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

Interview with: Dr. L. Natalie Carroll
Interviewed by: Kathleen Brosnan, Ramona Hopkins
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Transcribed by: Suzanne Mascola

KB: Alright this is the continuation of the oral history of Dr. Natalie Carroll in her office on September 14, 2007. Also present is Kathleen Brosnan and Ramona Hopkins. Good afternoon Dr. Carroll.

LNC: Good afternoon.

KB: Dr. Carroll was your dad a physician here in Houston?

LNC: My father was a physician here in Houston, and he started practicing in 1953. In Fifth Ward on Lyons Avenue. He graduated in 1951. . .

KB: From Meharry Medical School?

LNC: He graduated from Meharry Medical College in Nashville, Tennessee in 1951. A year after I was born at Meharry.

KB: And your father's name was?

LNC: My father's name was Carl Mark Carroll Jr.

KB: And what kind of medicine did Dr. Mark Carroll Jr. practice?

LNC: Dr. Carl Carroll practiced, he had a general practice. Which was quite the usual in the early 50s. Specialization had just begun and more it was in the middle 50s and later 50s.

KB: And was your father originally from Houston?

LNC: My father was originally from Hallettsville and Yoakum, Texas.

KB: And was he the first one in his family to go to college?

LNC: My father was the second generation to go to college in his family. Both sets of my grandparents were college graduates and actually teachers.

KB: Your dad is not still alive?

LNC: No my father is no longer living. He died in 1997.

KB: You grew up then, probably as part of a community of families whose fathers and mothers were African American physicians here in Houston is that right?

LNC: I grew up more in a community of families who were professional, more teachers. There were some physicians but there were a limited number of African American physicians in Houston. However, there were probably more here in Houston then in many cities across the United States, particularly in the 50s.

KB: Why was there such a strong collection of African American physicians in Houston? What attracted them here?

LNC: The community here attracted African American physicians because there were a good number of African Americans here and the physicians who were here would often encourage other physicians, particularly from Meharry and Howard to come this way to practice.

KB: Was your dad an active participate in the Houston Medical Forum?

LNC: Yes my father was an active participate in the Houston Medical Forum until he died.

KB: What was the importance of the Houston Medical Forum to your father? Why was that important to him. . .?

LCN: The Houston Medical Forum was important to my father as well as the other African American physicians in Houston and actually in surrounding communities of Houston because it was the place where they could discuss the practice of medicine, new things that were evolving and how to obtain more information about the newer things and certainly, they were able to get that from the journals as well. And most of them really enjoyed the North American Clinics books for that. But it allowed them to exchange information and knowledge about medicine. At that time, African American physicians were excluded from the majority medical societies. That included the American Medical Association, the Texas Medical Association, as well as the Harris County Medical Society, therefore, the African American physicians had both the local organizations, the Houston Forum, as well as the Lone Star State Medical Association, as well as the National Medical Association.

KB: Was your dad the inspiration for you choosing a career in medicine?

LNC: Actually he was not.

KB: What inspired you to consider a career in medicine?

LNC: I wanted to enter the field of medicine and decided between the ages of 5 and 8 to do so because I love science, I love people, and because I love both, I thought that was the perfect combination. I really care a lot about people and I am actually really a people person so, to me, the combination of the two was perfect.

KB: And you grew up here in Houston, is that right?

LNC: I grew up in Houston.

KB: Where did you go to high school?

LNC: I went to Jack Yates Senior High School. I thought at first that I might be going to Wheatly High School because my mother originally, when I was five years old, was the assistant librarian at Wheatly. However, in the midst of that we moved to the Third Ward and then I got all involved in Jack Yates. And I loved going to Jack Yates and I was delighted to graduate from Jack Yates. From my perspective at the time that I attended Jack Yates it was the premier high school in Houston, Texas for African Americans. Our classes were renowned because we had very high SAT scores, P-SAT scores, we did well, and many of us have gone on to do many very interesting things that had not previously been available for African Americans as careers simply because of the advent of integration as opposed to segregation.

KB: When you were going to high school in 1960s was Jack Yates, were the high schools in Houston still segregated?

LNC: When I attended Jack Yates the high schools were indeed segregated. And in fact, integration did not really evolve until the year after I graduated from high school.

KB: Growing up in Houston in the 50s and 60s, and living in Houston now, in the beginning of the twenty-first century, how would you say race relations have changed in Houston? What have you observed?

LNC: I think racism is a little less obvious. I do not think that racism is gone. I think that it is an enigma now in that both African Americans and Caucasians are looking at things a little differently. We have been going to school together well over 30 years now and besides that, Houston has become far more cosmopolitan now than it was when I was in school. Houston is far more international. We have so many different cultures . . . gosh, it is a different place. When I was growing up in Houston, we were no where near being the fourth largest city in the country. It was a place that was a little bit more easy-going, a little bit more casual.

KB: Did you or your parents participate in much of the civil rights activities in the 1950s and 1960s in Houston?

LNC: I didn't to any large degree. My father, along with a group of physicians and lawyers actually became the financial backup for the students at Texas Southern that did the sit-ins and had already planned everything to make sure that the students were out of jail, and that their records were clear and all of that after the sit-ins. Everything was really orchestrated.

KB: This was common, I think, in a lot of southern cities, that African American professionals and business man would kind of form their financial backing.

LNC: Exactly. They did form the financial backbone for the sit ins and in fact they made it instrumental so that young African Americans were able to enter into positions such as working in Foleys as sales people and eventually not only being sales people but being at the administrators part in many companies. One of the first companies was a company called Houston Jewelry and Distributors, and it was one of the first companies to hire African American sales people.

KB: Your father and your mother as professionals, were they part of the middle class African American community? Was there a certain leadership role for people in that middle class professionals, business men business women within the African American community?

LNC: I think there was a leadership role in many instances. My mother was a school librarian, as I previously mentioned, and she was very active with the YWCA and served on boards and she was also very active with the auxiliary to the Houston Medical Forum and was their president, in fact, when they entertained the National Medical Association meeting here in 1969 at the Shamrock Hilton. That was a grand hotel. It was one of the few times that the president of the United States, then Lyndon B. Johnson, came to the National Medical Association meeting, and he came because the National Medical

Association was the first medical organization to support the advent and perpetuation of Medicare.

KB: Where did you go to college?

LNC: I went to Lake Forest College in Lake Forest, Illinois.

KB: I grew up in Illinois. I went to Knox College which is in the same association of colleges. So small world. And you went to medical school at Meharry?

LNC: I did. I did something a little different. I planned from the time that I was eight years old to go to college. By the time I had completed high school I had the catalogues for the medical schools, not just colleges. And I planned all of my courses in college based on the prerequisites for medical school. And in fact when I visited with my advisor in college my freshman year he talked about what I wanted to do and then I talked about what I planned to take. And he said "Oh Miss Carroll you don't seem to need me as an advisor." I said, "Well of course I need you because I need your signature. But yes I have planned everything ahead of time." I said because these are the things that I need to take, my plan was to complete my undergraduate courses and prerequisites in three years which was what I did. And I then went to medical school, I did not at that time get my undergraduate degree.

KB: There was a similar thing at Knox College that students could apply to Rush . . . and they did not get their undergrad degree. By the time that you went to medical school in 1970 most of the nations' medical schools, if not all, had begun to integrate. Why is, given that, did you still decide to go to Meharry?

LNC: It is interesting that we are discussing why I went to Meharry. First of all, because I went to Lake Forest College and one of my professors really wanted me to go to University of Chicago, had already spoken to the dean and had me admitted to the University of Chicago but I told him that I did not want to do that - I wanted to go to Meharry, partly because I had spent my entire life, every 5 years going back to Meharry for class reunions and I just felt it was a part of our family but it was also because when I went to Lake Forest College, well, it was not totally my first experience with integration because I had gone to prep school for 2 summers prior to going to Lake Forest and actually also even going to school at Kings College Cambridge by the time I went to college. But what happened was that I just felt I had been in an integrated environment and I had encountered some racism at Lake Forest. I had certainly gone far past that but I thought I was just prepared to go back to a predominantly African American environment for medical school, besides which I was just accustomed to Meharry.

KB: A family tradition.

LNC: Exactly it was a family tradition.

KB: And you chose to do a residency in OB/GYN?

LNC: Yes.

KB: I should say obstetrics and gynecology.

LNC: That is correct but I think I need to tell you something before that.

KB: Yes ma'am.

LNC: I decided in college that I wanted to go into obstetrics and gynecology. However, I felt it was important, I did a rotation in obstetrics and gynecology and surgery at Mass General at Harvard. And during that period of time, which I really enjoyed, it was a great academic experience, I really realized that I was interested in surgery and I wanted more exposure to general surgery though I ultimately planned to do obstetrics and gynecology. So I did a general surgery internship, and then I entered my obstetrics and gynecology and I think that it was a wonderful thing to have done. It gave me a lot of background in surgery and I think that it better prepared me.

KB: While in the mid 1970s, when you pursued your residency, did African Americans still face obstacles when applying for residencies or. . .

LNC: Yes indeed. You will hear about the match program which, I guess this past couple of years, has changed again. That match program is how medical students get matched to specific residency programs. Many of the people in my class, and I finished in 1974, did not match and it had everything to do with the fact that they were African American. There were residency programs in Ohio, California, Michigan, New York, that were more open-minded, particularly Harlem Hospital in Harlem in New York City. There was a hospital that no longer exists in St. Louis that also trained.

KB: Is that the one that used to be called St. Louis Hospital #2, I think?

NLC: No, my father trained at Kansas City Hospital #2, Kansas City General, and that was all black patients. And he did his internship there. By the time I finished medical school, I don't think it was a separate hospital; however, their black medical students could go there. I can't remember the name of the hospital in St. Louis but it was a very good program and many, many people came through there. There was also a program at Martin Luther King Hospital in Los Angeles and several places in Michigan, particularly in northern Michigan where African Americans could train. I actually was supposed to interview at a hospital in Ohio, but it was an odd thing, just a fluke. I made reservations to fly out there and the lady that gave me the reservations gave me the wrong time for the flight and I missed it. And on the same day I was going to fly to Ohio and fly into Washington D.C., to interview at the Washington Hospital Center and the interesting thing about training in Washington, D.C., is that most African Americans going to Washington, D.C. trained at Howard University's residency program. I was the first

African American woman as well as the first woman to train in surgery at the Washington Hospital Center, and I was the first African American woman to train in obstetrics and gynecology at the Washington Hospital Center. It was quite an experience. It was very different and I think it was probably an adventure for both the hospital and myself.

KB: When you say it was very different, what do you mean? Different how?

LNC: Well, the first thing is that at that time, there weren't any women in surgery. Obviously, they had never had anybody training.

KB: Just even a locker room issue.

LNC: Right. That is exactly what came up. The locker room issue, in fact, came up. The chairmen of the department, not the chairmen but one of the surgeons in the department said, "Well, where is she going to dress?" And I said, "Why? Don't you have nurses and aren't they women?" And he said, "Yes." I said, "Well, I would suggest that probably the same location would be a reasonable thing." But they were very funny. It was like just such a change. I think that the language in the operating room when the patients were asleep changed. It changed the behavior in the lounge. It was very funny!

KB: And um, after completing your residency you decided to come back to Houston?

LNC: Well actually what happened in my coming back to Texas, not Houston, was that my husband, who is also a physician, completed his residency in family practice at Fort Bellmore at Walter Reed. And he was named chairman of family practice at Fort Hood Darnell Army Hospital. I followed him to Fort Hood and upon my arrival a man at the hospital inquired of my husband as to what his wife might be doing. And he said, "Well she's a fully trained obstetrician and gynecologist." And he said, "Oh we are desperate, truly desperate for obstetricians." I have never seen as many pregnant women in my life as I saw at Fort Hood. And I literally delivered probably hundreds and hundreds of babies there. I became the chief of all routine obstetrics and gynecology's and supervisor of all the nurse practitioners and nurse midwives and ended up taking care of most of the women on post, either directly or through the nurse practitioners and nurse midwives. And the reason was because there had never been a woman there before. That too was an interesting experience, because I ran into such things as, women were just coming into the military, in all phases of the military, at that time. And they would bring in non commissioned officers and put them in the motor pool. The problem with putting someone pregnant in the motor pool is that if they are going to change the oil and they are nine months pregnant they are not going to fit under the car. I told one sergeant that he could not instruct a woman nine months pregnant to get under a car, because she might get stuck. She got stuck because he insisted that she do it, and then he called me. I had written him specifically that he could not do that. He did it anyway, she got stuck, he called me and I said, "My, I think you will have to figure that out since you are the one that insisted that she do that."

KB: What is obstetrics and gynecology?

LNC: Obstetrics and gynecology is the practice of medicine on women exclusively, the female of the species. It is related to treating and caring for the diseases of women, and these days the wellness of women. Specifically their breasts and their reproductive organs.

KB: And why did you choose obstetrics and gynecology?

LNC: I chose obstetrics and gynecology first and foremost because growing up, I never could find one - a woman that was an obstetrician and gynecologist - and I felt that I would have been far more comfortable as a teenager to have been able to see a woman. Also, I love taking care of women and I knew I would. I have taken care of little girls, teenagers and adult women since I have been in practice. I went out of my way to perfect those things in terms of adolescent gynecology and obstetrics, and it is something that I truly enjoy. If I feel a little down, seeing my obstetrical and gynecological patients cheers me. I love it.

KB: And there is your wall of achievement over there. We will get a shot of that in a minute. Um, what ward is your practice in?

LNC: I am presently in Third Ward, I practiced for over twenty years in Fifth Ward. And actually I had two offices, one in Fifth Ward and one over by the Astro Dome. And

then I decided to come closer in, thank goodness since the gas prices have become so high. This is actually a central location in Third Ward between Fifth Ward, I have patients that come from all over the city.

KB: Is this location important to you for any particular reason in terms of the patients you serve.

LNC: Yes. I have always chosen to be in the African American community. I have taken care of everybody. I have a varied population within my practice. But I always felt that it was important to be able to make myself available, especially to African American women in the community, convenient to them because so often when there is not access to medical care, often within walking distance or within bus ride distance, the care is not sought or obtained. I have a short but interesting story. I was nominated for outstanding Houstonian - it has probably been about 10 or 12 years ago, outstanding young Houstonian - that is why I can say definitely it was 10 or 12 years ago - and at the time that I was nominated for that position and became a finalist, they did videos of me in the hospital and in the office and that kind of thing, and the night that we were given the awards, they presented these videos and in the video, I gave the same history really that I am giving now in terms of my educational background, my experiences. And after I had done all of these things, you know, and really I had not done anything that day except be at the awards ceremony, an older lady said to me, "Why did you decide to practice in Fifth Ward with all of your exposure and all of your experience and with such an extensive education and with all of your credentials?" And I said, "Well, you know, it

seems to me that no matter where you are in the city, you ought to be able to get really good care, medical care," and I felt that I would offer that to the communities where I chose to practice, and that is why I did it.

KB: There is a large number of studies that show that African Americans both historically and contemporarily are underserved in terms of healthcare.

LNC: That is correct.

KB: So obviously that is important. Do you remember the name of the organization that gave that award?

LNC: I don't remember. I would have to look at the award.

KB: Is it at home?

LNC: Yes. I am trying to think, it was, I think it might have been Houston Chamber of Commerce.

KB: I will follow up with you on that. Why is the Houston Medical Forum still important today?

LNC: I think the Houston Medical Forum is still important today because so many African American physicians are still trying to serve the community. And we have some needs that are separate and different from other physicians. We are not foreign so we do have the issues of dealing with, coming from other countries and learning a different culture. We do on the other hand have the experiences of trying to figure out ways to better serve our patients and encourage them to seek care and also to maintain good health. And that tends to be more of an issue with, not just African Americans, but poor patients, because often times, because of an innate lack of hope, they tend not to access care and they also tend not to continue pursuing good health care. And many of us in the community want to do things to make a difference and the Houston Medical Forum helps us to get together to think about those things and to do things about those things and we are much more oriented in that particular instance then perhaps some of the other majority health societies.

KB: You talk about the lack of hope that is often associated with poverty, are there any other historical reasons why some members of the African American community are sometimes resistant to the organized health system in this country?

LNC: There are certainly other reasons why African Americans would be resistant to organized medicine in the United States, and first and foremost is the impression that they would be experimented upon. And that was unfortunately true.

KB: And you are referring to?

LNC: I am referring to the Tuskegee experiment in which patients were watched for almost 40 years to see what would happen if syphilis was not treated. It was one of the most unethical things I have ever even thought of in my life. But there are still such things going on in Africa, Central America, and studies are being published that, in fact, show that they are doing that in other countries; where the IRBs are not enforced and that is to say these are international review boards which actually determine whether an ethical study is being done.

KB: And the Tuskegee experiment and the untreated effects of syphilis continued well after penicillin was available, correct?

LNC: That is correct. The Tuskegee experiment went far beyond the development of penicillin. Penicillin was known to be effective in the early 1940s and late 1930s, and yet, these persons were continued to be observed. It is an interesting thing. Syphilis, it appears actually it was thought at first that it came from the Caribbean when it actually came from West Africa, then the Caribbean, and then went back to England, and then came to this country when it was colonized. And actually, all they had to do if they really wanted to know the natural history of syphilis, was to have observed many of the monarchy in England or they could have observed what happened to the Native Americans when syphilis was introduced into this country. And it was all written up and documented. There was really not a reason to do that.

KB: Do you think the residual affect of the Tuskegee Experiment had an impact on the African American community with respect to seeking treatment for AIDS in the 1980s and the 1990s?

LNC: I do not think that really had a lot to do with it. It is an interesting thing - many African Americans did not know about the Tuskegee experiment until really they started doing the plays on it. That, I think, publicized it more. It was still not very well known. Rather, it was the fact that in many instances when African Americans went to county hospitals across the United States, they were treated not as patients but as numbers and diseases. That is not something that is often forgotten. One of the reasons there is a federal law concerning the age of tubal ligations is because African Americans were often sterilized unbeknownst to them and against their wishes prior to that federal law having been put into place. I often tell the story of a young woman I saw at Meharry in medical school - she was married, she was 19, and they wanted to start a family, and I did a pelvic examination and I discovered that she had no pelvic organs. She had ovaries but she did not have a uterus. She did not have a cervix. And I noted there was no abdominal scar, not to have taken a hysterectomy. However, she had had an appendectomy. She was from Alabama and her father, because she became very ill one night - and they lived in the rural - drove 200 miles to Birmingham, Alabama, to take her to the University of Alabama. They told him that they did an appendectomy. They also did a hysterectomy.

KB: And this probably happened sometime in the late 1960s or early 1970s.

LNC: Exactly, it was actually in the 60s because it was done when she was thirteen years old.

KB: Do you have privileges at any hospitals in Houston?

LNC: I do. I have privileges at St. Luke's Episcopal Hospital, St. Joseph's Hospital, Memorial Hermann Hospital, and Park Plaza Hospital.

KB: Can you explain to the students what privileges are.

LNC: Privileges are the right to practice medicine in a hospital environment and it is of note that until the Civil Rights issues of the 60s, African American physicians could not practice in any of the hospitals I just named. And we did have two black hospitals in Houston which was unusual. We had St. Elizabeth Hospital and Riverside General Hospital. And Riverside General Hospital had previously been known before the 70s as Negro General Hospital. St. Elizabeth Hospital was in Fifth Ward on Lyons Avenue, and the Negro Hospital or the Riverside General is on Ennis between Holman and Elgin Streets, and Riverside is still alive and well. We could not do surgery, deliver babies, put our patients in the hospital for hypertension, diabetes, or whatever illness required hospitalization except in our two hospitals. And this did not change until 1970 when, as part of the Medicare and Medicaid Acts, any hospitals whoever accepted federal funds

had to desegregate their medical staff; that is, they had to include anybody of any race on their hospital staff as long as they were prepared in terms of their licensure and training.

KB: And who decides privileges at hospitals? Does the medical staff decides whether another physician should obtain privileges?

LNC: It is in part the medical staff, but in actual fact it is also decided ultimately by the board of directors, the board of trustees of that hospital as well.

KB: Are you board certified?

LNC: I am board certified.

KB: And can you tell the students briefly what board certification means?

LNC: Now first of all the most important board to have is your state board which allows you to practice within that state. And you have to take tests which include both basic sciences and also the medical sciences and knowledge of general medicine. And every physician has to take that exam and pass that exam in order to be able to practice in any state in the United States. I do know about foreign countries and I am not sure that all foreign countries require that you to take an exam other then to have finished your medical school training. Subsequent to completing your state board, you also are required to at least do an internship. And once you complete that internship is when most

states will let you get your state licensure. Some states will allow you to obtain your state licensure immediately after medical school, unless things have changed and they are changing rapidly.

Board certification in your specialty is different. You must complete your residency and it depends on the board - some boards require that you take both a written board as well as an oral board, and that means that you pass a lengthy written examination as well as a lengthy oral examination. In my specialty, you have to take both a written and an oral board and you must complete and pass the written prior to taking the oral board. There are other boards where I think it is totally written. I think both family practice and internal medicine may be like that. But in any case, it is an extensive and rather grueling process. They usually require that you submit a list of all of your patients for a year or two and then you are questioned in great detail on all of those patients as well as on other issues that they may feel would be appropriate at the time that you are taking that board.

KB: I just have two more questions and then I will let you go. . . You were president of the National Medical Association in 2002-2003 correct?

LNC: I was president of the National Medical Association from 2002 to 2003.

KB: How is it that you were chosen president?

LNC: I worked with the National Medical Association and became active in it from about 1980, with the exception of the years I had children, until now in actual fact. And I was also very active with the Houston Medical Forum from the moment I came to Houston. And prior to the National Medical Association I was a very active member both at Meharry and nationally with the Student National Medical Association. I always felt it was extremely important that you be involved in organized medicine because you can't make a difference if you don't speak up. I'm known for speaking up. I try to be diplomatic but I also try to be pretty clear about what I think needs to happen.

And as I am saying that I need to state something that is of great concern to me. Recently in the last legislative things that they have done nationally one of the things that they have been pushing to do in Medicare is to penalize physicians taking care of Medicare patients who do not comply with the medical instructions given to them. And then because of that the patients do not reach the full potential of their care. No physician can really afford not to take care of their patients, but at the same time they can't afford to be penalized when the patient does not do what they are suppose to do. And I am so concerned that this particular policy will in fact lead to many patients, particularly patients who are homeless, are truly poor, and may not be able to even obtain the medications an the things that they need, that they will end up not being taken care of at all simply because the physicians cannot afford to continue to take care of them.

KB: So I want to make sure that I understand correctly. The physicians under this new regulations for Medicare can be penalized if their patients turn out to be noncompliant.

LNC: Right and they do not meet certain criteria after treatment because they have not done what they are suppose to do.

KB: OK. And that compliance and the ability to meet criteria after treatment is affected by poverty without a doubt.

LNC: Exactly.

KB: So in some ways this law potentially hurts those physicians that are most likely to care for the poor.

LNC: That is exactly my point and that is the kind of thing that I was very cognizant of and very verbal about when I was president of the National Medical Association. I am so deeply concerned that we do not take care of the least of us and we forget that because we don't take care of the least of us, we ultimately do not take care of the best of us. And that, of course, is something that is subjective in terms of who is the least and best. But my point is that we end up with a poorer quality of care overall when we do not give a basic quality of care to all. And that was a part of why I got involved. But I worked with the National Medical Association for over twenty years. I started off as a member and then I was always on the House of Delegates, and I was active on the councils, and I was on the board of trustees for the National Medical Association for nearly twelve years. Either as a regional chair or a trustee, then I was chairmen of the board and then I was president elect and then I became president. And during my tenure as president my

concern was the viability of the African American physician. Particularly those in areas of need, communities of need, and their being able to continue to practice as well as the kind of quality of care that was being made available to African Americans because there has been quite a bit of publicity now about the difference of care between African Americans and other races in this country. And that was also one of my concerns and to that end I spoke to the Institute of Medicine on the issue of the differences in care and actually had several things published I think on it as well.

KB: And most of the sites I have looked at suggest that African American physicians and Hispanic American physicians as well are still much more likely to serve lower income communities.

LNC: That is correct. African American and Hispanic physicians are much more likely to serve in their own communities and they are far less likely to perpetuate the disparities in health care that many of African Americans and Hispanics encounter.

KB: I would imagine one of the rewards of being an obstetrician is that you get to deliver babies.

LNC: I love delivering babies!

KB: And I am assuming these are some of your success stories.

LNC: Those are my babies.

KB: I am going to show the students if I can. Dr. Carroll, thank you very much. We are all set.

LNC: You are so welcome.