Perspective of Change:  
The story of civil rights, diversity, inclusion and access to education at HMS and HSDM

Interview with Alvin Crawford | September 26, 2016

JOAN ILACQUA: So I’m calling you today to do an oral history interview basically about your residency through Harvard Medical School. I’ve been working on a series of oral history interviews for Joan Reede office here and I believe you’ve met Joan Reede.

ALVIN CRAWFORD: I met, Los Angeles, yeah.

JI: Yeah. So I have been speaking with faculty members, alumni and staff, too, essentially about the history of diversity inclusion at Harvard Medical School, for the first series of interviews on this are really from the first era of black students at HMS. I’ve spoken with faculty members about affirmative action at the school. I’ve spoken to students about their experience going to Harvard Medical School, what it meant to be a black student, especially in the ’70s, and to faculty members who have taught here for many years, some of whom were students here. So Dr. Reede suggested that I talk to you, after you had an experience at a conference for, someone said, I think they are the
first black president of a hospital and you said, “I think I’m the first,” right?

AC: Well, it was really sketchy. It was an interesting thing. What’s your background? Tell me about you.

JI: Yeah. So I am -- my full title here is actually Project Archivist for the Archives for Women in Medicine. So I’m an archivist, but I do oral histories. I was trained as a public historian. That’s what I have my master’s degree in. My first job here was actually on an oral history project, focused on getting the stories of people involved with the Boston Marathon Bombing and I learned how to do oral history interviews through the National Park Service.

AC: Really?

JI: Yeah, and on this project in particular, we are coming up on, I think it’s been about two years, actually, that I’ve been working on it. And so it really -- the first big catalyst to doing this project was thinking about these people who have been here at the medical school since the late ’60s and making sure that we collect their stories before they retire or pass away. So I started with some neurobiology professors who are involved with the affirmative action decision at HMS and that I spoke with Alvin Poussaint and I’ve spoken with Augustus White,
actually, too, who are sort of (laughs) part of the older part of my oral history project here. The ultimate goal with the project is to make these interviews available online and in speaking with Dr. Reede and with Dr. Reede’s office, we really feel that students coming here now, who are under-representing minorities don’t necessarily understand the history of what that’s meant here, that there have been people who have been in similar positions who have really blazed a trail for students who are here now, whose stories I think are certainly worth listening to and understanding, and can be very reflective of the students’ own experiences now.

So in doing these oral histories, on the one hand we’re trying to make sure we’re saving stories for the historical record, that we’re giving people an opportunity to tell stories in their own voice and talk about their own experience. But also, ultimately we want to make sure that these are shared and heard and, yeah. So --

AC: Your history is good and you’re exactly right. So Joan, is her name Joan Reede?

JI: Yes, Joan Reede.
AC: Okay, so she related the story. It was sitting and hearing the president of the National Medical Association talk about the trials and tribulations in the ’80s, as he was the first [seller?] to go the school. And, well, some other things came up, but we were in a meeting of the [CAUSE?] Society, which is groups on the National Medical Association, and I said, Well you know, maybe we should step back just a little bit,” because actually was a resident there in the ’60s and the ’70s and we’re trying to put it together, how that could be because they knew that there had not been anyone here. And as you get to the Affirmative Action years, which are much later, and I try to give my spin on it, [00:05:00] and my maybe my spin is not correct, but I sent you some documents. And you got those, did you not?

JI: Yes, I did. I got a couple of photos of you at Children’s and MGH.

AC: Yes.

JI: And actually, I have a photo of you on the basketball team, as well.

AC: I the team physician. (laughter)
JI: And then, I got these two letters from you -- or letters sent to you: one from the Boston Orthopedic Club, and one from --

AC: Right.

JI: Or one from Richard Coggeshall -- “Cugeshal” -- to --

AC: No, no, he invited me to teach anatomy there when I was a resident.

JI: Yeah, so we have the proof.

AC: Let me tell you the convolution of it all.

JI: Sure.

AC: And there are two parts that I consider the convolution, if not confounding aspects of it. Is that once, society was a little different then. And I think institutions now, actually relish the gall, and perhaps promote the fact that they have African Americans on their staff, they’re training them, and so forth, and so on. But for six years, it was a different time. It was that -- now, this is all my interpretation, is maybe identifying blacks in those positions was derogatory, and perhaps identifying them as different from the rest. And so, as a result, I was another resident. And you can -- that’s sort of convoluted. But I cannot figure any other way with it.
I was there during the time Louise Day Hicks, and they -- well, there was a bit of racism in the city. But in terms of residences and fellowships, and so forth, and so on, that’s a one part of it. I don’t really know how well Harvard was interested, because it would tend to identify me and single me out, and maybe that wasn’t what they wanted to do.

But another part of is that I was being [funded?] to the government. I was a Navy -- I was in the Navy, but did my training there. So, it was -- all the records would show that I was there, etc., etc. My pay source was the US government. Now, whether or not they can -- that was different, I don't know. But do you understand what I’m saying?

JI: Yes.

AC: Those are the two confounding issues of it. However, the evidence there [its research?] that’s (inaudible) speaks for itself. I was there, and had trained, and I advanced, and did everything everybody else did, and finished there.

And so, that was through a period. I did my internship at Boston Naval, which was -- I don't know where you’re from,
but there used to but a Chelsea Naval Hospital, which is across the Mystic River. And we had attendings that would come from Harvard. And then I went out to Southeast Asia for years ’65, ’66, and then came back. And at that time, my chief had said, “Well, you know, we think that you’ve got all it takes for the military, but I think that you could be better served, and we would like to have you trained at Harvard.” And so, he made the relationship there, and then I became a part of the combined Harvard’s residency program, and that included time at Mass General in ’69 and ’70, and that’s probably the time of that photo, which was taken outside the Ether Dome, which was at Mass General -- it may still be there. It could still be there -- still there? Do you know?

JI: Oh, yes, the Ether Dome is still there.

AC: Okay, very good. Well, that’s where the photo is -- it’s an interesting photo. If you look to that, probably 80% of the people on that picture have been president of their respective societies, the American Academy of Orthopedic Surgery, Scoliosis Research, etc., etc.

But anyway, that was in 1968, 1969. I did Boston City in ’68, with a fellow at MGH from ’69 to ’70. Then I was a
post-graduate fellow at Boston Children’s from, I guess, January of ’71 to June -- to Decemb-- January of ’69, I think, to December of ’70. And then, did a post-graduate fellowship ’71 to January, to ’70 -- to June of ’71.

And during that time, the chief at the Brigham gave me a job. That was an extra plum job that I was the team doctor at the basketball team. And also, I did orthopedic [00:10:00] consultations at the Harvard Student Health Center.

So, that’s pretty much the story. I completed that, and during that time, we had -- each year, the Boston Orthopedic Club had a competition of the fellows of their respective research projects, and so forth and so on, and whatever they were doing. And I don’t have it in front of me. You have it, but I was the recipient of the Boston Orthopedic Club residents’ award night, for whatever that year was.

JI: In 1970, it says.

AC: Okay. Yes. But that would be just right, because then I was at Children’s, as a post-graduate fellow, as well -- of all of 1970, I was a resident at Children’s. And then, I
was a post-graduate fellow at ’70 -- January of ’71 to June of ’71. And then, I left the city at that time.

JI: And so, wonderful. I’m wondering, Dr. Crawford, if you could tell me a bit about before you came up to Boston; a bit about your background. I understand you went to the University of Tennessee Medical School. Would you mind talking about that for a little bit?

AC: That’s pretty -- this is going to be confounding for you. Are you ready for it?

JI: Sure.

AC: Well, I went to Tennessee State University in Nashville. And actually, I had a major in music. And I changed my mind from music to medicine, took the MCATs, and went into Meharry Medical School. And at that time, schools in the South, as probably most of the United States, the major schools, did not accept blacks. And I was from Tennessee, and my mother was a nurse in Memphis, and the president of the NAACP asked about her son, who was interested in medicine, and she said he was medical school, because the university had not found anyone, quote-unquote, “qualified” to attend the University of Tennessee. And so, asked if he could use my MCATs to submit. So they did, and the University came out with an edit that there had been a
person who had been found to be qualified, but since he was in medical school, then it was a dead issue, and they were to wait the next one.

We looked at the economics of it, and that was with the two siblings in college, and myself, where we mortgaged the house and decided that University of Tennessee was probably a reasonable situation. However, it would take a bit. It was a bit of a challenge. So, anyway, I applied to the University of Tennessee, and was accepted. And that’s how I got into the University.

I had been at Meharry, and it was an interesting situation. When I led the people at Meharry know that I was going to withdraw, and attend, the Dean thought that I was probably making a big mistake. The reason being that I’d probably be flunked out the University of Tennessee, but even worse than that, is that with the Jim Crow laws -- there’s a thing called the Southern Regional Council, which supports graduate education. And they would support black students from the South, who couldn’t get into their respective schools to go to Meharry. As a result of that, Meharry had the best and the brightest of blacks, but also, they got
support for that, and that was a private medical school. And he said that, “If you go there, and fail, we lose one black student, but if you go there and pass, then it may become a domino effect, and then other students will apply, and we might lose the benefit of the Southern Regional Council supporting the medical school,” if you can imagine someone saying that to a 19-year-old.

But anyway, that was my story, and I went to the University of Tennessee. They told me that they didn’t feel that Meharry was an accredited medical school, and as a result, I could take not courses with me. I’d been -- this was December, and I’d been in school since September -- and that I could take no credits, and no information. And the Dean of the College of Medicine said, “If my father was aware that I was interviewing you, he’d roll over in his grave.” And I said, “Well, boy, this is really getting interesting.” And then the Provost said that he didn’t feel that I’d gone to a qualified medical school, and I’d probably flunk out, and that was Provost possibly making the decisions. But being as competitive as I am, I said, “Fine, and let’s start.”
So anyway, I went to school. I started at the University of Tennessee, in January of [00:15:00] 1961. They had an accelerated program that they had from World War II, to get doctors quickly. And so, it was 13 quarters. They had a quarter system, and you could go in and out of a quarter at any particular time. And so, I went in, and -- and finished.

JI: That’s tremendous. I can’t imagine somebody telling me flat out that they thought that I would -- I can’t even -- I am -- sorry, I’m speechless, actually, over the, “If my father knew I was interviewing you,” comment.

AC: What you’ll have to relate to is 1960, in Tennessee, and it is what it is. And that’s what it was. And (inaudible) the history part of it. Then I went in, and I did very, very well my first year. But I was not put on the dean’s list the first two quarters, and the reason was that, quote-unquote, “I’d had the materials,” even though they thought that Meharry was not accredited school, and they gave me no credit for it. And then, when I did very well, they felt that it would be an unfair advantage for me to be on the dean’s list, because I’d, quote-unquote, “had some of the material.” So, again, that just made it more
interesting. I’m a very aggressive person. You don’t know me, but that was enough to encourage me.

JI: Absolutely. And so, after medical school, was your -- so you eventually came to the Harvard residency program. You mentioned enlisting in the Navy.

AC: Yes.

JI: Could you tell me a bit about that?

AC: Well, I did (inaudible) -- well, I was after money. I had absolutely no money whatsoever. We’d mortgaged the house to go to Meharry. And so, there’s a Navy program. It is now called -- you may not be aware of this. It’s called the HPSP. They help professional scholarship students program now. And you can join that today. You get accepted to medical school. But this was called a senior medical student program. So I joined that my senior year, and I was matched to the Chelsea Naval Hospital. It was called Chelsea, and then it was finally called Boston Naval, before they closed it. Again, it was right across the bridge, in Chelsea. I did my internship there. During the spring of my internship, came the Tonkin Gulf Resolution, which had to do with the -- let me ask you a question.

JI: Yes.
AC: Are you recording this, or it’s just listening?

JI: I have been recording it. At the end of this, I’m going to send you a release, and you can decide if you --

AC: Okay, that’s --

JI: -- want to sign it.

AC: -- that’s fine. I prefer that you record it, because it’s a lot of information. (laughs)

JI: Yes, no, no, no. And you just -- you dived right in, and so I didn’t want to stop you and give you the recording spiel. But I am recording.

AC: Okay.

JI: You --

AC: I’m good with that.

JI: Yeah. I’ll have you sign the release afterwards, to make sure that everything is above-board. And if you decide at the end of this phone call, you want me to delete everything, just let me know, and I will do that. I’m here to make sure that you are comfortable with saying what you’re saying, and -- yeah, and I find it very important.

AC: Sure, but that’s in particular with the dialogue. This is sort of current, because I’m actually writing an autobiography.

JI: Oh, wonderful!
And I’m up with this. So, anyway, that was a Chelsea. So I did my -- the Tonkin Gulf Resolution was what got us into Vietnam. So I knew as soon as my internship was over, that I would be in South Asia -- the Southeast Asia, which I was, in the South China Sea, aboard a Navy vessel.

Upon returning, I was assigned to Long Beach, California, and I met one of my old chiefs, who asked me what I was doing, and I told him I was going to match with the Los Angeles orthopedic hospital, and had been given a position there, but I’d have to pay back my Navy times. And he said, “Well, we have a position open now, if you’d like it. We have someone who dropped out.” And (laughs) within about six weeks, I was back in Boston.

So that was back in the Boston Naval Hospital, and my chief there, [John Howard?] -- and he was a (inaudible), said, “Well, you know, the Navy is good, but I think the Navy could benefit from your talents, and I think you would be a person to compete with Harvard. And we would like it if you were admitted there.” And so, he set it up with a fellow by the name of Art [Pampas?], for me to come to Harvard. And it was really interesting. You’d have to
know John Howard. He was like a father to me. But he met with Art, and he gave him my -- we had just started the orthopedic-in-training exam scores, and all of that. And Art said, “Well, sure, we’ll be happy to take him. [00:20:00] See if he can be here at 7:30 on Monday” -- whatever that was, then. I don’t remember what dates exactly. (laughs)

So then, Jack said, “Well, let me tell you [about this?].” You know, I was telling you, it was a fairly recently-charged [planet?]. There was Louise Day Hicks, and there was -- she was, I think the mayor, or something. It was a bad situation. But so, Jack said, “Dr. Pampas, I have to tell you that Alvin is -- is -- he’s a Negro.” I don’t recall exactly whether I was a “Negro” or a “black.” I knew it wasn’t African American. That didn’t come in till a long time after that. But anyway, Art just looked at him and said, “Well, do you think he could make it at 7:30?” (laughter) And that was the end of it. And from that point on, things were good.

So I did a clerkship first at Boston City Hospital. You’d have to ask them. And then, the residency, and then the
residency, '68, '69, '70, '71. And then, after '71, did a fellowship with the Children’s. And that was the time when [Rip?] Wilson, who was at the Brigham, would -- had taken a liking to me. He gave me the opportunity to be the team physician at Harvard.

JI: Right. And so, you were in Boston -- as you mentioned, Louise Day Hicks, busing -- I think busing officially might be 1974, but the lead up to desegregating --

AC: Seventy-four --

JI: -- the Boston Public Schools --

AC: Wasn’t anywhere near in '74.

JI: Yeah.

AC: No, [I don't know?] if it was '71, so that experience with -- it had to be before that.

JI: Yeah. She was on the scene for a very long time.

AC: (inaudible) (laughter) Actually, there was a fellow that was a Sergeant, who was the mayor?

JI: The -- okay. Hold on, the mayors and the -- I feel like White might have been the mayor, at that point in time?

AC: No, White -- it wasn’t Sergeant, it was White. Yes. He was the one, yes. Now, he [followed?] her, did he not?

JI: He tried to, and it went to court --
AC: Mayor White -- let’s go back again. You may be -- I don't know whether she was City Council or mayor, at that time. But anyway, she rose through the system. But all that is well-documented. So it’s whatever it is. (inaudible) But she was very, very, very much on the scene when I was a resident, and when I was at [Boggs?]. And I left in ’71, so if the record shows ’75, it’s interesting. That’s all I can say.

JI: Yeah, it looks like -- oh! She almost -- I looked it up. She was almost elected mayor in 1967.

AC: (laughs) Well, I’ll be darned! Then I think -- okay. So I stand behind what I said.

JI: Yup. No, you’re right.

AC: (inaudible)

JI: So -- sorry, I lost my train of thought. So, you eventually -- you left Boston, and did you go to Cincinnati immediately?

AC: Well, I didn’t. Let me tell you what. I had another -- I’ve had some wonderful experiences, and this will relate to it -- is that, prior to 1971, there had not been a segregated pediatric orthopedic service in the military. And I was the first that the military had trained, in a subspecialty of pediatric orthopedics. And as a result of
that, I actually -- prior to ’71, all of the time I had spent at Harvard, I was indebted two years for every one year for the military. In 1970, the military came through with an all-volunteer [forces concept?], and made us volunteer. So, all the military -- all the indebtedness was released, and I owed nothing.

But I had an opportunity to the San Diego Naval Hospital, which is the largest Military hospital in the world. It was looking to expand their services, and so, I went to the Naval Hospital of San Diego, and they gave me what’s called a VIP, which is a Vertical Incentive Plan, a contract and agreement to go and start the first pediatric orthopedics and scoliosis service in the military. And so, I was able to go to San Diego, and I always wanted to come back, and work at Boston Children’s, and be in the Harvard System. But all of my colleagues at that time, were junior staff, and junior lecturers, and so forth. And I went out as actually chief of the service. I was chief of the pediatric orthopedics service from ’71 [00:25:00] to ’75 at San Diego Children’s Hospital. (pause) I’m sorry, that’s incorrect. At San Diego Naval Hospital. Don’t let me say the wrong thing.
JI: Here, I’m writing it down.

AC: Okay.

JI: And so, actually, I’m curious, to jump around a little bit, how did you end up focusing on pediatric orthopedics? How did you choose that as a specialty? What drew you to it?

AC: It was good. It was good, and we’ll probably have to edit some of this out, okay?

JI: Okay.

AC: But anyway, I was pretty much at the top of my class. And the advisors, and if you’re at the top of your class, of course, you’re going to be an internist, a cardiologist, or something. And cardiologists sort of smoke their pipe, and were very cerebral, and they did a lot of stuff, and took care of patients, and medicated them. And I knew that I -- one, I wanted to do things with my hands. And as I told you before, I was actually a music major, in college, and I continued to perform. And I didn’t think that was a good idea. So I decided I wanted to be a surgeon. And so, then, again, the advisors, if you’re at the top of your class, you’re going to be a neurosurgeon. And I -- I didn’t -- when I saw post-stroke victims, and people who have had neurosurgical successes, they were still pretty
much impaired. I didn’t think much of that. Then I knew that I wanted to be a surgeon.

But the general surgeons were sort of -- let’s not -- they were a little bit -- I didn’t like them. And then I fell in love with orthopedists, because they weren’t saving anyone from death, but they were making everybody better. And I just loved it. You’ll find a lot of previous jocks -- I’m not one of them, who are in orthopedics, because they do arthroscopies. They get -- they make people better.

Well, I went to Children’s, and I fell in love with Children. And the thing was that children want to get better, and go out and play with their friends. And they don’t really care what you look like, or who you are, or whatever, so long as you can get them back to playing with their friends. And they love you forever. And I just feel in love with that, and not only that. God is good to children, and pediatric orthopedists, because you’ve got good tissue to work with, you’ve got -- and you can do a good job, and it will work out. And it’s just good. And I fell in love with pediatrics, and I’ve been in love with it
ever since. I never even thought about another career but pediatrics.

And then I subsequently got involved with a lot of scoliosis, and seeing the difference of a little 13- or 14-year-old girl who considered herself an ugly duckling, and would never wear less than a big, heavy coat on her back, to be able to be proud of herself, and sit straight, and stand straight, and not have a hump on their back. Just all of that sort of thing sold me to pediatrics. And I couldn’t have been happier with my career than that. But that’s pretty much the backstory.

JI: Oh, that’s wonderful. And so, I keep jumping to Cincinnati, but you -- that is where you really made your career, it seems. You were there for a very long time.

AC: I was there for five years, yes. And actually -- oh, no. And I don’t know whether they sent you it. Actually, I got a memo from the Navy, for setting up the first pediatric orthopedics and scoliosis and quote-unquote, “achieving renown,” if not worldwide status for it. Did you get a copy of that?

JI: I did not. I have the suggestion of you teaching the gross anatomy course at HMS, and winning the Orthopedic -- the
Boston Orthopedic Club prize. But I didn’t get a copy of --

AC: Okay, there is a -- I got a letter, and a medal for that. And I thought I had Jane -- did you get something different, maybe another two or three days ago --

JI: I don't think so.

AC: -- from Jane?

JI: I can -- I’ll double check.

AC: Okay, from Jane [Tom?] she’s my admin. But she was supposed to send you that. But I can send you that. That’s easy. Okay. (pause) But anyway, I spent that time in San Diego, but I received a -- what’s called a [Harvard?] Traveling Fellowship, that’s given by the American Orthopedic Association. And at that time, the Alfred I. duPont Institute was the best pediatric shop for putting out papers, and they had data collection, and so forth; far advanced to anyone else. And so, I got a sabbatical from the Navy in San Diego, and went to the duPont Institute to do a research fellowship for six months, [00:30:00] and then came back. And that was pretty much the end of my career in the Navy, because the fellow in charge of me at Wilmington, Delaware, which is where the duPont Institute is, thought that I should probably try
real-world. And the real world would be going to Children’s Hospital, or getting out at becoming something in the academic arena. And that was the beginning of the end of my Naval career.

JI: And so, you -- but you did end up going into academic medicine. Because you’re -- as I understand it, you’re --

AC: (inaudible) --

JI: -- a retired professor.

AC: I was in academic medicine all the time. It was just that the Navy has a transient population. You know, so they don’t have records on people 20 years ago. You know, and they had that. They had that, at the duPont Institute. And that’s why I went there. So, was able to start writing this. As a matter of fact, a condition called neurofibromatosis, which I was given as an assignment at the duPont Institute, there are probably written [more?] now about it in Children than in anyone else.

JI: Yeah, that’s -- well --

AC: Are you trying to get me to Cincinnati? (laughter)

JI: I’m still trying to get you to Cincinnati, but I’m curious -- I have a very loose question base. And I’m curious about Cincinnati. I’m curious about -- so, I am curious about your Naval career, as well. And sort of -- it sounds
a lot like the steps that you took in your career, at least in that earlier part of your career was you went where you could be the most successful. And some people have a definite route in mind, places that they definitely want to be, and it sounds like you always took advantage of the best place for you at the time. Does that sound about right? Am I reading it the right way?

AC: Well, I’ll tell you what. I think it was more the challenge. I wanted to go places that hadn’t been, and to do things that hadn’t been. And one, going to the University of Tennessee, especially when my initial goal in life was to be a musician. And then, leaving — getting into pediatrics, and going to the Naval Hospital, because there hadn’t been a pediatric orthopedic service per se, and to challenge that, to make it the best that it was, or could be. And that’s been pretty much it.

I left there, and at that point in time, there weren’t any institutions in the continental United States ready to have an African American as the chief of their service, especially in the major institutions. And I went from — I went for the money. I went from the Naval Hospital San Diego, to the Henry Ford Hospital in Detroit. And they had
plenty of money. Plenty of money. When I went there, they had $200 million that had been given from various sources, and I think mostly the Ford Foundation, even though it’s not related to the Ford family, per se. But it was that, if anyone should do any clinical research project, they had to be able to provide income within seven years. And with that, the Ford family gave another $100 million. So we had $300 million to do research. Not just orthopedics, mind you, (laughs) that was the entire hospital.

But I enjoyed that. And I possibly would have been in Detroit forever, except that I got this call from Cincinnati, and hell, I didn’t know anything at all about Cincinnati. I’d been through there once in my life. As a child, I played in a thing called “The Letter-Carrier’s Band,” that had a -- this is the Postal Workers. They had a band I played with, and they went to Cleveland, and we stopped in Cincinnati, but I didn’t know anything about it.

But they had some interest in having me to the Cincinnati Children’s Hospital and University Orthopedic service. And they’d never had one before. It was the same thing as with the Navy. They were gearing up for an academic orthopedic
center. There was a fellow by the name of Ed Miller, who saw this as a place to develop a tremendous power in academic orthopedics. And I think there were about seven people that were interviewed, and I was fortunate enough to be selected. And [00:35:00] it was something that I could pretty much start and take it to wherever I had to take it.

There was a fellow here, who was a private practitioner, who was a visiting surgeons there, [in Perlman?], but they didn’t have an academic center. But Ed gave me the opportunity to start that. And that’s what I did. I was there for six years as the only orthopedist on staff. And we went from one person for six years, and some 23 years later, we were cited by US News and World Report as the number-three orthopedic center in the country, if not the world.

JI: That’s wonderful.

AC: But it’s been the challenge. I think you’ve figured that out.

JI: Yeah. And actually, I -- it’s not a question about the challenge, but the orthopedic center in Cincinnati Children’s, is that named for you? Am I remembering that correctly?
AC: Well, there are parts of it. There are two fully-funded chairs. One is the Chair in Pediatric Orthopedics. There’s a Chair in Pediatric Spine Surgery. And the spinal, the scoliosis center, is the Crawford Spine Center.

JI: And so, I think part of the question I was trying to grasp towards myself, you’ve done a lot of tremendous work there, especially to have a named chair after you, to have a named center after you. And so, I have some questions about the challenge of that, and as I understand it, you have also really pioneered and revolutionized the way scoliosis is treated, right?

AC: I resemble that remark. Yes. (laughter) The answer was with minimally-invasive approaches to correcting scoliosis.

JI: Because that’s so -- I’m sure you’ve guessed, so as a historian, I do do a little research into the backgrounds of the people that I speak with. And most of what I pulled up on you was about scoliosis treatment. And so, I knew it would come up, but so -- over the -- you know, a question I’m wondering, too, is, over the course of your career, and actually recently, I saw that you won a diversity award from the American Academy of Orthopedic Surgeons.

AC: Yes.
JI: Could you tell me a bit about that, and could you tell me, perhaps -- I asked a bit about, and you talked a bit about being a black surgeon throughout your career. How has that -- have you mentored students coming through, or where does this award come into it, I think is what I’m trying to ask. I’m sorry, that’s a very meandering question.

AC: Well, the American Academy of Orthopedic Surgery is pretty much the paragon of the orthopedist in the United States, if not in the world, actually, now. And throughout my career -- well, I’ve had lots and lots of medical students, lots and lots of residents. But more important are what I consider, and I call euphemistically, my children. I had 57 fellows that I’ve trained, pretty much from all over the world. And a lot of them from under-developed, under-served countries, and I’ve not only trained them, they -- some have gone back from the States, and have done mission surgery in a lot of those places where they’ve been. And I’ve also -- I set up the first [diverse?] in terms of a not only racial, but gender fellowship programs at that time -- at that time of what I would say was the ’80s and ’90s. Meaning, women fellows who do spine surgery, as well as men. But I think it was a combination of all of the above that the American Academy of Orthopedic Surgery
bestowed the Diversity Award on me at whatever that year was.

JI: Mm-hmm. I’m curious, actually, could you tell me a bit more about your mission work? I didn’t see too much about that, and I’m very curious.

AC: Okay, well, I’ve done Africa; I’ve done India several times; I’ve done Greece several times. I’ve done India several times. And I have spoken and/or operated [00:40:00] now, in some 43 different countries.

JI: Wow.

AC: And a lot of that is my children. So you see, my children have been around since 1980, and these are the fellows that I’m talking about. And some have gotten to the point of being chiefs at their respective facilities, and they talk to their residents and fellows about their experiences here, and they’ve brought the old fellow back to do some cases, and give some talks, and so forth. And that’s what it is, with me, with the mission surgeries.

JI: See, that’s -- that’s wonderful. And I feel -- you’re almost downplaying it. It’s just, to be able to say that you’ve been to 43 different countries to work on people around the world is really amazing to hear. So, I am just
about at the end of my list of questions, and I know I’ve kept you for about 40 minutes.

AC: Let me give you another one. You said being in the right place at the right time is sometimes a bit of it.

JI: Mm-hmm.

AC: And I’ve sort of taken advantage of that. In 1987, the records won’t show this very well, but if you keep up with CNN, and you look under the cupboard, we -- we, the US Military -- shot down an Iranian airliner, thinking that it was an F-16. And I -- very similar to what the Russians did about two or three years ago. We did that. And as a result of that, there were most favored nation status countries in the armpit of Africa that were pretty upset about it. And so, I was in the Reserves then. So I was appointed as an officer in charge for a delegation that went to the armpit of Africa in 1986, or what’s called WATC, which is an acronym for the West African Training Cruise for the military. And I went to Malabo, Equatorial Guinea, to Accra, Ghana, to Libreville, Gabon, to São Tomé and Príncipe, and Dakar, Senegal. And was involved with the treatment and taking care of that.
And it was an interesting group. People don’t understand showing the flag, but there’s military competition that goes on in the world all the time. We took some Sea Bees. Sea Bees is a construction battalion for the Navy, we took also a 27-member band. A musical band, and so we played concerts, and we built schools, and so forth. But the Russians were there with a dance group, the Cubans were there with a boxing group, the Chinese were there with a martial arts group, it’s really something. But that goes on all the time, people aren’t aware of it. That’s a part of world politics. But anyway, I got to do that. And I was excited for that, and that was a time during my military reserve duty of getting, I had what’s called a PCA plane from Keflavík, Iceland, and we went down and did some security defense work in, at Roosevelt Roads in Puerto Rico. And then, went out to Africa, and that was very, very successful. But it allowed me to interact with people that were altogether different. And it was a good situation.

JI: Wonderful. Could you tell me a bit about music, actually? You mentioned you were a music major, and as I understand it, do you play the clarinet?

AC: You don’t have enough time for that.
JI: (laughter) Okay.

AC: Anyway, no, I started out in sixth grade playing music. Well I went to a school with quote unquote “culture,” and so we went in the sixth grade, and you were auditioned, and the teacher asked you to sing a song while she played the piano, and I got about maybe oh, several words out in which she said, “Alvin, this is not going to work. You’re going to have to go to the band director,” because I can’t hold a tune. But anyway, I started in seventh grade in music, and stayed in it. As I said, I went to college to be a musician. But I’ve caught up with that. It’s a circle coming back. And I’ve been playing actively in both classical bands, and jazz bands in Cincinnati probably for the last six or eight years. And I’m a prep student at the College Conservatory of Madison here, which we have the number two public conservatory in the United States. I’ve become an advisor to the dean’s kind of committee [00:45:00] of the College Conservatory of Music, and I play classical clarinet in the university summer concerto orchestra as well as the [Quin City?] concert orchestra. And in 2014 actually, I went to school full-time in their jazz improv curriculum.
JI: Oh wow. And so, have you -- do you feel that your passion for music has influenced your medical career, has influenced how you do surgery perhaps, or how you think about medicine? Or --

AC: You know, I’ve written an article about that. I have to -- you can look it up. It’s in (inaudible). It’s in a thing called Orthopedics Now, it’s in the AAOS, American Academy of Orthopedic Surgeons. And I put in there the challenge of medicine, and the challenge of music. And it’s challenging both ways. And that, you know, in music you have to play so many beats to the bar if you’re going to play in a group, then everyone has to play in the same key, you have to have a rhythm section, a bass section, all of the parts have to hang together. And if you’re going to be an orthopedic surgeon, you have to have an OR team, you have to have a scrub nurse, you have to have -- in spine surgery you have the [neuro potential?] monitoring people, and then after that, you have the occupational physical therapist, it’s a team. And both of them are pretty much the same. You have to stay in the same key to make it work, and you all have to work together. So, no. I equate, and I think hand eye coordination probably comes a lot from my music background. I like to think that. And
then as I think that my surgical, my music skills are affected by my hand coordination in surgery.

JI: Well that, it makes sense to me. And that sounds wonderful. I know that we, at least here at the medical school, we’ve been encouraging students to really think about fine arts in medicine as a way of, as a different way of thinking through problem solving. And letting that kind of influence the way that you’re thinking. Not necessarily music, I think that makes more sense to me, at least.

AC: Well let me tell you something that may really, really help me. Because, you know, I had a complete music background. I didn’t even do sciences in college, per se. And I took the, whatever I took for the prerequisites for the MedCat, which was inorganic, organic chemistry, and physics, and stuff like that. But, the field of medicine was trying to find a different human at that time, meaning that they were so much into science that they didn’t have appreciation of the fine arts, just as you were saying a minute ago. So, lo and behold that the MedCat that I took, it was the first year that fine arts were in the MedCat. You know, you can be in a MedCat exam, and sitting next to people who have a completely different exam than you have. Well, for whatever reason, I sat down and they put a fine arts exam
in front of me with medicine, and needless to say it was like a fox in the henhouse. And I think, you know, you’re going to identify the fact that life has sort of been good to allow me to challenge in the right direction. I thought of that.

JI: I think absolutely. And so, we’re coming up on the hour. And so, what I was thinking is really, my last question to you is, do you have any other stories that I haven’t asked about, that you really think --

AC: Well let me tell you what. My wife was here, she was listening to this, she wanted to make sure there wasn’t anything wrong, because she’s good about that. But actually, tennis has been in my life. As a matter of fact, until last year, it was a big part of my life. And if you look in the records for the Hub City Open, which is the Boston open tournament, the name on the trophy has Alvin Crawford. You know, actually no, it wasn’t just Alvin Crawford, it was a doubles match, the Hub City Open in 1971, it was Jose Gonzalez, who was a senior medical student at Harvard, he was on my rotation on orthopedics, and I won that. And I won several tournaments, including the Naval district tournament for the military. And played
on the Navy tennis team out at San Diego. That’s been a tremendous part of my life. So it all comes around.

JI: I think, yeah, I think it’s kind of a, I want to say almost a hallmark of a successful, you know, home life and career is that you find ways to incorporate everything that you’re interested in, and passionate about, [00:50:00] in different ways, in different parts of your life, and it sounds like you’ve absolutely done that. So, I have no other questions right now. Would you mind if I come up with anything, if I call you back sometime, or send you an email, and work through Jane?

AC: Feel free to. And because, you know, this has been huge, you have no idea as to how it feels to an organization of African-Americans and people are talking about something that you are under the impression that you participated in. But, there’s no documentation of it. And so I’ve been, I’m very, very interested in whatever we can do.

JI: Yeah.

AC: In terms of hopefully adding me to the -- somewhere to the list.

JI: Oh, absolutely. And that’s part of -- something interesting that, you spoke with us earlier, that at the time, it’s not something that was focused on necessarily,
and people ask me all the time, you know, do you know the first woman Latino professor, and do you know the first this or that? And it wasn’t recorded in that way at the time. Because either, you know, it was something that you were trying to kind of be hush hush about, or you weren’t — it wasn’t celebrated. And now we (overlapping dialogue; inaudible).

AC: Yeah. And that, you know, that’s what I talk about during the founding. I haven’t figured it out, but I can see two things going on. And that’s what I discussed earlier. So I can see them (inaudible) because at that time to identify with black was possibly identifying someone with lesser caliber, lesser talents, and lesser whatever. And they didn’t want to be guilty of that. And so, it just, you would just quote another person there.

JI: And that’s why now, you know, we’re trying to figure out who was there, and who opened doors, and who was, especially someone in your position, you were at two different institutions, and you went on to have a very illustrious career. And so, I think it’s important to note that you were here, that you, you know, contributed to the history of the school. And I find that very important to make sure that we’re documenting. So I appreciate it
actually, I think it worked out that you ran into Jen Reede and mentioned that to her. And I appreciate that you got back to me to allow me to do this interview.

AC: You’re an archivist, right?

JI: I am.

AC: Well let me tell you what, I went back, we had a meeting there in 2009. And it was the Pediatric Orthopedics Society. So, I made an arrangement to speak with the archivist at Boston Children’s Hospital. And I saw an interesting thing, that was the pictures they had, they had the yearly pictures, the pictures with my image on it had, for some reason, not made it. And so, I had said well, that’s interesting. And --

JI: That’s strange.

AC: And then, to -- so if you wouldn’t mind if you would contribute that to Children’s Hospital, they would have it to reflect that someone who looked like me. But to be sitting in an audience where the president of the National Medical Association talks about his hard times in the ’80s of being the first then, I’m saying hmm, that’s interesting. But hopefully the record and the documentation will show that I think I passed through. I’m pretty much comfortable with that.
JI: And I’ll give the archivist at Children’s a call, I know her. So --

AC: What’s her name? And let’s find out if the same person was at Spaulding or something. What’s her name?

JI: Oh no, it’s -- now it’s Elina is who’s there now.

AC: Okay. Okay.

JI: And she’s been there for a couple of years. I’m not sure how long. They -- Children’s had a part-time person for a while.

AC: (inaudible) And I had told them that I was going to send them -- and then I thought about it, you know, that’s sort of in your face, and I didn’t feel that that was fair. So, anyway. Maybe that’s why you came along.

JI: No, I don’t think it’s in your face. I think it’s important to -- it is important to share, I think, absolutely. And I think usually in an archives or a museum, we’re interested in making sure we have as many stories as possible. So, I wouldn’t mind.

AC: Well let me tell you, when I was there, there was a white -- have you ever heard of Doris Jefferson?

JI: Doris Jefferson? No.

AC: What do you -- then give me another name? I may have her first name wrong.
JI: Jefferson.

AC: But there was a woman there (overlapping dialogue; inaudible).


AC: Okay, yes. Because she was on the surgery service. She was maybe a surgery fellow in thoracic surgery, or something like that. There was a fellow in anatomy by the name of Amos who was an anatomist, possibly a [00:55:00] (inaudible) microbiology, and histology. There was a guy who came just after that, who was Chester Pierce, who I think just died recently.

JI: Oh, did he pass away? I should look into that. I’ve met Chet Pierce.

AC: Okay. He was there. And then, you know, the other group, the group that does get credit, comes much, much later, and that’s Gus White.

JI: Yes.

AC: I have to tell you an interesting story. Guts White is from Memphis. And I met Gus White when I was five years old.

JI: Really?

AC: He played with my -- he was in about my sister’s age. He was the lifeguard at the local swimming pool. There were
only two pools that blacks could go to in Memphis, and he was a lifeguard at one of them. And Gus was a premier athlete, and just a chick magnet, whatever that’ll mean to you. But anyway, so Gus and I, we had been somewhere, and we were at a meeting, and he was, at that time, from Yale. You know, most of his career was at Yale. And I’d been at Harvard and somebody introduced us, and I said well I know Gus, I’ve known him all my life. And they said, (inaudible) is it true that all of you guys know each other? And I said, well, I said, there’s a little bit more complicated than that. But anyway. But now Gus has worked, about the ’80s or something, is he not?

JI: He’s a little bit later. I’m not sure, I don’t recall the exact years, but yeah no, I spoke to him last year, and actually I saw him at an event last year. He’s still over here at the medical school.

AC: Yeah. Well then if you could carve a little ’68 through ’71 for this guy by the name of Crawford, I think it’ll be (overlapping dialogue; inaudible).

JI: Absolutely.

AC: Actually there’s one fellow now that you could give a call, his name is Lyle McHaley. He is a pediatric sports medicine person. That was the rest -- do you know him?
JI: I do actually, I spoke with him, I mentioned I did the interviews about the Boston Marathon.

AC: Okay.

JI: And so, I spoke with him about being in charge of the -- I think he’s in charge of the sports medicine division at Boston Children’s. So I don’t really talk to him.

AC: (overlapping dialogue; inaudible) sports medicine?

JI: Yeah.

AC: But now, we go back to his rugby days, and he was also a resident, he was a co-resident. As I said, I was a resident from the military, from Boston, we were co-residents together. And if you say well, have you ever heard of this guy Alvin Crawford, it would be interesting if you would just simply say that, I’d like to know what he says in response.

JI: Maybe, I’ll look up if I have his email address. I’ll drop an email. I think, I seem to recall he told me a lot about, well he told me about his experience with the marathon, but he was telling me about fishing, I think.

AC: Yeah.

JI: This was probably three years ago.

AC: He’s much into the sports thing, he was much into rugby then, he’s not really (inaudible) long in the tooth for
that now. But he was a rugby player, and I think he was possibly a Harvard undergraduate, Harvard Med, and Harvard residency.

JI: Oh wow.

AC: You know, they used to call that Preparation H when you’ve been through all of them. The medical school, the undergraduate school, the medical school, and the residency.

JI: Oh goodness, Preparation H, that’s --

AC: Yeah. And yeah, none of the things that we’ve talked about in the last five minutes are repeatable, reportable, or acknowledged.

JI: Yeah, understood.

AC: Okay, okay. My seals are lipped.

JI: Mm-hmm. So, actually speaking of that, what I’m going to do, I am going to email Jane a release form. Once you sign that, it gives me permission to save this interview in the archives. I will have it transcribed, and then I’ll have you take a look at the transcription, and if there’s anything you feel we need to omit, we can do that at that point. Because this has been a very, this has been a really wonderful conversation, but I want to make sure that I’m not saving anything that you’re not comfortable with.
AC: Okay. Please tell Dr. Reede that we interacted.

JI: I will.

AC: Okay, all right.

JI: I will let her know.

AC: Okay. Anything else?

JI: I think that’s the end of my list. I just want to say, thank you so much for letting me call you today, and for being so gracious when I had the time wrong. And I will be in contact with the release form, and eventually with your interview.

AC: Very good.

JI: Excellent. Thank you so much, Dr. Crawford.

AC: Okay, you’re welcome. And have a good day, the rest of it.

JI: Oh, you too. Thank you.

AC: All right. [01:00:00]

JI: Oh, that’s funny.

END OF AUDIO FILE