

Interviewee: Perry, Levi

Interview: May 9, 2007

**UNIVERSITY OF HOUSTON ORAL HISTORY OF HOUSTON PROJECT
AND
THE AFRICAN AMERICAN PHYSICIANS OF THE 20TH CENTURY HOUSTON
PROJECT**

Interview with: Dr. Levi V. Perry

Interviewed by: Ramona Hopkins

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Transcribed by: Suzanne Mascola

RH: This is the oral history of Dr. Levi V. Perry taken at his home on May 9, 2007.

Thank you for agreeing to talk with us today.

LVP: Thank you for coming.

RH: You are welcome. I wanted to start off with where and when were you born?

LVP: I was born November 1, 1932, in Centerville, Texas.

RH: What were your parents' names?

LVP: My father was Aflee Perry and Mrs. Katie Mae Perry.

RH: And did you have siblings?

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LVP: Yes, I did. Three sisters, one brother.

RH: What did your parents do? What were their professions?

LVP: Initially, they were ranchers and then, during the war, we moved to Houston, Texas, from Centerville, Texas, and they became trained in welding. But they could not weld here in the city in Texas because they were of the Afro-American race. And so, they had to go where they could get paid for welding. And that was Vancouver, Washington, where they both were welders in the Kaiser Shipyard. They did that for the last year of the war, World War II. The war ended in 1945, so then my family moved back to Houston, Texas.

RH: So, you moved back in 1945?

LVP: That is right.

RH: You moved around a lot. And you also went to Phyllis Wheatley High School, is that correct?

LVP: That is correct.

RH: When did you graduate from there?

LVP: 1951.

RH: Had you met your wife in high school?

LVP: We knew one another by name but we never were . . . see, she was in a different section than I was and she graduated one year before me because she accelerated by attending summer school. So, we knew one another by name. She had seen me as I worked at my local restaurant – Simpsons Barbecue. She and her parents came there one time, I believe. But we really met formally, I guess, during summer school at Texas Southern University in about 1952 or 1953, thereabouts.

RH: I was just wondering about that because I saw that in the paper, reading about it. I just kind of wondered.

LVP: Yes, they said we were high school sweethearts but it was not quite like that.

RH: Actually, I do believe it said you met in college and then it said you both attended the same high school so I thought I would ask about that.

LVP: The same high school, yes.

RH: Well, my next question is when did you decide that medicine was what you wanted to pursue?

LVP: Early on in life, about as far as I can remember. My mother said, out of 5 children, she wanted to have one doctor, among other things – at least one doctor and one nurse. That was her dream. So, I was the oldest child, the son - I became the doctor – and my youngest sister, Hazel, became the nurse. That was her dream.

RH: What about your other siblings? What did they do?

LVP: They were homemakers, I guess. What do you call them? Housewives, and things like that? They had restaurants and went into business and things like that. They did very well. They have families. They married and did very well. But my mother, she never once said all she wanted was one doctor and one nurse because she felt that would distract from what they were doing but they did very well in life. She is very proud of them, too.

RH: So, she wanted to make sure that you did as best as you could?

LVP: That is right.

RH: Did you go to undergrad school at Howard as well?

LVP: Texas Southern.

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RH: Texas Southern?

LVP: That's right.

RH: And you graduated from there in?

LVP: 1955. That was about my only option when I finished high school. I actually finished high school in June of 1951. On August 13, 1951, my youngest brother, the only brother I had, was killed in an automobile accident. He was riding a motorbike. This was in August. And then, the time for me to go to college would have been in September. So then, my only hope if I was going to be a doctor, would be able to go someplace where I could make a little funds, and college to me was just a way to get to medical school, both academically and financially. So, I had a job working at the Hughes Tool Company, which I was able to get that job right after finishing high school. After that, I worked for Simpson's Barbecue for 3 years and I got the job at Hughes so I started working at Hughes Tool Company. And then, I was able to get on the second shift working from 3 to 11 p.m. And so, all I had to do was to go to school, take 15 semester hours each time and then show up for work at 3 o'clock every day and be there until 11 o'clock so that it worked out fine. But every day, I had an appointment and that appointment started at 2:30, and I had to be gone for my appointment at 2:30. So, every day for 4 years, summer and winter months, that is the way it was. So, all I had to do was go to school and then, go to Hughes Tool Company and take my books and paper. You know, wrap them up in paper so that the supervisors would not know that I was trying to

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get an education because if you are moving up, you know, you are out of there. They would find a reason to say, good-bye, you don't need this job. This is the way that the system was, where you had . . . if you were going to get up, you had to keep it quiet. Now, the other Afro-American people, they knew what I was doing. I would lose a tie every week because I would wear a tie to school and sometimes that tie would come out of my back pocket and they would pull the tie and keep it and I would not know it would be gone. But I always wore a tie to school but not at Hughes Tool Company because if you did that, they would say, "You don't need to work here. You can go someplace else." Well, I had to make money. So, I was able to work there and to save a little money and get through. And then had to worry about getting into medical school. That was the other problem.

RH: What was your job at Hughes?

LVP: I was what they called a porter where we would clean . . . I worked in the tabulating department. It was real nice because I could look at the computers, I could see what everybody made. Those little . . . cards? I cleaned the machines where all the cars were coming there. Anybody that worked for Hughes Tool, I could see how much they were making. All I needed was their name and their payroll number. I just figured out the card. And it was very interesting but the work was light. It was enough to do but it was not hard. I did not want to work in the shops because the shops would cause you to lose your hearing and I did not want to be working out there, because I needed my hearing to be a doctor. And it was a lot of fun. I really enjoyed working at Hughes Tool

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Company, I really did. It was light work and dust this and dust that. It was what I did at the job. It was great.

RH: Now, when you were going to go to medical school, did you just apply to Howard or did you apply somewhere else?

LVP: No, I tried to . . . everybody wanted to go to the University of Texas. This was the deal. It didn't cost very much. Tuition was probably about . . . it was not much than it was at Texas Southern so we wanted to go there. We went down there and I was told I had a pretty good chance of getting in. But then, I got this card, painted postcard, about July 2, saying I was rejected. And, at the time, it was very hard for me. And so, it was very, very difficult. After going all these years and all this work and all this commitment and then hearing my state saying, you can't come here, and so, it was really a little bit hard.

So then, I applied to Howard but I lost one year, you see, because when they reject you in the summer, then you have got to apply another year. It just takes one year out of your life. So, we were married then. She said, "Come on to Howard. We can make it up there." She assured me, she said, "Well, you are willing to work." Didn't have a lot of funds so I had to be able to work some. "So, you can come on to Howard. I assure you, you can make it. I have seen other people do that." So that we went to Howard, to Washington, D.C. We had one son, Levi, Jr., and so we were able to . . . so, I applied at Howard and then applied to Meharry. That was out in Nashville, Tennessee. Well, she was in at Howard and I got accepted to Meharry. So, they gave me 10 days to

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send the money in. To reserve your space was \$100. So, I sent my \$100 to Meharry. The next day or two, I got a call from Howard and then I got accepted at Howard. But you couldn't get that money back from Meharry. I couldn't let the opportunity go. See, but then, I felt we could both make it with one household at Howard in Washington, D.C.; whereas, otherwise, to try to make two households. There was no way to make money in Nashville. That was the other thing. In Washington, D.C., if you were innovative, you could really get places. That is really what I like about this country. If you want to work, if you are committed, you can do it. At least we did. And so, we got in and we went through that school.

RH: Well, I haven't asked you yet. I wanted to ask what were some of the courses and the things that you did when you were in high school in order to be able to go on to medical school? What sort of things did you do?

LVP: Well, in high school, I was working like . . . I wanted to be a doctor but it looked like it would be a very narrow chance that I would be there. So, I was working in the shop area and had some problems there. I did very good there. And then, one morning, was the superintendent in the shop . . . one morning, one guy walked out, so he struck me. I said, "Don't do that. You speak to the professor if you want to leave the shop." He punched me, you know. Well, I reacted and got him back right quickly. They took it to the principal. He said, "Well, now you can apologize." I said, "No, I am not going to apologize because he attacked me." I said, "You just tell me why you hit me." He said, "Well, I was a little bit jealous." I said, "Jealous of what?" He said, "Well, every year

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since the 7th grade, you were shop superintendent appointed by the teacher. You made the best furniture,” and I have an end table and cabinet upstairs, up there now that I made. And I was pretty good, I think. He said, “So, I was jealous of everything that you did.” He said, “Can you forgive me?” I said, “Yes, I will,” and we shook hands on that. And there was no more fighting. And so, I told the principal, “I would like for you to change my schedule.” He said, “Why?” I said, “Well, I am going to be going to medical school.” He said, “Well, why?” I said, “Well, can you imagine me working in a shop the rest of my life, looking over my shoulder, seeing who is coming after me with an icepick or something like that?” I said, “I can’t handle that. So, that is it. You just change my schedule.” He said, “And if I don’t?” I said, “I am out of here.” So, he said, “Well, I’ll change your schedule for you.” I said, “Well, change me.” So, he changed me over to . . . I had taken general science. He changed me over to biology and changed some math courses. Everything just changed, about the 12th grade. That is kind of late, you know? But everything changed. We were the new Wheatley. There was a new school at that time on Market. It was a very new school, brand new. So, I just forgot everything else. I said, this is going to be this and nothing else. So, I got back to what I really wanted to be. And then, I met friends who were at Texas Southern, so I went over to meet some of the teachers over there. The Bear, we called him – Dr. Woods. He was so . . . My friend took me into the hallway in the Fairchild building. He said, “This is his office. I want you to meet him so I am going to leave the campus. I don’t want him to see me because I want to go to med school someday but not right now.” So, I met this fellow and we talked about things. He told me, “Well, yes you come work with me and we think you can get in the University of Texas,” and so on. So, we worked hard over there. It was

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very, very difficult but it was a chance. And if one wants to do that, you have to be committed and you have to stay away from the wrong crowd. That is the one thing. You can't be around people . . . I always say if they are not going your way in life, don't hang around with them. Deal with the people that are going to go your way. If you don't find anybody is going your way, you go by yourself. And that is what I did – I went by myself.

RH: All right. When did you decide . . . internal medicine was the specialty you went into, correct?

LVP: Yes.

RH: And then, I thought I read cardiology as well.

LVP: Yes. Well, it kind of goes back a little bit to . . . cardiology is a part of internal medicine. When I was at Texas Southern, we were doing some experiments. We had the open heart frog. The heart was beating, you know. It was just fantastic. At the rate it was beating. We could put certain medicines on it, it would stop. Then we would watch it start again. The heart just sort of fascinated me. Then, when I got to medical school, I would go and listen to some of the people that were talking like Dr. Johnson, J.B. Johnson. He was discussing myocardial infarction, heart attack, and it just fascinated me as to how these things occurred and what you could do to help. At that time, not too much, but whatever you could do that was available. So, internal medicine sort of

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fascinated me really because it was a challenge. So many different things. It was the whole body, not just certain parts, not just the eye or the kidneys or what have you, it was the whole thing. It was challenging to me to know everything that was going on with the patient, and then specialize in the heart or heart disease. So, we got the residency in internal medicine here. Dr. Raymond Pruitt was the Chairman of Medicine at that time and, of course, we were very proud of that. My teacher at Howard was very proud of that, too. He was fascinated by that. And so, he encouraged me a great deal. And the other person, Riley Fisher Thomas, who taught physical diagnosis. He was a bear, but a very fine person. But he had a great influence on me as to what I was to do.

RH: Where was your residency? Where did you do that?

LVP: I did the residency here at Baylor College of Medicine. I did the internship at Freedman's Hospital, that is the Howard University Hospital after we finished medical school, and then we came here for the residency in internal medicine. Then, I had been in practice for about 2 years or 3 years, and then I was able to get a fellowship in cardiology here at Baylor, so I went back to get that.

Now, this fellowship in cardiology came about because I was very active in practice, seeing lots of patients and doing lots of things with the Medical Forum. I got this grant. It was titled "Extending Coronary Care Training to Nurses and Community Hospitals." It was a Regional Medical grant from the federal government during President Nixon's administration. And so, we had this grant, and the other members of the Forum were there, but it was not a Forum grant, it was a private grant. It was through

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St. Joseph's Hospital and Riverside Hospital. Dr. Evans, University of Houston, was the project evaluator for this project. We had the number one Regional Medical program grant in this state of Texas at that time. So, the people at Baylor saw that in the newsletter, so they called me. He had told me a couple of days before he didn't have any spots for fellowships in cardiology. Well, then, he saw that in the paper. He called me one Sunday and my son, Isaac, answered the phone. He said, "This man called you. He sounded very important. You'd better call him." It was Dr. Henry McIntosh. He was very important. He did have a distinct voice. And so, he called me and I went to see him right away. He gave me a fellowship in cardiology, for which I was able to leave the practice to go under that fellowship for cardiology. It was a very, very good thing for us.

RH: All right. For the kids, if you could please explain what is cardiology?

LVP: O.K., cardiology is the study of the heart and blood vessels, primarily the heart and blood vessels. We call it cardiovascular diseases now but it is the heart. "Cardio" means heart and the vasculature. So, it is really the whole thing. Cardiovascular diseases, at this time. It has to do with the recognition of the normal function of the heart and the derangement from that. I mean, by that, how it fails to function. Heart failure is the failure of the heart to pump blood to the needs of the body as needed, as opposed to when it is normally doing that. And there are many things that can cause that: Narrowing of the arteries of the heart, which we call arteriosclerotic heart disease or hardening of the arteries of the heart is, of course, the cause of a heart attack. Buildup of cholesterol within the arteries and plaque formation. By plaque, I mean, selective buildup

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of cholesterol, and cholesterol-like, a fatty-like material within the arteries of the heart that compromise or decrease the lumen of the opening of the arteries of the heart, thereby preventing blood from going through to the distal muscles of the heart, and if the blood cannot get through to provide oxygen, then the muscle dies. It is a heart attack. That is what causes heart attacks. Arrhythmias, where the heart does not function . . . not normal sinus rhythm but, I mean, 60 beats or 80 beats per minute, or other types of rhythms that occur, extra beats that occur, that can cause heart attacks. Atrial fibrillation or ventricular premature beats, which cause the heart to stop. The electrical activity that causes the heart to stop. So, that is why if people can get a defibrillator to the chest quickly and restart it, it is a good thing to do. Cardiopulmonary resuscitation. So, lots of advances have been made now where, if you look about the campus, I am sure you will find defibrillators in various places – in airports you have got it. In Hobby Airport, they had one . . . just about one month ago, a guy was walking through the airport and he collapsed. Somebody ran and got the defibrillator and shocked his heart, resuscitated him. He is alive today and doing very well. So, lots of things that come about to improve longevity. We are now having a decrease in the numbers of people with heart attacks. Every year, it is getting decreased, and more innovative things are coming about such as now, the federal government is looking into . . . Congress is looking into deciding certain hospitals where people should be taken when they are having a heart attack. In other words, in the paper just a couple of days ago, it is getting so that . . . at one time, if we had people that had certain trauma, you would be taken to the hospital that could take level trauma cases like level 1. In other words, if somebody is really badly injured, you wouldn't go to a community hospital where they couldn't take care of you. So now, they

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are going to do this for heart attacks so the ambulance would take the patient to a hospital with facilities that can do angioplasties – open the arteries of the heart – right on the spot rather than going some other place in the community where you do not have these services. That is the thing that the government is looking into at this time. This is going to be the wave of the future. Hospitals now say, “We have a chest pain clinic,” but the chest pain clinic, they cannot take care of all of these things. So, the government is now saying, we want you to be up to snuff and to take these patients to the right place at the right time rather than wait. That was in the paper two days ago. Very interesting.

RH: Yes, that is. Well, you have kind of alluded a little bit to some of the changes that have occurred since you have started in cardiology over the years. What are some of the innovations, some of the things that have come about?

LVP: Well, some of the easiest things are the echocardiogram, for instance. That is a noninvasive test where you just put a transducer on the chest and you are able to look at the heart, assess its function, see which areas may or may not be functioning, which areas are enlarged, which chambers are enlarged, ventricular septal defects and things like that that you can see the shunts, where blood is going. By a defect, I mean where the tissues of the heart . . . see, normally, there are 4 chambers and is partitioned. But if you have got openings in one, that is the problem. Hypertrophic cardiomyopathy, which is enlargement of the muscles of the heart which is the cause of death in many of these young athletes that are dying, you can look at this on echocardiogram and you could see that. An echo would be the way to go to get this. This is a noninvasive test. By that, I

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mean, they do not have to put a catheter in your heart. You see, it is so simple to do that. Of course, the EKGs [electrocardiograms] were helpful, too, but basically, one has to examine the patient. It all begins with the physical examination and, of course, the history. If there is a family history of sudden death, then this is an eye raiser. Sometimes, these young boys and ladies, too, are the first in the family to die with it. That is a bad note. But the echocardiogram is one real down-to-earth, not too expensive test that you can get to screen for these things. And, of course, heart catheterization. When I was in training, we were not doing that. We had to punch through the chest wall to do a heart catheterization. But now, we just put a catheter in the artery and advance it to the base of the heart from the groin and take pictures of that. We have catheters that are designed . . . that is how the balloon angioplasties are done now. There are so many things. All of these noninvasive tests where you can screen for aneurysm and things like that. It all goes back to the family history because, you know, on the TV, they will tell you that your high blood cholesterol is due to the things that you eat. It also may be due to mother and father and grandma and grandpa, too. So, all these things – it is the family history that is a concern. And, of course, obesity, diabetes, high blood pressure, family history, lack of exercise, male sex, you know. We can control all these risk factors except the male sex and, of course, males have a little bit more incidence of this heart disease. But it has come along in women, too. But many things about women – the recognition of the special symptoms like neck pain and things like that or shortness of breath with exertion or shortness of breath at rest and things like that. These are all innovative things that have come about now. My daughter, Lynn, is an interventional

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cardiologist. She is over at Columbia but she does interventional work there. She dilates these arteries in the heart – things like that.

RH: Could you explain please what a balloon angioplasty is?

LVP: All right. I wish I had some in here. It is a balloon that is on a little catheter. A catheter is a long tube-like material. It has a balloon on that so you can inflate that. It has chambers for the little catheters where you turn the stopcock a certain way and then the pressure goes through that balloon and it inflates. You snake this little balloon around into the blockage within the arteries of the heart and under fluoroscopic control . . . by that, you press a button and it lights up under fluoroscopy . . . you inflate it with the pressure. It is pump-like and when you screw it down, you can screw it down . . . it gets exactly like you want it to – certain atmospheres – and you hold it for like 30 seconds, like that. And then, you release it. And then, you might do it again. Then, you take a picture. And you do it until the artery is fully open. That way, you do that. That saves him from having to have a coronary bypass. That is the other way that you would get to it – just to take the arteries and arrange from the leg, tie them to the ascending aorta and then go to the arteries of the heart beyond the area of the blockage, you see. So, that is the other way. And, of course, we still do that in many cases where there is advanced . . . people that are having quadruple bypasses have to go that way. The balloon angioplasty is very good and the patient can go home the next day.

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KB: So, the balloon angioplasty is a less invasive procedure, easier for patients to recover?

LVP: Yes, it is. That is the way to go for a patient with an acute heart attack now and this goes back to what I was telling you about – going to the right hospital in the first place where, in order of an acute heart attack, you need to do this within a very short period of time. So, the speak in terms of the door-to-cath-lab time is like about 90 minutes. See, that is a long . . . for other ways of doing the thrombolytic therapy where you can use streptokinase, TPA, one of the thrombolytic agents where you can dissolve the clots in the heart, that would probably be the second way to go, the second best way. These are for acute heart attacks. But the best way to go would be to do a balloon angioplasty. But, you see, if you go to the wrong hospital, you are going to be losing time. Time is of essence. And so, you need to know and everybody needs to know which way I am going to go when something happens because, see, these people will say, “Take me to” . . . such and such, Dr. so and so. But for this, you have got to go for a special thing where people are going to be able to do this procedure for you. It is not every hospital that can do that. And even some hospitals that do it, they can’t do it at night because the team has to come in at night, you see. In the cath lab, you have got to have a team there to go with this thing.

RH: As you were talking about that, I was thinking about the HMOs and just the fact that you are so guided in where you are going. And yet, still, a person might not know exactly where . . .

LVP: Well, when you are having a heart attack, you do not have time to check on this HMO stuff.

RH: That is true.

LVP: You have got to go . . . that is a problem. That is where we fall out because you cannot say, "Which HMO do you have" . . . looking at your cards, you might not even have a card, do you know what I mean? But for a heart attack, you have got to be treated now and worry about collecting it later.

As my wife was talking to you about this thing about patients and doctor/patient relationship, I recall one Christmas day, one of the pediatric mothers called up. She said, "My baby is sick. She is so sick. Can you come to me?" She said, "Well, bring her to the house here." This is Christmas day. "Come on here by the house." O.K.? She brought that baby over here. She examined her. I examined her. I said, "The baby has heart disease. Big time heart disease. This baby is not going to live if she does not get someplace." So, I called Dr. George Reul, cardiovascular surgeon at the Ben Taub Hospital. I said, "Look, this is Christmas day. We have got this baby that has got congenital heart disease. I want to send him over." He said, "Send them on." This is Christmas day now. She could have a heart attack right in this room. This is the kind of relationship that she had with her patients. They could come any time. Anyway, we got them over to . . . she had some tricuspid atresia. She had a big time . . . the patient eventually died but they did operate on her, sure did. It was a sick baby. This is the type

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of thing where we say whatever the patient needs, either we could do it or we knew who could do it.

I was at the Galleria, the Grand Oaks Hotel. What is the hotel number? Grand Oaks?

EP: Westin Oaks.

LVP: Westin Oaks. Not the old one, the first one. Anyway, the first one. We had a meeting there once, the Houston Medical Forum – one of these GPA relationships, that grant I was telling you about. So, we were at the front table up there and they said, “We need a doctor back here.” We were at the front table, a long way from the back. So, I looked at the expression on the waiter’s face and I said, “Something is wrong back there. We had better go.” The house was full of doctors. I went back there. Here was this long male down there, laying on the ground and had vomited. I said, “Take him to Methodist Hospital for Dr. DeBakey to take care of him.” I was into my fellowship then. I said, “Dr. DeBakey will take care of this for us.” “Oh, we can’t go there. That is out of our territory.” I said, “Where do you want to go?” He said, “I want to go to Bellaire General.” I said, “O.K., take him to Bellaire General. Give me a book of matches.” Everybody smoked. I took a book of matches and wrote down a name – Don Rochelle. I wrote, diagnosis – dissecting aneurysm. Don Rochelle took him. He had dissecting aneurysm. So, we sent him to Denton Cooley. This was the pastor of this church over here. They just rebuilt this church. Wells was his name. They were in that church at that

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time. But anyway, they operated on him. That is what he had, you see. So, this thing of looking at the whole patient was wrong. It worked out just fine.

KB: It was a dissecting aortic aneurysm?

LVP: That is right. He had Marfan's. He was tall.

KB: That is not the volleyball player, Flo Hyman?

LVP: It might have been.

EP: It was the Reverend Wells.

LVP: Oh, the Reverend Wells.

KB: There was a famous volleyball player for the U.S. Olympic team. He was pretty tall and . . .

LVP: Yes, they are tall. Most of them are Marfan's syndrome. They are very, very tall. I was on the board at the Skidmore College, the board of trustees. So, we were up there. The president had everybody at the meeting. He sent a car out to get us at the hotel we were staying at. This guy that came out, he was in a little Z28, a little Chevrolet – a little old car. And so, this guy got out of the car and it looked like he was taller than the car

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was long. I said, how in the heck . . . ? My wife said, “Oh, he has Marfans.” So, we talked to him and he said, yes, he had Marfans. He was talking about basketball. I said, “You shouldn’t be doing no heavy exertion.” So, he said, “Well, my doctor didn’t tell me.” He said, “My doctor doesn’t know anything about Marfans.” I said, “You have to get rid of that doctor and get you another doctor that knows something about Marfans.” He said, “Who is the best doctor?” I said, “The best doctor is Dr. McCussick at Johns Hopkins.” We were over in New York now, O.K.? So, about one year later, this guy called me. What was his name?

EP: I don’t know.

LVP: Anyway, he called me and he said, “This is Durley.” I said, “Yes, what is the trouble?” He said, “Well, I am up here at Johns Hopkins. They said I had this aneurysm and they operated on me. They replaced my aorta now. I just feel a little bit depressed.” I said, “Well, look, let me send Lynn over to see you.” Our oldest daughter was at Johns Hopkins at the time. “She is going to come over and talk to you.” So, she went over and talked to him, you know. But he had his aorta replaced. He was a tall fellow, you know. But she recognized it when he got out of the car. He was a grown man but she recognized it. She said, “He has Marfans.” So, this is a common thing, you know? He worked out just fine though.

RH: This Marfans disease, what is it?

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LVP: It is a connective tissue disease . . . not the connective tissue, but it involves the vasculature, the structure of the blood vessels, where people have a tendency to have a widened aorta. It is dilated. They can't get pregnant. If they do, they might die because it could rupture. They can have where the collagen within the walls of the artery is defective, and so the arteries will widen. As the aorta widens, the aorta prolapses so that the valves just . . . see, normally, the valve will close. After systole, it closes so it prevents blood from falling back into the left ventricle. Well, in Marfans, it just falls apart. The valve is OK but the walls of the aorta are widened so blood just falls back in there. So, that is another form of heart disease that is a problem.

RH: And the complications of it?

LVH: Yes, they are tall people, where the arms are longer than the legs. They have spider-like fingers, ectopic lenses and things like that. High arch palate.

RH: And some of the complications of Marfans like you said . . .

LVP: Rupture, bleeding aneurysms. Ruptured aneurysms.

RH: Is it more prevalent in African Americans?

LVP: It occurs in kind of whoever you see it in. You see tall white boys, too, but, you know . . . a lot of the people who are basketball players, these are the ones where you see

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a lot of it because they are tall. They can almost reach the basket. So, that is a select group of people, you know? And so, they are the ones who really have to watch out for that. But it is very common in . . . well, I only saw maybe 2 or 3 patients in my whole lifetime of my own patients here but I would see them at the hospital, like that. But other doctors' patients, yes.

RH: You were a member of the Houston Medical Forum?

LVP: Yes. I was one of the past presidents.

RH: Well, what is the significance of the Houston Medical Forum today?

LVP: Well, today, it is still . . . first of all, it is a component of the Society of the National American Association. That is one thing, O.K.? It is an official body where we are heard. If things come up that we don't like or things come up that we think ought to be spoken up for, we have a voice and it is heard – in the legislature or wherever it needs to be. If we need some . . . treatments and things like that, we speak up for these things. But we look out for the rights of the patient and things like that. We do have meetings every month. We usually have scientific sessions, a speaker. And then, we have the national meeting, the National Medical Association. Every year, we attend that. That is basically it. It is a very fine organization. That is about it.

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RH: Well, this is kind of a question going back a little ways that I had not asked you about. Some of your experiences with discrimination and segregation.

LVP: Well, that was the whole thing. That is what I was saying about taking the books wrapped up for school. This was basically . . . we knew that there were do's and don't's. And so, I didn't have time to fight all these bells and try to . . . my main objective was to try to get training to get qualified to go to medical school and then, to become a doctor. And I couldn't fight all these battles. Actually, my days were kind of like before desegregation ended, but I do remember getting on the bus the day when the Supreme Court thing came through and said there was no longer segregation. That day, I got on the bus – I didn't go to the back of the bus. I sat near the front of the bus. So, the guy I was walking with, he went to the back of the bus and he was talking, he didn't see me. So, he came back to the front of the bus. He said, "What are you doing up here?" I said, "Didn't you read the paper today? I don't have to go to the back seat anymore, man!" I said, "It was in the paper today." I always read the paper every day. He said, "You are crazy!" I said, "We will see who is crazy." So, he went to the back of the bus and I stayed up near the front. Nobody said anything to me, you know. But I wasn't going to get in a fist fight about it. You can't overcome the powers that are there. But luckily, I didn't have any problem at that time. So, I didn't worry about that anymore. But probably at that time, it was always the back of the bus. That was where you had to go if you were going to make it.

RH: This is when the Supreme Court made the decision about . . .

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LVP: In 1954. That's right. I was on the way to school that day. That is right. I guess I was taking it soon because it hadn't filtered down. Well, I won't get into that. Sometimes it takes a little time for things to filter down from the government to what you are going to do here locally.

RH: That is true.

LVP: I went on that day. I just wanted to have a little fun, I guess. But nobody confronted me about that, you know – the bus driver, nobody said anything. The bus driver was usually the policeman on the bus. He was usually the one. But he said nothing, so, no problem. I guess he read the paper, too!

RH: Yes, I guess.

LVP: So, that was it. Then, of course, the medical school, the thing that really burned me up . . . I hate to get into it all the time but I went down . . . I wanted to go to Texas, medical school. They said, "Well, why don't you try one of the schools up in the east?" I said, "But my father paid taxes . . . he didn't pay taxes up in the east. He paid taxes here in the state of Texas and yet, you are going to refer me to the east?" That just burned me up a little bit, you know? But I didn't fall off the law. I kept my own apprise, you know? I wanted to be a doctor. And if you went around fighting this negative stuff,

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you might not make it. So, all I wanted to do was to be a doctor and that is what I got to be. And whatever it took to make it, that was what I was going to do.

RH: All right. Let's see, the next question. I have not asked you who have been kind of your influences – who kind of inspired you to be a doctor and then to go into cardiology and all those things?

LVP: Well, my mother encouraged me, you know, no matter what I did. I told her I was going to work and go to school. She said, "You are not going to make it." I said, "Leave it to me. I will make it." And I did. Sometimes I would come home from Hughes Tool Company at 11:00, take a shower, and she said, "Aren't you going to bed?" I said, "No." And I would open all the windows – no air-conditioner – and study until 7 o'clock to go take the exam at 8 o'clock. And then, there has been no sleeping the whole day and all night, you see. But these types of things, it was things to go. She always encouraged me. And then, I would go look for a role model. If I didn't have one . . . my favorite magazine was Jet Magazine – the little book that came out every month. They always had the medics in there, what was going on in medicine and what was going on on The Hill, Capitol Hill. So, one of my idols was Adam Clayton Powell. He wasn't a doctor but he was a man who spoke up for rights. People would do things that were good for the people and were outspoken and would go on and they would say things that you could look at and see what they went through to get where they were. That is what really kind of helped me a great deal. All of the doctors all had to go through some shortcomings, all had to make sacrifices. We call them sacrifices, where you deny

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yourself certain things to get where you want to be. And I could see these doctors . . . it always just fascinated me to see these doctors doing this and doing that. It was just fascinating. I could hardly wait to get these little magazines, you know. In class, they would ask for these reports. I always had a quick report either from People or Jet. I could give them any report they wanted, you know. But all these things were inspirational to me. There was a guy here named Dr. Walter J. Minor. I went to see him once as a patient. I will never forget . . . it was a certain door that nobody ever walked in. So, I was in the waiting room and he hit these sliding doors and the doors came open and he stood out there and this big guy with this big white coat on, he said, "Come this way." We sat and talked. He talked to me and he encouraged me. I said, "You have all this time?" He said, "Listen, you are the most important guy in this office today because you may be taking care of me one day." And, do you know, I did! But he encouraged me a great deal. He let you know that it could be done. He had been going to the University of Minnesota, you know, and that is a long way off. They only had a few black doctors. He was one that took out time to talk to me and I really admired that man for that.

RH: What would be some advice that you would give to like a young high school student who was wanting to go and be a doctor?

LVP: I would say that, first of all, remain committed. I mean, your work that you are doing at school, it is important. Try to make a B or better. Try to make an A but if you can't make an A, make a B. If you are not making a B, go have a conversation with your teacher and find out what you can do to improve yourself. Don't sit there and wait until

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the end of the semester to try to do something. Make every day count because one day lost, you cannot get it back, and if you lose one day, you are going to have to run twice as fast for a whole day to make up. So, don't waste your time. Remain committed. Have a goal. Stick to the goal. Don't lay around with people that are not going your way in life. Don't play around with people that are going to do the wrong thing because they are going to finger you and then you are going to be a part of that. And then, that will end your career right there on the spot. I mean, any little thing that is going to be against the law any kind of way, it is going to be a problem. So, you have got to keep your record clean. Do not break any laws. Just stay straight. And be honest. Don't be out on the streets at night at 11:00. Don't be out there. If you are not working, you need to be at home. Don't be out there at night. There is nothing out there but trouble at night. That is all there is. A 13-year-old got killed the other night coming home from a skating rink at 1:30 or something like that. She got shot accidentally. She got shot but she is just dead, accident or not. I am saying, this would not have happened if she had been at home. So, don't be out there at night and don't deal with the wrong crowd. Stay committed. I think that is about all I can say. And be honest with yourself. Don't take shortcuts. In class, don't cheat. Be straight. Do the right thing. Find out from the teacher how you can improve yourself and do that. And with each course, do that. It will pay off.

RH: Well, thank you very much for taking the time to talk to us.

LVP: You are welcome.

RH: I am going to just add that with us today is Professor Brosnan kind of talking on the tape and then recording is Jennifer Lazarro.

