

Dr. Karen Williams Oral History

June 27, 2023

Rachel Morse: Good morning. My name is Rachel Morse. I'm a volunteer with the Office of NIH History and Stetten Museum. Today is June 27, 2023. I have the pleasure this morning of speaking with Dr. Karen Williams. Over the course of her 40-year career, she served as Professor of Clinical Pediatrics at Louisiana State University Health Sciences Center in Baton Rouge and as a pediatric infectious disease physician with Our Lady of the Lake physician group where she focused on pediatric HIV care. Thank you for taking the time to speak with me today, Dr. Williams. We're happy to have you.

Karen Williams: Thank you, Rachel, for having me.

RM: Of course. So I'd like to start first by asking you about your family background, and where you were born and raised.

KW: I was born in Baton Rouge, Louisiana. My dad was from Baton Rouge. My mother was from Opelousas, Louisiana, which is about 60 miles west of Baton Rouge. However, they met in Washington, DC. My dad was attending medical school at Howard University and my mother worked in the treasurer's office at Howard. They met and dated and right after my dad graduated from medical school, they were married. After that, my mom and dad went to St. Louis, where my dad did an internship at Homer G. Phillips Hospital. It was the only public hospital for African Americans then, and actually became renowned for training Black physicians and nurses and other health professionals. After interning at Homer G. Phillips, they moved back to Baton Rouge and my dad started his medical practice in general practice, which today would be family practice. My mother was a housewife, and also took care of the bookkeeping for my dad. She had a set of duplicate records at the house, so she was able to work from home. That way, she was able to take care of the household and also watch after my brother and me. I have one brother, Kevin Williams, who is six years younger than I am. I was born a couple of years after my parents married and my brother came along, like I said, six years after that. My brother is also a physician and works in the pharmaceutical industry. So I was born and raised in Baton Rouge and attended elementary and high school there. It wasn't until I went to college at Xavier University that I moved away from Baton Rouge.

RM: Great. So you kind of covered your family. Did you have any extended family around in Baton Rouge?

KW: I had uncles and aunts and cousins. My grandparents who were living as I was growing up were in Opelousas. But we would often visit them. And actually, they would sometimes come on vacations with us. We didn't take vacations very often because of my dad's work schedule, but the couple of times that we did, they came with us.

RM: Okay, great. While you were growing up, do you remember any time when your family talked to you explicitly about race? Or do you remember kind of how you developed a consciousness of race as you grew up?

KW: Well, growing up I was always in contact with Blacks —my family, like I mentioned, my aunts and uncles and cousins. The neighborhood that we lived in was African American, and the social organizations my parents belonged to. So we're all Black folks. We lived in a Black neighborhood directly across the street from a Black public elementary school. However, our house was within a block of two grocery stores that were owned by White families. One store was diagonally across the street from us. The other was a block away. My earliest contact with Whites on a regular basis was actually going shopping in those grocery stores and seeing the owners and sometimes their children. In fact, the house that I grew up in was originally owned by one of the store owners. My parents bought the house from them after my dad set up his medical practice.

I didn't have White friends until I started high school, which was in 1967. So, with regard to hearing about race, I remember hearing at an early age, whether it was from home or school, or perhaps both, I remember hearing that as Blacks, we had to be twice as good as our White counterparts in order to get the same recognition. That was one thing that encouraged us to do our best in school. All through elementary school, I was surrounded by Blacks. Racial differences weren't so much a part of my consciousness until my family and I would travel to public places. I remember seeing "Whites only" signs and "Colored" signs at water fountains and bathrooms. When I was fairly young, my mother and I would often eat at a lunch counter in a local department store that was called McCrory's. There were two lunch counters in the store, one for Whites on the first floor, and a separate counter for "Colored" people in the basement. My mother and I always ate at the basement counter.

I remember her explaining to me one day that we couldn't be served at the Whites only counter —I didn't quite understand, but it didn't concern me so much at the time. We were friendly with the waitress who worked at the basement counter, and we enjoyed eating there. I think that was true of a lot of other situations. As Blacks, we had our own parks and movie theaters, schools, social organizations. We didn't feel deprived growing up, but there were incidents that came up from time to time. As a child, I remember being referred to a physician specialist for a medical problem. I went to the appointment with my mother. We checked in at the receptionist's desk. But instead of being asked to have a seat in the waiting room with all the other patients, we were placed in a dark hallway by ourselves to wait until we were called for the examination. I was so young that I didn't realize what was going on, that we were being segregated from Whites. I don't even think there were chairs in the hallway where we were placed. My mother waited a few minutes without speaking. Then she told me we were leaving. I thought, well, we haven't been seen yet, but I understood later how angry she was about the way that we'd been treated. My parents weren't loud or confrontational in the face of discrimination, but they didn't passively accept indignation either. That physician later heard from my dad, in no uncertain terms, about how inappropriately my mother and I had been handled. So, it was in such situations, as they presented themselves, that I learned about race and differences.

RM: You talked about a little bit about your early education. But was there anything in your early education that stood out? Do you remember how you started liking science or becoming interested in biology at all?

KW: Yes, I started out at Berean Seventh Day Adventist School. That's where I started my early education. It was a small school for African American children. It was connected to the Seventh Day Adventist Church. I received an excellent education there. My parents had several friends and relatives who had children there. I learned about the importance of honesty and of focusing on doing well in school. I was there through third grade. In

fourth grade, I went to St. Francis Xavier Catholic School, which was the only Black Catholic school in Baton Rouge. Since my mother was Catholic, and dad had converted to Catholicism, it was important that I started learning about our Catholic faith. I continued at St. Francis through eighth grade. For high school, I started attending St. Joseph's Academy, which is an all-girls high school. That was in 1967. By that time, schools were integrated. St. Joseph's had its first integrated class in 1964. It was actually in high school in Sister Jean Fryoux's biology class that I started to develop an interest in science. I really enjoyed science, and I excelled in it. Sister Jean asked me to represent the school in the District Rally, which I did. That was a big thing to me because here I was a Black female in an integrated school representing the school at Rally. I placed first at the Rally and that made me like biology even more. It became an interest of mine. Then when I went to college at Xavier University in New Orleans, and was asked to choose a major, I chose biology. I had done well in biology, and I enjoyed it.

RM: You said your father was also a physician. Obviously, education was important in his life. Did he hope that you and your brother would also become physicians? Or when he looked at what he wanted for, what he hoped for, your education, what did your parents encourage you to do in terms of your education or your career?

KW: My parents always encouraged my brother and me to do well in school. And they modeled that in their lives. They didn't really push us in a particular direction. They just encouraged us to do well. My mother and dad had both graduated from college. They both, in fact, graduated *summa cum laude* from Southern University in Baton Rouge at different times because they were six years apart. But they never talked to us a lot about their academic achievements, in particular. They just encouraged us to do our best. In fact, I remember a conversation that I had with my mother, because I was an A student in elementary school and high school, and I don't remember what led up to the conversation, but I remember my mother telling me that she didn't want me to think that I had to make straight A's all the time. I think she was concerned that I was putting a lot of pressure on myself to do well, and she knew that too much pressure would be unhealthy. It was kind of a shock when she told me that. We hadn't spoken so specifically about grades before. But I wanted to make A's. Making A's was already ingrained in me.

My parents didn't really push or pressure me. I think they modeled how they wanted me to handle my educational experiences. My dad never encouraged me to go into medicine. He knew how hard he worked. I don't know if I mentioned it, but he was in solo practice in medicine. It was at a time when doctors did everything, basically. There weren't emergency room physicians or hospitalists or acute care clinics. He set up his practice in a medically underserved part of Baton Rouge. And he saw children, he saw adults, he saw acute problems, he saw chronic problems. He made rounds early in the morning to see his patients who were hospitalized. Then he went to the office. When he finished his regular office hours in the evening, he made house calls. In fact, I remember occasionally going with him and my mother. We would sit in the car while my dad went in the house to see a patient. It was dark outside. We would eat dinner late in the evening. We always sat down to dinner as a family. But there were snacks for me and my brother before that, to tide us over so we could wait for my dad to come home and have dinner. And often after dinner, he would go back to the office and do more work. So he knew how hard he worked. And I knew how hard he worked. So he didn't really encourage me to go into medicine. In fact, I remember him saying to me one time, "Medicine is a hard field for a woman." But he didn't actively discourage me either.

RM: Yeah, that's very interesting. I'm sure he knew what you were capable of. But he knew it was hard, too. You talked a little bit about how St. Joseph's integrated in 1964. So especially in terms of education, there were important things going on in terms of integration. But kind of looking back historically on social and historical events, is there anything that sticks out to you that you remember seeing happen? I mean, either at schools or just, you know, generally?

KW: Well, I grew up during the Civil Rights Movement. It actually began in 1954, which was the year that I was born, and it continued during my formative years. There were a couple of major events that happened during the time that I was fairly young. There was the assassination of President John F. Kennedy in 1963, and the assassination of the Reverend Dr. Martin Luther King in 1968. I was nine when President Kennedy was assassinated and 14 when Dr. Martin Luther King was assassinated. During that time, there were prominent Black leaders in our community who stood up for racial integration in schools and public accommodations. Our family knew Reverend Dr. TJ Jemison personally. He was a prominent Baton Rouge civil rights activist. In fact, Dr. Jemison helped to lead the first civil rights boycott of segregated seating on public buses. That boycott took place in 1953, a year before I was born. It became the model for the Montgomery bus boycott that was organized by Dr. Martin Luther King in Alabama a couple of years later, after Miss Rosa Parks refused to give up her bus seat to a White man.

RM: I'm just curious. Where you were growing up —was it kind of a rural area or was it more suburban or urban?

KW: It was an urban area.

RM: Okay. All right. I'm just curious thinking about hospital segregation and things like that where you were. Were there hospitals around and were they nearby? And I'm just —I'm curious about if there was hospital segregation and also activism around that.

KW: Yes, there was segregation in hospitals. There were no hospitals specifically for African Americans in Baton Rouge. I remember when I had to have my tonsils taken out. I was scheduled to go in on a particular day. My mom went to the receptionist's desk at the hospital to sign me in. Initially, the receptionist assigned me to a ward. But when my mother mentioned that my dad was Dr. Alvin Williams, and they recognized that he was one of the Black physicians in town, suddenly they didn't have a place for me. I ended up being placed in a separate room where I wasn't in the company of other patients in the hospital. It was nice on one hand to be in a private room, but was actually a bit traumatic for me, because I was young, maybe seventh or eighth grade, and no one could stay in the room with me. I remember spending the night in the room by myself and having my tonsils removed the following morning.

I remember my dad talking about an instance where one of the hospitals in town proposed building a separate emergency room where Black physicians could see their patients. But the proposed emergency room would be built on an upper level hospital floor instead of on the ground level. The Black physicians refused to have to travel to an upper level to see emergencies, which, by definition, would need quick access to care. Plans for the proposed separate emergency room fell through. So yes, there was segregation in the hospitals and medical

facilities. In fact, Baton Rouge's public hospital, Earl K. Long hospital, which was built in the 1960s, was designed with two separate wings, a wing for white patients and a wing for black patients. That hospital was demolished a few years ago.

RM: Okay, interesting. Thank you. Okay, so moving ahead to your college years, you attended Xavier and Howard for your undergraduate and medical degrees, both of which are historically Black universities. I know you said your dad went to Howard. I'm just wondering what the process was for deciding where you wanted to go. And also, you know, the schools —both carry legacies for Black scientists and physicians and [I'm wondering] how the students had a sense of that. And if your professors discussed that, or maybe what your dad said to you prior to going to Howard. I'm sure he had things to say.

KW: Yes, he did. Yes, he did. I always planned to go to college. My parents were both college graduates, so there never was really a thought that I would take a different path. But with regard to Xavier, I felt a need to go away to school. I wanted to be able to start making important decisions on my own and to learn how to take care of myself, you know, handle laundry, wash clothes, manage money, and solve problems. I wanted to go out of town but not too far away. Xavier was in New Orleans. That was only 86 miles from Baton Rouge. It had an excellent reputation as an institution of higher learning. It was Catholic, which was consistent with my elementary and high school learning environments.

When I entered college in 1971, integration was still in its infancy. Social interactions between Whites and Blacks outside of the classroom were not as accepted as they would be later. As a Black female who wanted to have a family one day, I was also conscious of the likelihood of a greater and easier social interaction at a historically Black university. All of those things were factors in my decision to go to Xavier. With Howard, on the other hand, it was a combination of a number of positive incidents that happened around the same time that led me to enroll at Howard.

To tell the story, I have to give a little background. When I started as a biology major at Xavier, I had no idea of what I would do with a major in biology. I decided that I would use summers to try to get an idea of what I could do with a biology degree. In the summer after my freshman year, I participated in a summer research program at Loyola University in New Orleans. The following summer, after my sophomore year, I had an opportunity to attend a six-week introduction to medical education at John Hopkins University. I wasn't planning on going to medical school at that time, but I didn't have anything lined up for the summer and I thought this would be a great opportunity. I applied to the summer program and was accepted. I loved the program. I enjoyed the subject matter and the experience so much that I started to consider medical school. The following spring, which was in my junior year, I took the medical college admissions test, and I did very well. As a result of my performance on the test I received a letter from Howard offering me the possibility of early entry into the medical school, for the fall of 1974, which would have been the start of my senior year at Xavier.

As I mentioned, there were a number of things that were happening around the same time. Number one, I started dating a fellow participant from the Hopkins program, who was from Washington, DC, and lived there. Secondly, I was now considering a career in medicine, and I was actually becoming a little bored with the notion of having to do another year of college before starting a medical school curriculum. Thirdly, my dad had

graduated from Howard. It would be nice to follow in his footsteps. Fourth, I attended a summer research program in Oak Ridge, Tennessee the summer after my junior year at Xavier. One of the program's field trips happened to be to Washington, DC. I scheduled an interview with one of the deans at Howard while we were in DC for our field trip. And as a result of that interview, I was assured of having a place at Howard, if that was my interest. It all happened rather quickly. To know that Howard was interested in having me when I hadn't really applied yet was great. Everything was falling into place.

However, my parents, being very practical and cautious, knew that my idea of going to medical school was relatively new. They were concerned that if I left Xavier without having completed my senior year, if I should change my mind about medical school, then I would be left with nothing to show for three years of college. There was a good bit of overlap between my expected senior year courses and the courses I would take as a first-year medical student at Howard. My parents suggested that I ask Xavier about the possibility of receiving college credit for my first-year medical school course work. Xavier agreed that upon satisfactory completion of my freshman year at Howard, I would receive credit towards completion of my bachelor's degree in biology at Xavier. At the end of my first year of medical school at Howard, I was able to return to Xavier and march at graduation with my classmates, finishing Xavier *maxima cum laude* in the class of 1975. So now, I'm a Xavier alum and also a Howard alum.

RM: Yeah, it does sound like everything kind of fell into place for you. That's great. So, I guess next I'll move towards —well, is there anything you wanted to say about your experience at Xavier? Any particular events that stood out from that time that you want to talk about?

KW: I had a wonderful experience at Xavier. When I started at Xavier, the biology department was small. However, the year before I started, the university hired a dynamic chemistry professor, Dr. JW Carmichael, who went on to become a legendary educator and an innovator. Under Dr. Carmichael's leadership, Xavier's pre-med program became number one in the country for sending African American students to medical school. That was a distinction that they held for many years. In fact, today, they are still well known for the number of students that enter medical school and graduate from medical schools, numbers that are higher than many colleges and universities that are much larger than Xavier. Howard has an excellent reputation for training outstanding physicians and physician-educators. One of Howard's outstanding graduates, Dr. LaSalle Leffall, Jr., was one of my surgery professors and a legend in his own time. He chaired the surgery department at Howard for more than 25 years. He was also the first black president of the American Cancer Society. I heard about him from my father before going to Howard. He and my father were classmates in medical school. I consider myself very fortunate to have had Dr. Leffall as one of my instructors. There were many other Howard graduates whose outstanding reputations were known well beyond the Howard campus.

RM: So was it while you were at Xavier, that you —well, you talked about going to visit Washington, DC. But at some point, you visited NIH, specifically the National Cancer Institute, with your biology professor. What do you recall about that trip and [if it] affected the path you went on?

KW: Yes, I believe it was in my freshman year at Xavier, that I had an opportunity to travel with my biology professor Dr. Portia Ashman. It was a four-day minority conference at the National Cancer Institute at NIH. I

don't remember a lot of specifics about the trip, but the notes that I took indicated that some of the things that we learned were the ins and outs of research, the search for funding, and the significance of the proposals that were submitted. Two things that stood out to me though about that trip were, one, I felt very important. I was an undergraduate at the National Institutes of Health, which was like the medical research mecca. And secondly, that was before there were restrictions placed on indoor smoking, and it was astounding to me to sit in a meeting room where people were smoking freely at the National Cancer Institute. That was in 1972.

So you asked about whether or not the visit had an impact on the trajectory of my career. It did in the sense that I wanted more of that feeling of significance. Later during my medical school years, I spent a summer in Dr. Michael Frank's lab at the National Allergy and Infectious Disease Institute. There I observed some of the work purifying C4, one of the key complement pathway components. Dr. Frank arranged for me to speak to one of the patients in the clinical section who had hereditary angioedema. I remember sitting down with the patient as she told me about various clinical manifestations she experienced. I learned that hereditary angioedema was secondary to a deficiency of C1 esterase inhibitor, but it was eye-opening to hear an actual patient talk about how it affected her life.

It was during that summer that I first saw Dr. Anthony Fauci, whose lab at NIAID was steps away from Dr. Frank's, as I recall. Dr. Fauci had an excellent reputation as a very intelligent, very astute clinician and researcher. I later started following his work in HIV and AIDS because my career took me in that direction. I also remember returning to the Allergy and Infectious Disease Institute library to study many times during my years at Howard because the library was so quiet. It was worth the trip to Bethesda to go and study there.

RM: Great. So, while you were at Howard, that was when you decided to specialize in pediatrics. So how did that decision come about? How did you reach that specialization?

KW: I always felt that whatever field of medicine I chose, I wanted to have direct patient contact. For a brief period, I thought about pathology as an area to specialize in, but I decided against it for that reason. I wanted to have direct patient contact. As I did clinical rotations and electives, I started to get a feel for the day-to-day experience in those different branches of medicine. I found myself, when we rotated on internal medicine, feeling sort of somber. Many patients had chronic problems, sometimes debilitating conditions. Pediatrics, on the other hand, seem to be rejuvenating. The physical surroundings on pediatrics were often bright, colorful, joyful. And although children could be extremely ill, and in those times it could be heartbreaking, children were more likely to rebound and to thrive. So, initially, I avoided choosing pediatrics, because I thought, well, that's what a woman is expected to choose. But I found joy in the interactions with children. I felt it was a field where I could be happy and make a positive impact. So I chose pediatrics.

RM: Great. After you graduated from Howard, you went back to New Orleans, correct?

KW: Yes.

RM: Okay. And so, you did your residency at Charity Hospital, Tulane Medical Center. What made you want to go back to Louisiana? And what was your residency like?

KW: Well, when I returned to Louisiana after graduating from Howard, I was still dating the fellow that I met in the Johns Hopkins summer program. He had been accepted to Tulane's medical school and he was living in New Orleans. That was one reason that I returned. However, our relationship didn't last. But I had other reasons for wanting to be back in Louisiana. The main reason was because it was home. And my parents were still living in Baton Rouge. And I could see that they were getting older, and I wanted to be closer to them. Now you asked me about—

RM: Yeah, about your residency. If there was anything that you wanted to say about that.

KW: During residency, we rotated to several hospitals in New Orleans, and to a couple of smaller hospitals in rural parts of Louisiana. The clinical experiences that we had were great. We saw such a variety of illnesses. I always felt that I learned the most about taking care of patients during the time that I spent at Charity Hospital in New Orleans. We were exposed to a great variety of illnesses, and we had great clinical supervisors.

RM: After your residency, what did you do next?

KW: After residency, I moved back to Baton Rouge. I became interested in the possibility of doing academic medicine. I figured that it would allow me to have a regular schedule and would be more compatible with having a family one day than a career in, say, private practice pediatrics. As I mentioned previously, Louisiana had a public hospital system, the Charity Hospital System, composed of seven hospitals that were scattered throughout the state. The charity hospital in Baton Rouge, Earl K. Long Hospital, had a small pediatric residency training program. There were fifteen residents, five at each of the three levels of training. And there were six or seven full-time pediatric faculty. I joined the residency program at Earl K. Long Hospital, becoming an LSU Health Sciences pediatric faculty member. My job when I joined was to start and staff, along with the residents, a pediatric acute-care clinic/emergency room in the general hospital emergency room area.

Pediatric emergency care was in its infancy then. Pediatric emergency room fellowships were just starting to develop and there was no board certification in pediatric ER. That would come years later. Many hospitals didn't have a separate area in the emergency room to accommodate just pediatric patients. But there had been a pediatric emergency room at Charity Hospital in New Orleans where I trained, so I felt comfortable staffing the pediatric ER. We created an area in the Earl K. Long emergency room where children could be seen separately from adults. We decorated a glass partition with colorful cartoon characters and staffed it separately from the general hospital emergency room. Within a year of moving back to Baton Rouge I started dating my future husband, Cornelius Lewis, who was a New Orleans native. Our families already knew each other and had been close friends for decades. We married in 1983. Two years later, we had our first child, a son, Geoffrey, and two years after that, our daughter, Brittany. All of that time I continued to supervise and teach in the pediatric emergency room. But I also was developing an interest in pediatric infectious diseases.

RM: As you moved into this instructor and mentor supervisory role, were there any kind of guiding values that you looked to that you hoped to impress upon those that you supervised? What was that like? Kind of guiding other people's careers?

KW: Well, I always wanted our residents and medical students to understand one of the things that is always basic in taking care of patients, is to start with a good history and a good physical examination. As the saying goes, "Listen to the patient. He's telling you the diagnosis." Another thing that I heard in my training at Howard that I tried to convey to our residents and students was the importance of critical thinking and thinking in terms of differential diagnoses. One of the things Dr. Leffall would tell us at Howard was, "There are two diagnoses you'll never make: one you don't know about, and one you don't think about." That statement encouraged us to be knowledgeable and to think critically. We had to think in terms of differential diagnoses. That's very important in medicine.

RM: Moving ahead, to the 1990s, is that when your work kind of shifted more towards infectious diseases, specifically HIV and AIDS? How did you develop an interest in that area?

KW: While I was still a pediatric faculty member with LSU, at Earl K. Long Hospital, the chairman of our pediatric department, Dr. Larry Hebert asked me to take on infectious diseases as a special interest. That was around 1985. As I mentioned, our training program was small. We had several sub-specialists represented on our faculty: allergy/immunology, cardiology, neonatal intensive care, but there was no pediatric ID [infectious diseases] sub-specialist. In 1985, there were pediatric infectious disease training programs, but no board certification in pediatric ID. Dr. Hebert had engaged the services of a pediatric ID consultant from Dallas, Texas, Dr. Jane Siegel, to help with resident education and patient consultations in infectious diseases. Dr. Siegel was pediatric faculty at the University of Texas Southwestern Medical Center in Dallas. Every few months, she came to Baton Rouge to spend the day with us at Earl K. Long. She would give a couple of lectures and the residents would present some of our most interesting and/or complex infectious disease cases, which she would discuss. When Dr. Siegel wasn't physically with us, I communicated with her by phone about infectious disease matters. I liked infectious diseases as a subspecialty. It was closely tied to microbiology, which I found especially interesting in medical school. I think Dr. Hebert sensed my love of microbiology and the study of infectious diseases and asked me to take on pediatric ID as a special interest. He explained that one day when the process for board certification came along, I'd probably be able to grandfather in and become board certified.

I was a little reluctant in the beginning to assume a greater role in pediatric ID, in the education of and training of our residents and treating our patients because I hadn't formally trained in pediatric ID, but I discovered that as I read more and studied, attended pediatric ID conferences and conferred with Dr. Siegel, I became more confident in my knowledge, and my colleagues began to rely on me to answer their ID questions.

In 1993, I started a part-time pediatric ID fellowship at the combined Tulane-LSU fellowship program in New Orleans. I actually moved to New Orleans and stayed there for a month at a time, every three months. My goal was to complete six months of formal clinical and laboratory training and qualify to take the first pediatric ID board examination. Fortunately, I was able to live with my mother-in-law in New Orleans while my husband remained in Baton Rouge with our children who were eight and six at the time. My parents were also in Baton Rouge, so they were able to help out. My dad was retired by that time. In 1994, I took the first pediatric ID board exam. That was November of 1994. I passed it. As a result, I became the first board-certified pediatric infectious disease specialist in Baton Rouge and continued to be the only pediatric ID doctor in the city for the next 16

years. The first cases of HIV were reported in 1981. A couple of years after that we started hearing about pediatric cases. In those earliest days before we knew what actually caused HIV, there were a variety of sub-specialists who took care of affected patients. At our own institution, at Earl K. Long, it was our pediatric hematology oncologist, Dr. Sheila Moore who started taking care of patients with HIV. I started consulting on their care when they were in the hospital. Ultimately, I started to assume the role for all of the care of our patients who were in the hospital, as well as outpatients. And that's how I became involved more specifically in the care of patients who had HIV infection.

RM: Okay. So most recently —I know, we're getting close to our pre-scheduled end time. So if you're okay with running a little bit over, or? Okay. All right, great. Thank you. Your most recent position, if I'm correct, was a provider of pediatric HIV specialty care. And you were the Director of Pediatric HIV Services at the LSU and Early Intervention Clinic. If you could talk about your work there, what you enjoyed, maybe some of the challenges, and just your experience there.

KW: Well, the greatest joy that I've had taking care of patients with HIV and AIDS has been seeing them grow and thrive. That wasn't always the case. You know, infectious disease specialists deal with a lot of acute illnesses. There are not many infections in children that we follow for years on end. HIV is the exception. When you're dealing with a lot of acute illness, there's not a lot of opportunity to make lasting connections. In taking care of patients with HIV infection, I followed patients with perinatally acquired infection from birth through 21 years of age. We often worked through many challenges. Many of my patients lost one or both of their parents to HIV. Some patients required gastrostomy tubes for a period of time to allow them to be able to take unpalatable medications. There were many families who struggled with stigma. I felt close to my patients and their families. A few months ago, in my retirement, I received a text from the mother of one of my patients telling me that he graduated from high school. That made me very proud.

Having been an HIV provider since the early days of the epidemic, I know just how far we have come. I remember the days when children were hospitalized and died from HIV-related conditions. Now we have much better medications. Back then, there were medications that were difficult for a lot of young children to take. There was no one-pill once-a-day medication then, and there were a number of medication-related side-effects sometimes including body changes. It's been great now to see our patients thrive. One of the most enjoyable times that I spent started in 2012, when we began to take our clinic patients to a week-long summer camp in Texas. The camp was specifically for our patients. It was a great experience. It was a place where our kids could have fun and focus on things other than the challenges that were involved with having HIV infection. Their loved ones came out to see them off to camp. It was something the children talked about all year long. I am happy to have had the support of the community to make that trip possible each year. Those are special memories that our kids will always have. And I know I'll certainly have those memories too.

RM: Yeah, that's, that's great. Giving kids an opportunity to just be kids even, you know, under the burden of a diagnosis like HIV is just so important.

KW: Yes.

RM: Yeah. You've been, obviously, a part of the growing presence of Black women in medicine, you know, going back many, many, many years —this legacy of Black women in medicine and the growing presence there, and in the sciences as well. I'm curious about what you observed seeing the growing presence of women in medicine, Black women in particular, and what it's been like to see that, and what you'd like to see to encourage that growth and maintain that kind of momentum moving forward?

KW: Yes, when I was growing up, there weren't any Black female physicians in Baton Rouge. The first Black female doctors that I remember were the residents at Johns Hopkins who helped to run the summer program.

RM: Wow.

KW: Yes, when my dad graduated from Howard in 1952, there were four women in his class of 72 students. When I graduated, in 1978, that was 22 years later, there were 35 of us in my class of 113 students. That's about 31 percent. I think the percentage of women making up graduating classes today is even higher, probably about 50 percent or a little bit higher, depending on where you are. I think it's great that those changes have happened. I think it helps to have flexibility in work schedules. I think that women in particular, and men too to some extent, are often concerned about the balance between family and work. I feel fortunate to have had the opportunity to evolve during my career. I've had the support of my family and life partner to take on some varying responsibilities when needed. I think that I tailored my choices of the types of areas of medicine that I wanted to go into because of what I thought I could accomplish based on wanting to have a family as well as a career. I think that situations that make those choices easier, even for a variety of sub-specialty areas will be helpful.

RM: Great. So last, is there anything that I didn't ask that you'd want to talk about before we close out?

KW: Well, one of the things that we didn't talk about is retirement and what happens during this phase. I've been retired from the active practice of medicine for a little over two years now. Actually, my retirement came in January 2021, which was near the start of the second year of the COVID pandemic. However, I had announced my retirement about a year before, even before we knew of the impending pandemic. Retiring during the pandemic meant that there were limitations on travel and socializing, which was something I hadn't planned. But it also meant that I had more time for self-care and time to devote to personal interests. Nine years ago, I learned how to quilt. My sister-in-law, Merlene, who has quilted for decades, became my teacher and mentor. During the first year of the pandemic, I had time to make quilted wall hangings for my patients, which were like parting gifts, and make Christmas ornaments for my co-workers. Now Merlene and I and a group of fellow quilters make quilts and stuffed bears for children at our children's hospital and for patients who are receiving services through Cancer Services of Greater Baton Rouge.

I've found a new calling. A way to connect to the pediatric work that I've done most of my life. I serve on a couple of community boards that are also connected to my work in academic medicine and as a pediatrician. Retirement has been very enjoyable and fulfilling. A few weeks ago, my husband Cornelius and I celebrated 50-year and 45-year school reunions, respectively. It's been great to look back over those years, to connect with old friends and classmates and to see all that has changed.

RM: That's wonderful to hear. It sounds like you're still bringing some joy to patients even in your retirement, which I think is pretty remarkable.

KW: I hope so. And I have to thank you, Rachel, for very thought-provoking questions. It's been wonderful to have an opportunity to reflect and to look back over all of the years. So I thank you for the opportunity to do this oral history. It's been great.

RM: I really appreciate that.