGYN without getting referrals for most of the plans. But – for me to take care of their patients, I had to participate. What happened was, I kept having one conflict after another with begging to take care of my patients. This is something new, if I felt that a patient needed a particular study, then I wanted to do the study, I felt that the insurance companies was to pay for the study. It wasn't that I didn't feel that I had to justify why it was doing it, oh, no. I'd done that with the indemnity plans. You know? It's their money. They want to know why I was going to do it. I was going to tell them. Right? And document. But the whole idea that they could say, "Well, we're going to take you to our medical director and see if it's necessary" – I did not like that. Then, I would order studies – right – and the studies wouldn't be done.

Even sometimes after I got what's called "prior authorization." The worst part was the right prescriptions for medication, and based upon my experience and my knowledge, this was the best thing for the patient. There were some medications that we had abandoned, we no longer used because we had better drugs at that time. Right? And I was sort of forced to use their formulary, and it wasn't so much that they were generic, but there were a lot of drugs that we no longer use. They were all inexpensive and all very cheap drugs, and so, it was always a battle for me to get – every day, I'd spend a large part of my time interacting with the HMOs to see if I could take care of my patients.?

AS: Mm-hmm.

JD: So, when I went to the new group, they didn't participate with the HMOs. So I decided that I'm not going to either, and this is 1990. A lot of people told me if I didn't do that I'd be out of business – everybody – everything's going to be HMO. And I said, "Well, when I have to make that adjustment, I will." So, with a new group, I worked with Medicare, I didn't work with Medicaid anymore because Medicaid started taking on HMO types of dealings where they were constantly supervising you. They'd come to your office and things like that. In the hospital, I took care of Medicaid patients, but I wouldn't bill them, it was just free.

[2:00:00]

In other words, I took care of whatever patient – I would never turn down a referral – that's just crazy, I mean, it's about the patient first.

AS: You were saying at the hospital you wouldn't bill the Medicaid patients…

JD: So no, so in the hospital even if it was an HMO patient, and I didn't participate, I would see that patient. And sometimes, I get in trouble because I would forget it was an HMO patient, and I would go in the consultation and recommend what I felt was right for the patient and then find out later it had not been approved, and these are patients in the hospital. But anyway. Unfortunately, the head of that group passed away, a young man, he was a cigarette smoker, and when I say young man, he died at 58 years old.

And he was the head of the group and really the main reason why I liked the group and I was part of it, was because the others in the group – he managed them. See what I mean? Including me. There were only two full-time people in the group. That was me and this doctor. All the other people are part-time people who came there, with different specialties. So, when he passed away, he was actually the administrator, he ran the business, with me – administration's not my strong point. But after that, it was so hit-and-miss. His widow tried to take over the administration part, her name was Franny.

And I tried to help her as much as she could...as I could. But after a while, it was clear that the best thing was for Franny to sell the business, to sell the practice. And she did that. The new owner asked that, "Would I stay?" And I told them I would stay for a while. Because there was a physician there that was just starting, and he wanted somebody to sort of be like a preceptor for him if he had any questions; he was just starting practice, just out of residency. So, I told him that I would but only for a little while. In 2001, I left that practice and started my own practice.

And then, the practice was never was big as the other practices, but it was limited by the insurances or whatever. My patients were getting older just like me, so a lot of my patients were Medicare patients then. In fact, when I finished practice, over 75 percent of my patients were Medicare patients. They were old like me. And, you know, one patient during the time when I retired – she said, I was in a new office, and she came in, she sat there, and she looked at me, and she said, "Please tell me this is your last office." *[Both laugh]* She told me that she followed me through six offices!

AS: Oh, my gosh.

JD: Now, two of them were with the first group, because that group had four offices, then I left that group.

[2:05:00]

Then my office and then two other offices that as I was sort of winding down and in my attempt to sort of cut costs. So, after 41 years, that's when

I retired. And my wife is an entrepreneur, she owns a home care agency, so I'm her medical director, and part-time administrator. Which I like a lot because home care – you know, we do a lot in the community – and have lots of patients. She has a fair-sized agency with about 280 patients. But I didn't tell you – remember I told you one that I was a doctor for Randall Robinson?

AS: Yeah, I was going to ask, you know – I think obviously you mentioned that you were really focused on serving the community in D.C., you know, I assume that the demographics of your patients are probably varied, but it's probably a pretty solid African American community. I also was wondering, like, if you had any memorable patients or cases, you know, that you want to share the stories of, and I think relates well to the story of Randall Robinson, so please share.

JD: Okay. Randall Robinson, in 1977, organized Trans Africa. At that time, apartheid was alive and well in South Africa. Meaning that it was an institutional form of racism that separated the races. And that was not only in South Africa but what was called at that time Rhodesia, and also in Southwest Africa, which is today in Namibia. Rhodesia is now Zimbabwe. There was active war going on in Mozambique and Angola at that time. So what happened was that during my time in New York, it's hard to be in Harlem without some politics wearing off on you, that's just the nature of being there.

So I got involved with some Pan-Africanists, who were very interested in trying to help Southern Africa get away from some form of colonialism at that time in some areas, and the white majority rule in apartheid. So what happened is, I was with the group there that called themselves the "Patrice Lumumba Coalition." We'd go to meetings, and I remember we'd meet 125th and Adam Clayton Powell, at the state building there.

So, Harlem was sort of exciting from that point-of-view. I met a lot of people; people from the United Nations who would come to some of our meetings and conferences at 145th and Lenox. There was something called Lenox Terrace, and that is like an apartment complex where Paul Robison lived there. And one of my associates actually took me to meet with some of Paul Robison's colleagues. They were very...oh, authentic. But they still lived there. So, I was more attracted to anti-apartheid movement. I always associated that with my early days in Little Rock, Arkansas.

But it was even worse because, there, we were always considered a minority in Little Rock, but here, the minority actually ruled and had the say about every aspect of life there. So when I left New York, one of the leaders of the Patrice Lumumba Coalition told me, said, "When you go back to Washington, look up this guy. This guy is starting something. I

think you'd be interested in that." And it was Randall Robinson. So I came down, I didn't do it right away. I was giving a party, I can't remember what the party was.

[2:10:00]

When I first moved here, I lived in an apartment. And we would gather a party. And I invited Randall to come and meet some of the people there, because he was trying to build this organization, Trans Africa. He always teased me, how – he came to the door, and I let him in, and people were dancing, and all of a sudden, they cut the music off, and Randall had to tell a story. Then, I sort of pointed at Randall and said, "Now there would be Randall Robinson," trying to offer him up *[both laugh]* – but Randall had some medical problems, and I became his physician over time and a supporter, and I served on the Board of Directors.

In fact, I was the Treasurer of the Board of Directors for years and years and years, from the mid-'80s to – well, into this century. So Randall left, but other – and they, Executive Directors, came. But we got very much involved with the Haitian Crisis during the time that a lot of people were leaving Haiti. And he decided, you know – nobody was listening to us. And this was during Clinton's Administration. Nobody would listen. Everybody would say, "We understand." It wasn't like, "We disagree with you."

It wasn't like in Reagan's time where their secretary – we had a meeting once with their secretary of – it was their "Undersecretary for African Affairs." And the first thing he said when we sat down, was, "You know you guys are going to be out of business for the next four years. What are you going to be doing now? This anti-apartheid stuff? Just forget about it." So, Randall – I would check on him every day. He did it, from the office, like I said, for almost three months: it was just liquids and fluids. He got to the point that he wasn't able to support his volume enough. He had developed tachycardia, rapid heartbeat; a lot of dizziness.

So, he needed to be admitted to the hospital. I arranged for him to be admitted. And, shortly after that we made the arrangements with the state department that refugees would be picked up, put on the Navy ships and they could appeal for asylum at that time. And if they didn't make it, the Navy ship would take them safely back to Haiti. I liked being involved with politics like that, not electoral politics, because that takes all your time. But something where you're supporting a cause, and you put in your effort, your finances to help a cause.

The anti-apartheid movement had some victories. I'm not satisfied with the way some of the things turned out, but we always felt that we did our

share. We did what we thought we were supposed to do. The deal that South Africa had was a terrible deal, it's just awful, and Zimbabwe is a country in total chaos. But we did get the anti-apartheid bill passed for the divesture bill; where you couldn't invest in South Africa, the corporations had to take their investments out in 1986. And that was like one of our good days where the House and the Senate passed it, and it went to Reagan – Reagan vetoed it. It went back to the Senate. And the Senate – they did an override on the veto.

[2:15:00]

With over 70 votes. And shortly after that, what we thought the apartheid was going to come own, there was going to be real change in South Africa; that didn't happen. It was something where a few people benefited from it, but now it's business as usual. And the overwhelming majority of South Africans, it's an economic apartheid now.

AS: I really appreciate you sharing that story, and I think it's important, you know, for future doctors and those types of people at Hopkins, even students now, to think about ways in which they can use their careers or use their expertise in different ways to support people or movements or organizations. I think it's really important to think not just about...because we kind of all get absorbed in our career. And so, I think those are ways that you've made other impressions in the world and you've been able to kind of leave a lasting impact elsewhere. I have a couple more questions for you if you don't mind.

JD: Okay.

AS: You know, I think that one of the things that you spoke well to were challenges that you've faced in your career. And so, I just wonder if there's anything else you want to highlight as a challenge that you experienced. But then, I'm also really curious about what your proudest moments were. I think activism is probably one of those. But I just wonder if there's any other moments that you're particularly proud of that you'd like to share.

JD: Activism is a good – that's something that I like. I'm a big baseball fan, and I tell you that just to share this with you. I remember years ago I was talking to a friend who knew I was a baseball fan. And I told him. I said, "The only thing that I enjoy going to more than a baseball game is a good demonstration."

AS: I would agree with that.

JD: A good demonstration. So this, you know – like during the anti-apartheid movement, I was arrested three times out in front of the South African Embassy "demonstrating illegally" – whatever that means. Well, no, it was two in front of the South African Embassy. One in front of the White House dealing with the Haitian issue. But to say highlights, all the political stuff, I'd put that to the side. The highlight is really when I've really made a difference in peoples' lives from a medical point-of-view.

I remember when I was working with the first group, I told you about. I was at a women's hospital, because I was almost every day because my partners were in OBGYN, so I'd see their patients and I'd see everybody's patient. They knew that I was there every day, so I'd get referrals all the time. This was where I got some called out to an office, and I promised this doctor I would come and see his patient. She just had a baby, and she developed this type of interstitial fluid, so it flooded her lungs, called "shock lung."

There was another name for it then, but essentially it means that fluid rushes into the lungs, and it's hard for them to breathe, and that fluid unfortunately, is hard to dialyze. You can't give a diuretic in the fluid to get rid of it. It was a major cause for post-partum death. So, I get there, and she's in this little OBGYN hospital, Columbia Hospital For Women. And it didn't even have an intensive care unit at all times. They would send for these intensive care nurses if they ever needed it, and it was set up in a room down the hall. So, they had a room down the hall, and we got her hooked to a ventilator.

[2:20:00]

And the day went on, you know, into the night. I made arrangements for her to get transferred to a hospital – to Providence Hospital; talked to the intensivist there in the intensive care unit and arranged for an ambulance to come. And I rode in the ambulance from that hospital to Providence and got her hooked up to a ventilator there. But there was something new that the intensivist knew about. It was a way of paralyzing the patient and then having this constant flow through the lungs. So, you could oxygenate a person by just pushing this air in and other air would come out.

So we decided to – her lungs looked even worse – we needed to do this, so we did this. I remember her husband. They'd just had a baby, *just* had a baby. And I remember her husband, he'd come to the ICU at Providence. Every time I saw him, I had to reassure him that she was not comatose. That we were inducing this coma because that's the only way we can breathe for her. And we kept checking her oxygen levels, it was a slow process. We could get chest X-rays for her, and over maybe a week's period, things are getting better.

So, we decided that we can now intubate her and do the conventional ventilation with the ventilator. So, we intubated her again, and when we did it, in retrospect we may have done it a little too soon. But she was oxygenating well enough, that we still had to sedate her a little bit, because people would we call "fight with the respirator"...you know, it's hard to let something else breathe for you. So, we did that and she was a little more alert, which is a good sign, and her husband was *always* there; you know, these are young people.

And slowly, she got better. We had to...what's the word? We had to put a trache – we had to do a tracheotomy on her. Because after a while, you can't leave the original trache tube in or they would destroy the vocal cords and other parts of the trachea. So we had to take that out and put a trache in so she could breathe there, and that was good because then she was more alert, and she could assist the ventilator, which means it would only work when she took in a breath. She'd initiate the respiration, and at the end, the ventilator would push just a little bit more air in. She was able to sit up, she was able to eat because she didn't have the endotracheal tube down anymore; wasn't in her mouth. So she could eat and swallow. She got stronger, and eventually, she went home to her husband and her baby.

AS: Aw, that's amazing.

JD: Yeah. I remember that first night...I didn't have time to call my wife and tell her what's going on.

AS: Yeah.

JD: So, she was calling, she called my partner. She was trying to find out why – where am I? So after she got stabilized that next day, I called her and told her that I was at Providence, but I needed her to come pick me up so I could go get my car, which was at the other hospital. But that was really something. You go to the hospital, they have a baby, you don't expect baby to die, and you don't expect the mother to die. But what was that? What is it they call that syndrome? In medicine, we call it shock lung, which means a lot of fluid in the lung, I can't remember what the OBGYN people were calling it at that time.

[2:25:00]

The other thing I like is that as you practiced for 41 years, you get to see several generations of people. I have families where I've taken care of three generations of people. Even now, I hear from them because I kept my old telephone number, it comes through to my cellphone, and I do that so people can call my office number, it comes right to me, so I hear from

them. And their parents – the original parents, the parents are gone, the grandparents are gone. But some of the same medical problems that I saw in the grandparents - now I'm seeing with some of the children who are now young adults.

And seeing their parents, the parents, who are older adults like me. But I think most of the satisfaction, right, has come through from my practice and not from the politics. But I think that the practice was the most rewarding. And seeing the people and using your knowledge to help people over a long period of time. I think that it's not just taking dignity and respect into your office; you have to take a little love into your office too. That's so important. Of course, if I had that attitude everybody – this is me being me now – but everybody in my office had to have that same attitude. Otherwise, you weren't going to be there very long. *[Both laugh]*

There was a guy at Howard. I took a patient a year ago, even after I retired, she was having problems, and she was developing a dementia. So she needed to get an MRI of her brain. So I took her over to Howard to get it, and unfortunately, I had not gone through the proper channels. Maybe I was out of practice. *[Both laugh]* I did not go through the proper channels. So I'm there, sort of looking very disappointed because I've gone to pick this patient up and take her to get this study done, and what happened is the supervisor from Howard – he saw me. I was getting ready to leave. He came in, and the first thing he said – I love this guy. He said, "No. No. No. Nobody goes home unhappy." He figured it out – he got somebody from another department to come into a place that was closed because of the pandemic and get the information that he needed so she could get her study done.

AS: Oh my gosh. Yeah.

JD: I like to think that for my office also, nobody left unhappy.

AS: Yeah. That would be, for sure, a highlight of a successful career. So I definitely agree with that mentality. I think I'll bring this to a little bit of a close. But I think one of my other questions for you is...mentorship and medicine are huge parts of your life. But I'd love to hear about like some more personal things if you're willing to share maybe more about your family. I know you mentioned you have a daughter. If you want to just tell us a little bit about your partner and your kids. I'm also really curious about what you do for fun and what your plans are for retirement other than working part-time. So what does your future hold?

JD: Okay. Let's start with family first.

AS: Yes.

JD: You remember I went to New York because my wife had been accepted at NYU, and that's what took me to Harlem Hospital, which is really great, in retrospect that I went there even though the experience sort of turned me off a little bit and started to change my attitude in ways I did not like?

[2:30:00]

Well, anyway, she never went to NYU. She, while waiting to start in September – and we arrived in July, in late-June – she got involved with a theater group down in Saint Mark. The Enigma Ensemble Company. She was in technical theater, so like stage managing and that type of thing, not acting. She got very much involved with that and decided not to do school at all. She decided to pursue that career and became very, very good at what she did.

So much so that after three years into that...I don't know if you ever heard of a play called *For Colored Girls, "When the Rainbow Is Enuf,"* I don't know if you ever heard of that play before, but it was a big Broadway play at the Booth Theater. Even though she was in her early 20s, she was the stage manager – which is the highest technical theater position that anybody can have with a Broadway play – she was the stage manager for *Colored Girls* at the Booth Theater. That was good for her.

However, Harlem was all-absorbing, meaning the husband when I was in school, unfortunately, I couldn't be the same husband. Some months, I worked every other night, which means I was in the hospital every other night. It was very brutal. And that's not the type of relationship we had; we had one where we shared everything and went to all these different places and everything. So, there she was in New York City doing her thing in her career without a real partner. So, when she sort of encouraged me to stop my training so that we could get to have things the way they were, I almost did. I went to the point where I had one more thing to do to quit. And then, I changed my mind, and I went back and finished my training.

And she moved on, and that was okay. We didn't have any children. So it was like – she was like a starter wife, I know that it sounds bad, but *[both laugh]* so we got divorced and I got remarried in '77. So, my wife and I, we have two adopted children. That's my daughter, Nia – who teaches English to speakers of other languages. She works in the – she writes for an online magazine, and she works in the office with us. I also have a son who is a dispatcher at a trucking company in Western, Maryland, but he actually lives in West Virginia. The cost of living in West Virginia is much cheaper than this area.

AS: Oh, I'm sure.

JD: So, he actually lives close to his job, he's only 20 minutes away, but his job is in Maryland. He lives in Martinsburg, have you ever heard of that place before?

AS: I have, I am familiar because I used to work at the B&O Railroad Museum, so I know it's a train town.

JD: Yes, yes.

AS: Yeah.

JD: He lives Martinsburg. And so, he's younger. She's in her early 40s, and he's nine years younger, in his 30s.

AS: Okay.

JD: And my father's passed away, mother's passed away. All my sisters and brothers –- well, no – I have one brother, my stepmother's son who lives here in the Washington area.

[2:35:00]

He works for Metro, which is the subway system here. All my other brothers and sisters are retired; one's a retired postman, that's the younger one. My sister's retired from IBM, but she lived some of her life in New Orleans where she owned a home care. And my brother is a retired General Motors employee, he worked for General Motors in Northern California before they left, and then, he had to move to Michigan and then to Kansas as General Motors started to shrink. The union started to shrink, but he worked during the time where the benefits were good, and they weren't denied those benefits later, the union insisted on that. They all live in a little city called Emeryville. I don't know if – have you ever been to Northern California?

AS: No, I haven't.

JD: Okay. Well, Emeryville is a little city between Oakland and Berkeley. Okay? And in fact, the address system, it's the same as Oakland, it doesn't change.

AS: Oh, interesting.

JD: When you get to Berkeley, it's a different system. But that's where they live. They live there. And they all live together. *[Both laughs]* Which is very weird. But they live in what my current wife calls "the compound."

There are four apartments, two in front, and there's a courtyard and there's two in back. When my sister lost her husband in New Orleans, she sold her business and moved back to "the compound." And the other two, my brother left Kansas City, moved back to "the compound." And my little brother, he always lived in Emeryville, he's always lived in the Bay Area.

AS: I guess if you're ever out of sugar, that's a good situation to have.

JD: *[Laughs]* Yes. Well, and these are the same ones I told you earlier I keep thinking I should come home.

AS: Right.

JD: No, not going to "the compound."

AS: Yeah, I don't know if it's for everyone, I'm sure.

JD: My wife, you know, I told you she was studying and working as a nurse.

AS: Yeah.

JD: She's an intensive care nurse. And she worked at Howard, she worked at Providence. Then while she was going to school, she studied psychology in school. She has a degree for Howard and a master's degree in psychology. Then, she started working on her Ph.D., and then she interacted with my sister on her home care agency in New Orleans and decided to start her own here. And that's something else, I'm not a very good entrepreneur. Thank goodness for her: she's excellent. I'm absolutely horrible.

But that's family, you know. There are two seasons in the year. There's winter and there's baseball season. You couldn't tell, but yesterday was the beginning of baseball season. So, at least two or three times a month I'll go to baseball. And before Washington got the team, two or three times a month I'd come to Baltimore – okay – to see the Orioles. I'm still an Orioles fan. And live theater, I like that. That's something that I try to stay on top of here in Washington. And whenever we'd go to New York, we try to work in a play there. Oh, and the beach! My sister came to visit us while we were – my wife and I were on the beach.

[2:40:00]

And my mother was still living then, a few years back, and my wife is from Florida. So, you know, she knows about the beach; especially up near Destin, that's in Northwest Florida. There's white sand, beautiful – it's a summertime beach, in the wintertime, it gets cold there; too cold on

the beach. So I was at the beach, and my sister was there looking at us and I'm running in and out, having a great time. So I came back, she's talking to my mother on the phone and she says, "Your son has become a beach person." Okay? So yeah, I love going to the beach. Most of our vacations are around going to the beach somewhere; even we'll go over to Atlantic City and the Delaware beaches.

AS: Mm-hmm. Yeah. I love Lewes and Rehoboth, I'm a big fan.

JD: Yes! And something else, like you mentioned Rehoboth, you know, they have a jazz festival there.

AS: That's cool.

JD: Yeah. And they have some of the greatest stars in the smooth jazz genre. So we go to that too. Some of it is in Lewes, some of it's in Rehoboth and some of it's in Dewey. Okay?

AS: That's so good to know.

JD: Yeah, it's every October. And these are the big names who come there, I don't know if you ever heard of Brian Culbertson.

AS: Yeah.

JD: Yeah, Brian Culbertson is there and people like that. And Baltimore's Maysa. I don't know if you know Maysa, but he's from Baltimore. And Baltimore's Kim Waters, I don't know if you've ever heard of Kim Waters.

AS: That name sounds very familiar, yeah.

JD: Kim Waters. He's out of Baltimore. But then, they have other people; Dave Koz goes there. And let me see someone that you might know, they don' have people like Kenny G. Okay?

AS: [*laughs]* Yeah, I know a few sort of big band-like group – or Blues band groups. So I don't know if you've heard of Rufus Roundtree. That's another group that I like to listen to, and they do like New Orleans-style jazz stuff too.

JD: Yeah, yeah, I know that name. Okay. New Orleans, I call it "brass jazz."

AS: Yeah, brass jazz.

JD: Yes. My sister lives in New Orleans, New Orleans is like a second home. So, I know New Orleans like – even when my sister left and we go down,

we still go to her church and – so we know our way around. So, I developed appreciation for that type of jazz too. In fact, the last time we went to jazz festival we went to hear Trombone Shorty.

AS: Okay, great, yeah.

JD: Yeah. And it's so strange that we saw him at Panama City Jazz Festival a week before that. And Panama City was a smooth jazz genre, and he was playing smooth jazz. Right? *[Both laugh]* I mean, oh, he's so talented. A week later, we have the New Orleans jazz fest, and he's playing the New Orleans jazz; all horn.

AS: Yeah. I think it's an incredible like genre of music, because there are so many varieties and the use of different instruments makes it sound so much different. That's very cool that that's a hobby of yours. So in closing, at the end of an interview I always like to ask if there's anything that you feel we've missed or that you wanted to add in our last few minutes together.

JD: No. I think we've talked about everything, and even talked about the things that I like. I have gotten involved with a school. It's the school for young African American boys' grades K through 5. It's a private tuition-free school kind of thing. It's an episcopal school, and they have 96 to 100 students there.

[2:45:00]

And it's all boys. It's been around for almost ten years now. So I go there as what they call a "lunch buddy." I go there – well, we couldn't do it during the pandemic. But once a month, we call it a "lunch buddy," and you have lunch with the particular class. And then, you follow that class. I started with a kindergarten class, my little guys are now 2nd graders.

AS: Oh, my gosh.

JD: I've missed their whole second grade. But we'll be back in the classrooms probably this coming September, and we'll get started again. But a lot of their parents are single parents – mostly female single parents – and since it's a private school, they come from Washington and Maryland. We don't have any students from Virginia, but Washington and Maryland. And like I said, it's truly tuition-free. It's sponsored by the Episcopal Church; we have a big fundraiser. The individual churches in this area support it. I'm not part of the Episcopal Church, I'm with another church, but my friend who's on their board of directors – he is – and a lot of other friends.

And it's something where we're feeling – we questioned the environment

in which some of the kids in public schools have to learn. So we wanted to create an environment that's more conducive to learning and, at the same time, we throw in a little ethics as well. So we want them to be good students but emphasize that they're all, they can grow up to be a child of God. So they know that, and they treat other people a certain way. So, that school is doing well. I have to raise money for it too.

AS: Okay.

JD: Yeah, but that's something that I've been doing.

AS: I think that – yeah. I think that really reflects truly your nomination as well, because I think something that everybody who wanted you to be part of IRB said, was just your incredible knack for mentorship and providing support and leadership for people who need it. So, I think that's just probably a continuation of that just with a different group of people and, you know, young people. So, I think that's... you're still doing what people remember you for. You know, when you were in your early-20s, so that's amazing.

JD: Yeah, that is.

AS: Well, I think those are all the questions that I have for you today, and I just really appreciate you taking the time to talk with me and share all these stories with me. I mean, this has been a really amazing experience, so thank you.

[End of Audio]