

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

Interview with Talmadge King | June 7, 2017

JOAN ILACQUA: [00:00:00] So we are now recording. Just for the record, this is Joan Ilacqua. I am here talking with Dr. Talmadge King for the Center for the History of Medicine at Harvard Medical School on June 7th, 2017. Dr. King, do I have your permission to record this interview?

DR. TALMADGE KING: Yes.

JII: Great. So my very first question is a background question. If you could please tell me about yourself, maybe beginning with where you grew up, and what drew you to be interested in medicine.

TK: Well so I grew up in the south, in coastal Georgia, in a small town called Darien, Georgia; it's a fishing town south of Savannah, about an hour south of Savannah and about an hour north of Jacksonville, Florida, so right on the coast. Darien is a town of about 2,000. Came with my family, my mom and dad who are actually still living there in Darien. And they had five kids; I was the oldest. Two brothers, and two sisters. I grew up and went to school in a segregated, small school in Darien and graduated from

high school there in 1966, and then left Darien to go to college at Gustavus Adolphus College in St. Peter, Minnesota, and went from Gustavus to, in 1970, Harvard Medical School. And then went on from there to be an internist and then a pulmonologist, and practice pulmonary and critical care medicine. And then, started doing more administration, and now I'm the dean of the University of California San Francisco, UCSF School of Medicine.

JJ: Wonderful. So did you decide early on that you were interested in medicine, or you know, how did that interest grow?

TK: My interest in medicine probably started early, but I didn't articulate out loud that I wanted to be a doctor until I was in college. When I was -- growing up, my brother closest to me, Ronald, had really bad asthma, and my father also had bad asthma. And so, you know, I watched them suffer with that. I think that had something to do with me becoming a lung specialist. But it wasn't that linear a decision. And you know, the small town we were in, we had one family medicine doctor there, but I didn't actually have -- know them very well, although my parents knew them. But I didn't have much contact with the medical profession growing up, until I got to high school.

My first contact with medicine was, I took -- I had a summer job at Lincoln Hospital in the Bronx as an x-ray technician. Basically, I wasn't -- what I did was help develop x-ray film. Back in those days, the films were developed in a dark room, and they, over a couple of days, taught me how to do it, and I spent a summer developing x-rays in that department. And so that was my sort of first real contact with medicine, and I'm sure it had some influence on me. I enjoyed that job, but it wasn't the best-paying of the jobs that I had during the summer, so I only did it for one summer.

And then, so when I went to college, I actually started out thinking I wanted to be a psychologist, and I was interested in industrial psychology, and in college, my advisor, my major advisor, who was a man named John Kendall, who was a wonderful mentor and advisor, very helpful to me and my career. But he, when we were talking about what are you going to do, I said what I just said, and he said, well, why don't you become a doctor as opposed to a psychologist? And I think hearing him say that out loud as a real possibility was extremely helpful.

[00:05:00]

And then it really, it began to galvanize as a reality when I came to the Harvard Summer Study -- Summer Health Careers Summer Program. So I came twice -- yeah. I was in it once, and I was part of the staff the year before I actually entered Harvard. So I did the Harvard Health Career Summer Program in, I think it must have been '68, or '69, and I think that was when I met Alvin Poussaint, and Furshpan, and Potter. I actually, during that summer, went to their lab, and got to know them, and they were wonderful people, and they were very encouraging. And I think that contact contributed to, or made possible my going to Harvard to medical school.

J1: That's great. I'm actually meeting with Dr. Furshpan tomorrow afternoon to chat with him. So, you were part of the summer program; you came to Harvard Med in 1970. When you were here, were you involved with any specific, you know, groups or clubs on campus? And this is something that the date is fuzzy; I know that there was a Third World Caucus here I think after you, maybe later in the 70s, but you know, does anything like that --

J1: Well, so our class was the second class with a substantial number of underrepresented minorities it. I think the class right before us -- I think there were about 20 of us,

I think. I can't remember now; I have to look it up to remember. Really bad with dates and --

TK: I must say, I might have (inaudible), I'm bad with that.

JJ: -- my family always accused me of -- you know, I always have to check with my brother or my oldest daughter to get any facts straight. My wife is pretty good at it too, but she only remembers the bad things I did. (laughter) But when I arrived, we were the second major cohort of underrepresented minorities. And I wasn't very much involved with the students, and what we were doing. And there were lots of activity going on at Harvard and in Boston. At the time, the big issues were school busing, and integration in Boston, and it was at a time when it was pretty tense living in Boston as a black person. That was when Louise Day Hicks was a very prominent, very vocal critic of desegregation. And Jerry Williams was on the radio, and it was a tense time to live in Boston.

The medical school was, actually was a sanctuary in a way. The medical school was what I expected; you know, it was hard; it was a lot of work. And you know, my first year at Harvard, you know, was a real struggle to just -- I mean, I started from a position, even when I got to college, where I was, I didn't have the background that a number of the

students had. And so for me, I always realized that I had to actually work hard and keep pushing so that I could catch up and begin to excel in my work, and so I spent a lot of time studying, and paying attention. I also was married, and Mozelle and I had a child, Consuelo, when I entered medical school. So I really had to focus. And so I didn't -- although I would say I was active, I wasn't as active as some of the other students, because I had all these other obligations.

JJ: So, you had mentioned a little bit earlier, you know, Dr. Poussaint, Dr. Furshpan, Dr. Potter. You know, as you were going through medical school, did you have any [00:10:00] mentors on campus, any other people that really -- you know?

TK: Well, the people, the one person that really stands out is Alvin Poussaint. He, I would say, there were a number of people who were really helpful to me when I would go to them for information and advice. I mean, I remember -- I can't remember all the names, but I remember the registrar -- I forgot her name now. She was actually very nice and very helpful. I actually, when I actually had (inaudible) -- especially when I started in the clinic, and I went to the registrar and she helped me get additional resources, to bolster my background and my skills, and I thought that

was extremely helpful. I took a writing course, and learned speedreading and things like that. So at the registrar, I can't remember her name, was really good. I think [Galambos?] was the dean of students then? They were all very helpful, but the one person that I can say was really, really helpful was Alvin Poussaint, because I would go talk to him when I had any particular issues or problems, and he was very helpful.

I also got to know Potter fairly well. I didn't see him as often, but I would actually, when I would see him, he would always provide useful advice, and very helpful. Both of them were always sort of around, and you could go talk to them. But I would say Poussaint was probably the one distinctive person, and my personality is such that I get along with people pretty well, so I used the resources that were available to me, you know, in terms, especially after the first year or two when we got the clinic, I think I -- I had my advisor, had an advisor who was helpful, in terms of guiding me through the clinical years.

And then, you know, my wife and I basically just buckled down and tried to get through the whole thing.

JJ: And so, actually I'm wondering if there are any moments that stand out to you as, you know, turning points in your medical education, I mean deciding to specialize in pulmonology might be one of those.

TK: So several things, I think first was in medical school, you know trying, like all other medical students, it's hard to decide exactly what you'd like to do for the rest of your life. And I was, I have to say that for the most part, every specialty that I came in contact with, I liked, with a couple of exceptions. So it was really hard for me to decide. I think I started off thinking that I would want to do general surgery, but honestly, I didn't find a surgeon that I could connect with and liked until I was a senior, and then by that time I decided I would do internal medicine. And, you know, I basically -- once I made that decision, that was actually a huge shift in my thinking in what I wanted to be.

And then, I would say that there were several points that were really critical. The second that once I did -- decided to do internal medicine, I matched at Grady Hospital, Emory, in Atlanta, and there's when I decided that I actually had talked about trying to be a Robert Wood Johnson scholar, but I was actually advised against that,

because the thought was I should become a specialist, because at that time, specialties were beginning to be more prominent in medicine, and I actually scrambled to try to figure out what specialties I want to be, and I became really interested in critical care, and so then I decided, I didn't want to do cardiology, so I did pulmonary and critical care, and then moved to Denver from Atlanta. And that was really -- that was, it turns out, you know, I have always felt that I've been guided by some [00:15:00] external being to the things that are right, because going to Denver at the time was really the right thing for me and for my family. And by then, we had had our second child, Malaika, and so Mozelle and Consuelo and Malaika and I had moved to Denver from Atlanta, and it was a perfect match for me; it was the right place at the right time.

And then I did research for a long time, mostly did clinical research, was fairly successful at that. And then I became -- was asked to do administrative jobs, and it turns out I have an aptitude for doing that; I can handle process; I'm very good with people. And so I liked doing administration, so I started moving from doing mostly research, or a combination of research, to doing administrative work, and then, basically worked my way up

the ladder such that I spent 20 years in Denver, became professor of medicine at University of Colorado, was vice-chair of the department, executive vice president of National Jewish Hospital, for clinical affairs. There were three of us that sort of ran the hospital.

And then, after 20 years there, I decided to move and I became chief of medicine at San Francisco General Hospital, so I moved from Denver to San Francisco, was chief of medicine there for ten years, and then became chair of the department of medicine at the University of California San Francisco. San Francisco General was a component of the department of medicine, so I became the chair of the entire department of medicine. And did that for almost nine years. And then for the last two years I've been the dean of the School of Medicine here.

And so, each one of those breakpoints, there was something that went on that made me want to move in a particular direction. So there was not like, there was no big flash of light, and everything changed. I basically evolved over to what I am today, a series of events that seemed to all just line up right. I'm grateful for them.

JJ: Wonderful. So, I'm trying to be aware of the time. I have, you know, really one last question for you, and that's, is there anything else you'd like to tell me about your time at HMS, or maybe about your work around diversity in medicine?

TK: Well, I think that -- well first of all, I'm ever grateful for having had the opportunity to study at Harvard. I would say that when I was -- it has been, you know, really an important piece of my life, and of my career, and so, I enjoyed my time there a lot. It was, as an underrepresented minority at Harvard, you know, it was difficult. And I have classmates who I think because I was married and away from the campus a lot, I didn't actually suffer some of the same things they did. I saw it, and I had to -- but it came at me in a different way than it came at them.

But, one of the events that everybody remembers from my time there was when Professor Davis wrote an article in the *New England Journal* that really upset a lot of people, and felt it was unfair about his views that we were -- at least some of us, should not have been at Harvard. Well, we couldn't figure out who he was talking about. So all of us took it personally.

One event that happened at Harvard for me was when I did introductions to the clinic, and this was when I started to realize I needed to continue to work hard, was one of the professors wrote in my evaluation that, basically I shouldn't be there, and the way I took it was that I wasn't going to amount to much of a doctor. And, in retrospect, [00:20:00], you know, it was hurtful at the time to read that. But in retrospect, I actually thank that person for the motivation, because you know, it really -- I didn't believe that to be true. I thought that the reason he made that analysis was faulty, and actually over these many years, I've come to understand what was going on back then, but it had to do with microaggressions and implicit bias, you know, and basically, he had preconceived ideas.

And the other thing that was going on, was interesting, is the cultural differences. You know, I grew up in the South and was very respectful, and part of being respectful is also being quiet, and I think because I was quiet, people assumed that I was stupid. And -- I wouldn't say "people," but this particular person, and I think that led to -- that contributed to his conclusions, and you know, at the time, you know it was -- I just didn't believe that.

Fortunately, what I knew was that if I continued to work and do the right things, I believed that things would work out right. Certainly history has shown that to be the case. But that was a very difficult time at Harvard. It happened in my third year.

But other than that, you know, I look at a lot of the transgressions that happened, or the things that I may have done to others, which you know, I'm sorry about if I did, but the things that happened because of implicit bias, and because of, you know, people saying, you know, they didn't want me to care for them because I was African American, and therefore, somehow inferior. Those things happened to me, but you know, I very much didn't believe that; my parents didn't bring us up that way. I actually -- and because I knew what I knew, and I worked hard to learn what I didn't know, I actually realized that I could do as good a job as anybody, so I just kept going.

When I got to college, I had Dr. Kendall and a guy named Bruce Gray, who were very helpful in sort of bolstering my ego about where I was, and what I could achieve. And so, that was another thing that was helpful was to get this external support and validation that, you know, like

Kendall saying, you know, you can do this, Bruce Gray working to get me into the Harvard Health Career Summer Program. You know, I knew nothing about that, and one day he called me to his office and said, we're sending you to this summer program. I'm like, yes sir, I'll go. And that was clearly a turning point for me because, first of all, it allowed me to be at Harvard, work on Harvard Yard, sort of see what was going on there, and also to see other really bright, underrepresented minority students, and sort of see, hear from them, and learn that, you know, what I was going through wasn't isolated just to me, but also just gave me hope, or made me feel galvanized to just keep working hard and doing the best that I can, and that everything would turn out all right, so for that, I really appreciated it, having that opportunity at Harvard, and will forever be grateful for that.

JJ: Well, so it is time, almost on the dot, and I just wanted to review back something you said to yourself, you know, "history has proved itself," and that you've done a ton with your career, and you've gone to, you know, enormous heights. So, I just wanted to say, you know, thank you for taking the time to talk to me today, and to talk about this, and to be part of this project.

TK: No, thank you very much; I appreciate you all doing this project, and if you think that I [00:25:00] need to fill this out some more, I mean, I didn't know what Karen set up, but I sort of have a hard stop right now because I'm chairing this committee. But if you think you want to ask me more questions or whatever, we can arrange that, if you think that that's necessary.

JI: OK, Dr. King. Well once I get back your transcript, I'll let you know if I have any more questions for you.

TK: Tell Furshpan, tell him I said hello when you --

JI: I will.

TK: Hopefully he remembers me.

JI: Well, I'll bring up your name tomorrow. I had someone else I talked to saying, "Oh, you know Dr. Potter? Tell him I said hi, too." (laughter) Yeah, the two of them I think have had quite an impact on a lot of people.

TK: Oh yeah, I have always been convinced that I was accepted into Harvard because of one or both of them. And I never knew which one, and they never said, but I thank them both. And I hope I've proven them right over these years. And you know, I try to carry with me, carry forward the kindness that they showed me in the work that I do now. And you know, the sad part is, some of the things that were in existence back in the '60s are rearing their ugly heads

now, but I hope we'll get past that, and that things will be -- people will be inclusive, and treat people in the way they want to be treated, and respected, and will do right by each other and by the world, so we'll just have to see where we go.

JI: I'm hopeful for that as well.

TK: Yup, all right, well thank you very much.

JI: Thank you. Have a great afternoon.

TK: Take care, bye-bye.

JI: Bye.

END OF AUDIO FILE