

****This is an edited version of the original oral history transcript. After the oral history was recorded, Dr. Apprey revised the opening section and made several other minor edits for the sake of clarity and brevity. It was the request of Dr. Apprey that this revised transcript be made available to researchers alongside the original oral history recording.***

MAURICE APPREY:

My name is Maurice Apprey.

I was born in Ghana, West Africa, in the very small town called Saltpond, by the sea. About half a mile from where our house was, you could see Fort Amsterdam, one of the slave castles on the seashore.

About that age, five, six, seven, eight, I would get the newspapers for my grandfather. *The Daily Graphic, The Ghanaian Times, Sunday Mirror, Parliamentary Proceedings*, some British newspapers, and so on. And I will go and put them on his desk in that little office of his in this big house. About 40 rooms, 20 up, 20 down, but he had this little private space where he counseled people.

I would put them there, and often I would just stand in the window looking outside, and the picture of Fort Amsterdam has stuck in my head ever since, as a slave castle. I learned at the tender age of six that colonization was not a good thing. The slave trade was not a good thing. **The metaphor of exchanging goods** between British and other Europeans, and West African traders had changed into **the metonymy of selling people**.

We've gone from *bartering* of goods to *selling of humans*. I didn't know I would be spending the rest of my life trying to repair that kind of history. So that remains at the back of my mind preconsciously, consciously, unconsciously, in just about everything I do-- **repairing history**.

There's another feature in my formation, which is that grandfather was the Treasurer of the United Gold Coast Convention [UGCC] and the Circuit Steward of the Methodist church, which means he kept the money, [LAUGHING] and he had a lot of informational power. Every minister who came, he groomed into fitting in, so that every minister who came had to get a pep talk to find out who his potential friends would be, who his potential enemies would be, and so on, and so forth.

Grandfather was very popular in that way. He counseled ministers of religion, magistrates, judges, CEOs, politicians, and nationalists. Again, I'm around six years old, and this time, one of these nationalists comes to get counsel from my grandfather. This meeting didn't go very well. It was a Saturday morning. All his sons and grandchildren normally come on Saturday morning to trade stories, to get grandfather's elderly approval; a nod of assent about how they're doing and all that. This meeting didn't go very well with this guy who came.

So, he couldn't get down the stairs fast enough. Grandfather comes out to talk to the rest of us, and this time he is furious. Nobody has ever seen him this angry. Someone dares to ask: "Granddad, what happened? We've never seen you like this."

He says, "you see the guy who's going down the street? He wants to form his own political party. He wants to break away from the United Gold Coast Convention. And we have a plan. We had a

plan to overthrow the British government, and to bring about peaceful transition. So, the project of bringing the energy of youth and the wisdom of old has fallen flat. He's going to work with his rabble-rousers to do it." Well, in the short run, grandfather was quite wrong. The guy became the first Prime Minister of Ghana. His name is Kwame Nkrumah, a lot of people know him from history.

In the long run, grandfather was right. He predicted the man would fail because he was much too ambitious, and today, we would say narcissistic. Great big vision of uniting all of Africa against all of the West! And sure enough, *within three years of Nkrumah's prime ministership, he had become the lifelong president of Ghana*. Now who in this universe, in a democratic country, *becomes a lifelong president of a country in three years?* The long and the short of the story is ***that in my formation, the idea of working behind closed doors, working with discretion, taking time to make change is an important durable asset. I bring that to the University of Virginia.***

So, it's 1980, and I have just finished my training at the Anna Freud Centre in London, England. And there aren't too many Black people at the University of Virginia. And so, I'm on a lot of committees, search committees, and on this particular search committee, looking for a psychotherapist for Student Health. An African-American woman is hired. And told so-- orally.

She calls me about three weeks later and says, "I'm still waiting for the formal offer. What happened? They told me I'd get it within a week? Can you do something about it?" So, I walk into Provost Floyd's Office-- I drive from Blue Ridge Hospital to Grounds, because Blue Ridge Hospital is where my office was at the time. And I go there with the intention of asking for an appointment to meet with Provost Floyd.

And the Secretary, the Administrative Assistant, calls Provost Floyd and says, "there's someone here to make an appointment to see you. Can you see him now?" So, Provost Floyd comes out and says, "Come on in, I have time." So, I said to him, "I have been here only a year, maybe less, and everywhere I go, people ask me why I work at the University of Virginia. There are much better places to work." And people said to me "do you know what you're getting yourself into? It's such a bad place for Black people. You know." So, I said to Ed Floyd, "that has not been my experience. So, whatever it is that has happened here for this University to earn this image, we can change that." So, I got his attention. He turns around and pulls a yellow sheet and says, "here's the yellow sheet. It's signed. She's hired. She can start on Monday."

I hadn't gotten to my office when the phone rang. It was a call from the Dean of the School of Medicine, Norman Knorr. I called him back. And his question was, "Maurice, did you know whose office you walked into this afternoon?" I said, "Oh yeah, it was Provost Floyd's." I was so naive at the time, [LAUGHING] in a good way, you know. I had bold discretion, but it was also naivete. And he said, "OK, I just wondered if you knew." He hang up the phone.

The next morning my department chair calls and says, "Maurice, Provost Floyd called and asked where we could find more people like you." A month later, the Dean of the medical school sends the Associate Dean to come and interview me to explore if I wanted to be his Assistant Dean of Student Affairs in the School of Medicine. This is how I came to balance my scholarship with administration.

So, here's my first task: ***to repair*** the problem of recruitment, retention, and graduation of African-American students. How was I going to do this? I knew enough to know that UVA was a very good University.

Reputable, strong standards. Therefore, it had to have good undergraduate students. I explored that and said, I think I have got a plan. We're going to turn the fourth year of the undergraduate education into the first year of medical school and, while we're at it, the first year of law school, also.

I presented that proposal to our Deans meeting, the very first one I went to, and everybody nodded approval.

Yeah, it's a good idea, "let's keep our own," [LAUGHING], but one person was very quiet. He nodded approval, but he didn't say anything. At the end of the meeting, he pulled me to his office. He was Daniel Mohler, Dr. Daniel Mohler, Senior Associate Dean of the School of Medicine at the time; an elderly, elegant looking man, like my grandfather, you know.

So, Dr. Mohler pulls me to his office and says, "You know, the idea you presented was a very good one. I am actually one of those who benefited from that program when it was here in 1954. So, it's not quite new, but we had to stop it because the college professors felt that we were diluting the good liberal arts and science education of their students. But in the middle of that argument, the most vociferous debater fell. He dropped dead of a heart attack, and there are still people here who will remember that story, that event, so please don't touch it." [LAUGHING]

What was I going to do now? I understood the importance of institutional history, and I understood the importance of giving people what they can handle, as a psychoanalyst, and so I agreed. So, what am I going to do?

I decided I would create the Medical Academic Advancement Program to use as a recruitment, retention, and a graduation tool. And I literally took all the basic science courses, distributed them among my friends. People I went to high school with, because I needed a critical mass of learned faculty to do it, so that there were no questions about it.

One of the people I recruited to teach in the course was Moses Woode, who you may have heard of. He and I went to the same high school back in Ghana, West Africa. So, I knew he wouldn't let me down. [LAUGHING] He would teach a hybrid course in chemistry. We would teach all the physico-chemical principles up front from the textbooks of the first two years, the textbooks of all the two years of undergraduate medical education.

I recruited another guy called George Bonney, who has since passed away. He later went to Fox Chase Cancer Center in Philadelphia and then to Howard University. He had just won the Schnedecor Award for the best set of biometry papers in a national journal. So, he was going to teach quantitative skills, before we teach genetics; two weeks of medical school genetics, two weeks of medical school biochemistry, and two weeks of medical school physiology. Then we brought an anatomist who's an MD PhD. PhD from Cambridge University, England, to come and teach that [anatomy]. To teach dissection in another facility? Before we started, my training as a psychoanalyst came in very, very handy because things were just moving too smoothly. Where was the **resistance** going to come from?

Dean Norman Knorr said to me, "I have three very good friends, three department chairs, who will support you to get the program started." So, I go to the first one, Department Chair of Pediatrics, and he says to me, "I don't know why he bothered to send you. I am neither interested, nor do I have the time." I go to the second one, Neurology, and he says, "I have the interest, but I don't have the time." [LAUGHING]

The third one, Department of Internal Medicine Chair, couldn't wait for me to get into his office before he started a tirade. [LAUGHING] "What the F do you think you're doing creating a program this tough that even I couldn't do?" [LAUGHING] It was very interesting, but thankfully when I told people that I was going to see this department chair, they warned me that he was very cantankerous. [LAUGHING]

Very good-hearted in many ways, but he could also be brusque and rough. He had very high standards, and so, I said, good. I know how to handle that. [LAUGHING] So, after he berated me for creating such a tough program, I said to him, "Dr. Hook, rumor has it that if this were not a tough program, you would be the first to call it a Mickey Mouse program." So, he says, "OK, OK, OK, OK, I'll help to make it fun for them."

And do you know, to this man's credit, every morning at 11 o'clock, he would come and take these students by hand and go and show them a clinical procedure. They loved it, and they loved him, and he stayed in touch with most of them till he died. It became his second profession, so to speak. To his credit, when he became the chair of a Fellowship program at the Robert Wood Johnson Foundation, we got about \$10 million of grants over a 10-year period.

Funding came like anything. I donated 50% of my time. He donated part of his time, and the University looked really good. At one time, one of the funders gave us 100% rating on one of the grants when we applied for it. You can't improve on 100%. [LAUGHING] You know? So, here we go, this is how the Medical Academic Advancement Program started, and again, you need to start small and build large.

"Where was the resistance going to come from?" is the question I asked earlier. We heard it from the Department Chairs. We then heard it from the local newspaper. "The UVA Medical Academic Advancement Program has been launched," says one of the newspapers, but "it nets very few and interested students." It was my intention that we would start small with 10 students, and build up to 20, 40, 80, 180, which we did. But the newspaper, looking for something juicy-- the Daily Progress-- prints an article on the front page about how our program had failed to net interested and strong students. And right on the side of it was a picture of a disgraced Miss America [LAUGHING] that Penthouse magazine had pictures of in handcuffs and stuff... This is how the Medical Academic Advancement program started-- resistance from inside and outside.

But I also learned from psychoanalysis that behind every resistance lies a pot of gold. So, we persevered. We got excellent outcomes, 13 years of 100% retention. Morale was high, it [SNAPPING] flew and flew and flew and flew until it got to where it is. I went to one SNMA graduation ceremony about two or three years ago, just before COVID struck.

And there were five MD-PhD students in that graduation cohort. Do you know how we got the first MD-PhD, Mike Nelson, who's now Chief of Allergy here? I had interviewed him for Med school, and for some reason, he didn't get his application in on time. So, when he was interviewed, the class was already full. So, he had to go on the wait-list.

How was I going to keep him so that I don't lose him? I put him in the program. [LAUGHING] To wait and see if somebody will drop out. Nobody dropped out that year. So, I went to the Dean of the Graduate School of Arts and Sciences, and said, "I interviewed an excellent student. We have to find every which way we know to keep this man." And he said, how do you know that? I said "I interviewed him. I looked at his transcript-- stellar."

He said, so, what are you going to do then? I said, well, “he says he's interested in both research and medical education. Let's create an MD-PhD program for him. And there's another student, so there are two of them that would be in that cohort. They would do the first year of the PhD program in the College, the Graduate School of Arts and Sciences. And the second year, they would join their regular cohort in the Med School administratively, but they would take essentially the same courses for the first two years.

He says, oh, that's ingenious. [LAUGHING] Why didn't we think of this before? He says, well, there's one more person you have to clear: Leonard Sandridge. So, he sent me to Leonard Sandridge, he vetted the situation, and he said, “ I approve.” So, here we are, our first African-American MD-PhD student, and the Pharmacology Department embraced him, and he got his PhD from the Department of Pharmacology.

And today, it's not new, but we had to be suitably opportunistic to get started with that. So, the Medical Academic Advancement Program was one approach to recruiting and retaining excellent medical students.

Another approach was to use scholarships to entice the best students to come to this University. In those days, it wasn't very expensive. And so, I'd go to something like the Pratt Fund and make a case, and the Pratt Fund would say, well, “it's a very good case, but you haven't asked for enough money. So, we we're going to double it for you.” [LAUGHING] I had some good allies around Grounds, and so I got that. The Vice-Chair of Neurosurgery would take the collection plate to his grateful patients and get me eight full tuitions. Can you believe that? It was fantastic.

And as a result, I got stellar African-American students. We got the “best undergraduate medical student” in the country, Robert Buckmire. He's now Chief of Head and Neck Surgery and Otolaryngology at UNC. I looked him up the other day because I had forgotten his full name [LAUGHING] and there he was, looking so elegant.

Within that era, we recruited Sherita Hill, who is Executive Vice-Chair of Internal Medicine at Johns Hopkins, and also, when she was here, in the third year, she won the best clinician award, the Bowman Award. I think the vote was 6-5. The medical school selects a group of students, and the family select their choice of winner. The following year, the African-American student, the late Arthur Chaney, who is nominated, wins hands down 11-0. We were flying high.

So, I go to the Dean and say, things are going too well. Should we not be watching for a backlash? He goes, “why are you saying that?” “Well, that's how these things normally work.” He said, “don't worry about it. If it happens, I'll go to department chairs” and take the collection plate “and see what we can do,” and he did, but the resistance was delayed by just one year.

The Admissions Dean asked for a meeting with me and the Dean, opposing the idea of recruiting the very best students in this way. And he said, [on our way to the meeting] “When I was at Berea. I had beans for breakfast, beans for lunch, beans for dinner. So, I'm not so thrilled about what we're doing.” So, we cut off a great deal of the scholarships, but I had to find a way to replace that. I went to the Dean of the College again. This time he said, there is *something else* we could use to entice out-of-state African-American students. We'll make them graduate assistants or teaching assistants. If you're from out-of-state and you're a grad student, and you're working, anywhere except Buildings and Grounds, you pay in-state tuition. So that gave us anywhere from six to nine new scholarships.

So, we had to try any number of ways to both prepare people and to take people who are already prepared and are stellar, to really get the most successful group of students here. So, now we're beginning to talk about **brand**. What brand of African-American students are we creating? Top-notch, stellar ones. Now, look them up, and they are all doing great things. Great things. And I'm very, very proud to see them all. About a month or so ago, they gave me an award, and one of the people who came told the following story.

"When I received the offer to come to the University of Virginia, frankly, I threw it away, and I'm sad to tell you this, but I threw it away. It wasn't until I got *your* letter that I kept your letter and threw away the Columbia University offer. [LAUGHING] Now, after many years of practicing in Baltimore, I'm going to take a faculty position at Columbia. So, I'm returning to where I had originally planned to go, but not before I got the best of both worlds: UVA education and the aspiration to be a faculty member at Columbia University."

So, over the years, we've seen a number of these kinds of returns. You have Keith Warren, who was Chair of Ophthalmology at University of Kansas School of Medicine bringing his daughter to me. And he said, "Dean Apprey, do you remember me? Here's my daughter, can you do for her what you did for me when I was here, and I turned to you?"

And then you have others like that. And so, you could see that a new generation was building up. In fact, generational transmission of, if you like, constructive assets was happening. ***My own research as a psychoanalyst is transgenerational transmission of destructive aggression-- how you go from slavery to academic achievement.*** [LAUGHING] ***But here I was on the other side, creating a transgenerational transmission of constructive assets.***

So, all things being equal, everything has turned out in many, many, many, many good ways. I have been blessed, to see prosper, things I had not intended to do, but ended up doing. Things I intended to do and prospered with it.

I have also, over the years, worked overseas. You may have read about the work of the Center for the Study of Mind and Human Interaction. The work that Dr. Vamik Volkan and I, and a small team of scholars-- historians, diplomats, and others-- did in Estonia, Latvia, and Lithuania, but especially in Estonia. It is early 1990s, and it's *hot* there. Politically hot. The Soviet Union had broken up, and the Baltic countries are really afraid that the Soviet Union will come back and recolonize them. For as long as Estonia, for example, had been in existence, they had had only 40 years of independence.

Can you imagine that for centuries, one country after another had colonized them? But for the most durable part, by the Soviet Union and Russia. So, they wanted to be part of NATO, and it was so powerful working with their nationalists, their scholars, ordinary people, college students, and getting them to the place where they could be members of the European Union and NATO, so that the Soviet Union or Russia couldn't touch them.

I have also enjoyed very much my work in creating a Psychoanalytic Institute in Istanbul, Turkey. After 16 years of teaching there, often going four times a year, teaching for long weekends, they became members of the International Psychoanalytic Association. A bona fide [new] association with excellent members there as well.

QUESTION:

What originally brought you back to UVA, and what was it like to be a Black faculty member at the School of Medicine?

MAURICE APPREY:

It's 1979, I am about to graduate from the Hampstead Clinic, the Anna Freud Center. And I go to the First World Congress of Infant Psychiatry, held at Estoril Del Sol in Portugal, and I present a paper on teenage pregnancy.

And here was a person-- a clinical social worker and researcher from the National Institutes of Health, in the days of Jimmy Carter, Jimmy Carter's Good Society Programs.

We were going to cure teenage pregnancies. We're going to do all the good things in the world, you know. And so, Jimmy Carter had given them a lot of funds to do some of those good things, and after she heard me present, she said, you're exactly who I want to work with. So, when you return to the U.S., please contact me. Well, I graduated in 1979, stayed in London for about a year, returned in 1980 and contacted NIH.

They interviewed me and gave me the full-time job, but just as soon as I started, there were cuts, and Ronald Reagan came in-- more cuts. They were not particularly interested in teenage pregnancy research and other things. So, my full-time job became a half-time job. Where was I going to find another half-time job? Let me do something interesting. I will go and teach at the University of Virginia. They'll probably need people to supervise their cases, because I am well trained as a psychoanalyst. The only full-time training program in psychoanalysis in the world at that time, and still is, probably. So, when I came, they jumped at it, at UVA. I was supervising residents, child fellows, teaching medical students, doing grand rounds. I was so busy I did not pay attention to any of the social ills [LAUGHING] in the country or at the University. That was part of the issue. I was just so focused, as I usually am in whatever I do.

I will tell a very funny story. I was going to visit my sister once. One evening in Accra, Ghana. She was this big, pregnant. I walked right past her and didn't notice.

[LAUGHING] That shows you the focus, I sometimes have. I was so busy thinking about going to the US-- the UK to continue my education and all that stuff that I didn't even notice [her]. And she said, Maurice, you walked right past your sister? [LAUGHING]

Well, that's me at UVA. I am so busy teaching that the issues of how the history was impacting the participants of this University was secondary to me, and that was the reason. It looked like I didn't know, right. Uh-huh. But it didn't take long to learn, because the faculty said to me, Maurice, we don't do that here. We don't teach on Monday, Tuesday, Wednesday, Thursday, Friday. You're making us look bad. [LAUGHING] So gradually, I learned a little bit about the culture of the University.

This is a gentleman's place, you teach enough. You nurture people enough. You do your research. And then soon I discovered the downside to focus and focus and focusing on teaching, teaching, teaching. Nobody had told me about how to prepare for the Academy. So, five years into being here, I asked my department chair, "Well, how do you get promoted here?" [LAUGHING]

He said to me, "Don't worry, you're Black. You'll get promoted. [LAUGHING] He didn't mean any harm, but in his own native way of being frank with me, you know. I loved him dearly. He was a good man, and I'm thankful every day that he hired me. Other people, of course, recommended--like, Dr. Volkan recommended and all that stuff. It was not difficult to get a job here.

And then I went to ask, because that advice wasn't very good. Just being Black can't get you tenure and an associate professorship. OK. I went and asked a British-trained psychiatrist, who was actually analyzed by one of my teachers in London. So, we were very, very close. He was in my department. And he said, oh, one book and 14 papers. And I said, "In 16 months that I have left before they kick me out?" [LAUGHING]

So, I went and asked one other person whose name I won't mention, and he said, one book and 22 papers. So, I said, well, Dr. Buckman's recommendation is a good one. One book and 14 papers, I think I can do a few sleepless nights. I have a lot of stuff that I've been working on, my research from NIH and all this. Just get to work.

So, I told my family, I'm going to stay at work later from five to about eight and go home, Monday, Tuesday, Wednesday, Thursday, Friday. All day Saturday, I'll write a paper. All day Sunday, I was theirs. They agreed.

That's how I got, my one book and 15 papers and survived. But the mentoring, as you can see, was very, very bad, very, very poor. So, now I'm beginning to see what people were talking about at the University. OK. Everybody is so busy doing their research that they're not paying attention to young underrepresented, under-served, under-prepared, under-informed people. Thankfully, I am one of those who went to one of those good high schools. In this country, an equivalent will be Exeter, or Choate Rosemary in Connecticut, or Andover. Or nearer at home, in Orange, there's a high school there, Woodberry Forest. It's one of those high schools in Ghana where you could do six years of French, seven years of Latin, three years of calculus. All of those things before you even get to college. So, I was very well prepared.

I was one of those who could sleep very little, who could depend on very little sleep and survive.

When I was in London, I was visited by a brother of mine who said, "Maurice, I've been here three days, and I haven't seen you go to sleep yet." How do you do it? Well, that's who I am. And that's how I have survived at the University of Virginia. Focus, focus, focus, focus, focus.

So now, the last chapter of my stay at the University of Virginia is when Pat Lampkin comes to invite me to be the Dean of African-American Affairs when I was working as the Associate Dean of Minority Affairs and Faculty Recruitment. It hit me that there was something very interesting about University faculty. They think you can get a degree in English and manage a department, a degree in math, and manage a department, a degree in engineering, and manage a school.

I said, no, this is much more difficult than that. An organization is like a family, and people bring their own historical precepts into it. And you're dealing with all kinds of aggregate of assets and ills, you know. How do you make social change possible when you haven't had a day of management training?

So, I decided to go to Case Western Reserve University, the Weatherhead School of Management, to study management. Their motto was, and still is, there is no business proposition that cannot advance society. I said, that's where I want to go. So, I went to do a Doctor of Business

Administration with that social change focus as well. It enhanced everything I already brought with me. So, as an analyst, I knew life from the inside out. Now, I knew life from the outside in.

Very powerful combination. And so, I finished that program. One day I'm sitting in my office. I'm so exhausted.

[LAUGHING] And Pat Lampkin comes and says, Maurice-- she calls and says, can I come and see you? I have a problem that I need you to help me solve. You have helped me solve a few problems in the past, such as the Daisy Lundy incident where-- she was running for president of student council and got assaulted. And Pat and I resolved that incident between the Minority Rights Coalition and Student

Council. And I had also worked on "An Audacious Faith," that a previous president had invited me to work on, on that Presidential task force.

So, she comes and says, Maurice, we're in trouble. The Dean of the African-American Affairs has a legal problem, and the FBI has indicted him, and the University looks bad. So, we need a reputable person to clean up our image.

And you're it. [LAUGHING] I had finished this [doctoral] program. I was so tired. I didn't want to see one day of administration in my life. And here comes Pat Lampkin with a proposal I couldn't turn down morally or ethically. And just being who I am, and given the good relationship, although from a distance, that I had had with her, I agreed to be the Dean.

So, the first thing she said to me was, our African-American first year students start with about 2.5 GPA. You have got to help change this. So, I decided to explore what things are already happening that I could keep and what new things could I bring in. They had infrastructures in place, but they were going in different and disparate places. So, I created a cluster program instead, and enhanced it with a robust advising system. For example, students were going to pre-med with calculus and chemistry in the first semester, and just ruining their whole transcript. Come on, we need a lot of physicians in the country. We can't afford you to be this careless. So, the academic advising system focused on that particular issue to get started. The second problem was that people weren't as prepared in the calculus, statistics, and economics sequence. So, I brought a way to think about this for them. So, even though they knew, they didn't know why they were doing it, I had to show them: calculus gives you quantity and *change* in "n" dimensions. Statistics gives you quantity and *chance*. You put *change plus chance* together, and you can make *predictions* in economics. There are always going to be a few rebels, but by and large, most people understood it and did it.

Public policy came, and they have two prerequisites: economics and social psychology or a public policy course. No, no, no, that's not how you prepare minority students for public policy. They have to get their calculus and statistics, before they come to you to study public policy. There were still people who rebelled and did it, and then I had to give them crash courses through tutoring to do all of this well.

These were all examples of things that I identified. People were going straight into Calculus 131, which is much more abstract than the 121, which is applied, and so on, and so on, and so forth. So, I identified all the problems in this area, invested a lot of energy into it [repairing the advising]. As a result, the 2.5 that I saw at the beginning [changed]. Of people in the 3.4 to 4.0 category, there were only 10% were in that 2005 group. Now we have over 70% in that group [after the first

semester and every class in all four years has more people in the 3.4-4.0 category than any in any other category.

One of the reasons I paid attention to that is because Pat asked me to. The second and much more powerful reason for focusing on this is that business school teaches strategy. And strategy is about the following: how do you position an organization in such a way that it can get to the summit.

How can American Express, for example, create a strategy that would allow it to have the best market share in the mid-Atlantic region, if she wanted to? I come in and say, how is it that a University that once shut its doors to African-Americans can become the best place for Blacks to study in the country, if not the world? That became my strategy.

And so, [President] Jim Ryan comes with a "Great and good," strategy [for the University], it fits in very nicely. [LAUGHING] There is a confluence of strategic imperatives. And by holding my office to that high strategic imperative and managing all programs and projects to rise to that, we now have the stellar program [outcomes] that we have today.

QUESTION:

What inspired *The Key to the Door*, the 2017 book you edited with Shelli M. Poe?

MAURICE APPREY:

Yes. I had gone to a World Health Organization conference on violence and conflict resolution in Kobe, Japan. And the person who introduced me before I presented my paper happened to be one of those early students who were qualified to attend the University of Virginia, but by law, could not be accepted at the University of Virginia. So, he went to Meharry Medical College to get his medical education.

I was so embarrassed [LAUGHING] when he told that story, and the irony of him introducing me, and so on that on my way back, I decided that I needed to find a way to repair this. You know, this idea of repairing, always watching Fort Amsterdam and what it did to people. What was done to people in there stuck in my head.

How am I going to *pay homage* to all these people? We can't find them because many of them have died, but there were early graduates who came and suffered. I could get them to tell their stories. Pay homage to them, and allow the University to remember what they went through and how we can continue to make this place a better place. So, that was one of the premises for editing this book.

The second premise for writing the story [editing the book] was that one of the earliest graduates came to give a talk to our undergrads, and told the story of his first day at the University of Virginia, as an engineering student. He couldn't sleep that night because he was so petrified; so petrified that he went into his room and shut his door. People were banging at his door, protesting his presence.

The next day he woke up and realized *he had inadvertently left the key to his room in the lock*. [LAUGHING] And so, I used "the key to the door" as both a memory of a real story and a metaphor. The key that opens the door can let many others pass through. On the other hand, the same key that opens the door could also lock it, and so we have to remain vigilant and not ease up on our efforts.

That's how. I had also met Teresa Price, who was the de facto "Student Affairs Dean." She was a member of the community, a teacher, and she and a few other community members would entertain a few students in their homes.

They got to know their children. They taught their children how to tie their shoelaces, how to ride bicycles. They got very close to the community members. They got a hot meal on a Sunday because nothing was open in those days that Black people could go to.

They couldn't even shop on the Corner, except in the Jewish shops. Uh-huh, but even then, on weekends, they weren't allowed to shop there. So, they had to find a home away from home, so to speak. So, I had met Teresa Price and some of these early graduates who had come to visit, and so whenever they came to visit, they invited me to go to lunch or dinner with them. And I would take them to the Boar's Head, for example, where they couldn't go to eat when they were students here.

They would bring their families. At one time, I even took one of them to Farmington Country Club, and these are some of the people who wrote their stories. At the beginning, Teresa Price thought they would be too angry to write their stories or to tell their stories, but they actually welcomed it. She feared they would be so anxious. No, they're grown now. [LAUGHING] They've seen the world, and some of their children have even come back here to go to school.

We have turned this place around. You can repair history. It won't be linear, but you would see a spiral circularity.

You go forward, you come back, forward, back, and you keep going, so, every time you come back, it's a new place. As T.S. Eliot says, you go forward, you come back and recognize the old place, and know it as a different place for the first time. Yes. Mm-hmm.

QUESTION:

Was it difficult for you to leave the School of Medicine when you were appointed Dean of African American Affairs in 2006?

MAURICE APPREY:

No, it was not, it was a very natural, very natural shift. In fact, I had actually decided to leave the medical school, because I was too tired of doing administration. In the Doctor of Business Administration program, which is what it is now, there was so much statistics, it was so rigorous and everything was pitched at such a high level that it actually defeated the purpose of the middle management people for whom it was intended.

They have reconfigured it now. Uh-huh. But when I was there, it was in this earlier stage, and, they were trying to create a first-rate program. Best in its class. So, they were really ambitious for us. [LAUGHING] I was so exhausted that I was going to see patients; which I was trained to do. Do what I was trained to do, and lo and behold, Pat says, uh-huh, not so fast. We need you for something else.

But there are a lot of sentimental things that have also happened in the process. I remember the Dean of Admissions in the School of Medicine, when I was there, calling me and saying, Maurice, I have this stellar applicant who just withdrew her application. Let's go after her. Is there anything you could do to help me? [LAUGHING]

So, I pick up the phone. I said, Catherine, I understand that you have just withdrawn your application. I was looking forward to meeting you, too. I was actually going to be the one to interview you. She says, oh, Dr. Apprey, here's the problem. My fiancé, who is here at Howard University with me, is in the first year of residency, and we want to be together so that we can get married next year and work and study at the same place. Can you help?

So, I go to Dr. Hook, the Department of Internal Medicine, who had given me a tough time at the beginning. He and I are "good friends" now, [LAUGHING], so he says, I can help. I'm going to Washington, D.C. for a meeting, and he can meet me at my hotel. I'll interview him. He interviews him. Michael is his name. He loves Michael.

Michael gets a position in the second year of residency, which is very hard to do, at the University of Virginia. Catherine comes here. At the end of the second year of med school, Catherine has her first baby. And at the end of her third year of med school, she has a second baby. They're going to have their children. They had another child some years later. But what's very interesting is that because of her having babies, she missed residency applications in pathology.

So, I go to see the Chief Executive Officer of the hospital and say, "can we create another slot for a pathology resident?" He says, well, we don't usually do that. Why are you asking us? I said, well, I have this young lady that has this situation, and she's having children, and she's making it all work. She's doing it all, and let's help her. [LAUGHING]

He said, all right, let me go and check the figures and see if we have some money. He does. He says, "You're in luck. We made more money last year and so we can hire another resident. So, she gets her medical education, she gets her pathology residency, her husband finishes internal medicine residency, he decides to stay on for one more residency in dermatology. And when they finish, they go to Yale for fellowships.

Do you know where the child who was born at the end of her second year is? She is now Assistant Professor of Pediatrics at the University of Virginia. That's the baby I once held in my hands when she was born, and we helped the family to do everything it took. And before she went to med school, she called me and said, "my mom said before I go to med school interviews, I should call you and get some tips, [LAUGHING] because you interviewed her."

I, sure enough, interviewed her. I gave her [a praxis] on how to collect data, how to process data, how to formulate information plans, how to implement them; how to use a cycle to get all the details of data gathering when you take a history, do physicals and collect lab tests. How you take all those patterns and create a review of systems so that you can make distinctions to arrive at the diagnosis, get co-morbidities, et cetera, et cetera, et cetera. How you make decision plans, and

finally, how you implement the best clinical decision plan. She said, "I took all of that to my interview, and they loved it, and they gave me a full ride to go to Vanderbilt. [LAUGHING] Now I teach it." This is how we've helped generations, and so I am very, very happy about both the sentimental and the intentionally strategic things we did. Some of these things we didn't plan on, but they fell in very nicely.

QUESTION:

Was creating the strong network of Black alumni that exists today part of your strategic plan?

MAURICE APPREY:

No, I did not. I did not. But they got to know each other so well [when they were students.] Were you here when Schnitzelhouse on Fontaine Avenue was there? Claire, the owner's wife, or co-owner, I believe, had a room in the back of the restaurant where she would allow me to invite our students to have dinners there. And you know, I didn't know why I was doing this, but I had the feeling that eating together was very special for them. At home, we have a saying, "when we eat together, we don't have to eat each other." [LAUGHING] It's a psychoanalytic statement too, but it's very powerful. But they were bonded like anything. They would go to conferences together take pictures and show them at the end of the year.

And so, about four years ago, about six students came back here for a Medical Alumni Meeting. And four of them were in the same class, and they came to visit me in my office in the College. And they were telling stories about their experiences here, and the Schnitzelhouse experience came to the top. So, one of them said, "you know how you would ask us to taste all those delicacies? Like the snail, the French stuff. I took my daughter to France and asked her to taste them too, and she went, "euh" [as in yuck], "Just like we used to do". And something dawned on them that it was part of their formation. To eat together, to think together, to study together, to grow up together, and so now, those four are working together at MD Anderson Hospital.

They are some of those I turned Sarah Rothschild to, to go get some funding from them. [LAUGHING] So, now they're in a position to be able to give something back by way of scholarships. And then there were sadder stories that I didn't know about. One of them said to me, "sometimes, when you took us out to eat, it would be the only good meal I had had all semester." I wish I had known that. I did not. Yes, but we did what we could. Yes.

QUESTION:

Do you have any advice for students of color interested in pursuing a career in medicine today?

MAURICE APPREY:

Well, the first thing I would advise them to do is to stay here and encourage others to come here, because this is a darn good medical school. A darn good medical school, because when people go

out to interview for residencies, people love UVA graduates because they know their differentials. How do you separate out competing diagnoses, etc.?

[SNAPPING] Like I was saying, how you collect your data, how you process the data, how you make decision plans, how you follow through, those kinds of things. Our students know these like the back of their hands, and so you'll get a darn good training. I think Randy Canterbury was very instrumental in doing this, he and a few others, of course. ACGME had told us that our curriculum was primitive, and therefore, we needed to do something about it. And for many years, the Dean couldn't get the basic science people to toe the line, until ACGME came and the MD-PhD, MST program, lost their funding. So suddenly, they went to work. They reduced 110 anatomy lectures into 11. The rest was by small group learning. So, they got very creative. As a result of all of those things, intended or not intended, we have one of the best curricula in the country. [LAUGHING]

So, I always encourage people to come here, stay here, and thrive with it. So, I go to the heart of the matter. "What are you going to practice when you leave here? What you've learned, and what you learn here is a darn good experience." So, kudos to our curricular committees for really putting all the effort into Practice of Medicine I and Practice of Medicine II. Dr. Eugene Corbett and I taught in one of them.

Those are very good programs where if you're doing the shoulder this week, we would visit a patient in the clinic with a similar problem, practice interviewing, teach and discuss with students how to interview.

Right, those are all terrific things that I'm very happy for our students to experience. It isn't always fun, because the racial thing sometimes sneaks up.

Dr. Corbett and I went to one unit to introduce our students to a particular patient who had been waiting to be interviewed. He was so looking forward to it, but when our students got there, the wife stood at the door and kept them from going in. And it brings tears to my eyes when I start telling the story. The husband, who had been ill from cancer, said to the wife, "honey, who are you talking to?" She said, "I'm talking to medical students." He said, "Oh, yeah, I've been waiting all day for them. Let them in."

So, she reluctantly let them in. He had been a physician, the grandson of one of the people that one of the buildings is named after. They had such a good tutorial from this physician they loved it. They came back. They stayed a little too long, but they came back to our meeting with Eugene Corbett and me.

Eugene Corbett is an internist, and I, a psychoanalyst, and we work together to teach. They said, "He even taught us how to remember pancreatic cancer, and the symptoms, and all those kinds of things that go with it, that he's been practicing with. About three months later, the Dean of the medical school got a note from the wife saying he had died.

And she's very upset that the students were asked to go and interview her husband when he was too tired to talk to them. And therefore, Dr. Corbett should be fired. So, the Dean calls me and says, "Maurice, what's going on here?" I explained the whole thing, and said, I also teach hospital chaplains how to deal with mourning, and so, here's a very good person who could help the wife to heal.

So, we took care of that. She was very upset because not only was he too tired to talk to medical students, Eugene Corbett, says the wife, "brought two Black people." One Black doctor, Moi, and

one Black medical student. Paris was the student's name. And we helped her heal, and the students didn't have to know the story. There are stories behind stories here. Yes.

QUESTION:

Do you have any closing thoughts that you would like to share?

MAURICE APPREY:

One of the marks I have left for our students is some of those precepts that I myself have grown up with. I mentioned the importance of going to the high school that I went to, like Exeter and Andover. One of the important things there is the precepts you learn. Ours was: "Think and look ahead."

At Andover and Exeter, it is, "Finis Origine Pendet." The end depends upon the beginning." It's from Manilius. It's from Latin. 12th-century Latin. And from the Wharton School, "Plan or be planned," writes Aackoff, a planner. If you don't plan your life well, someone will plan it for you, and you may not like the way they plan it. So, think and look ahead. The end depends upon the beginning. Plan or be planned.

Three are precepts that I have put together to train our students to think and plan with the end in mind. And with that, they've been very systematic and very intentional at fostering their own success and working with us in the College. I didn't have that consciously in mind when I was in the School of Medicine, but I'm doing that now in the College.

And as a result, some of them even quote me. [LAUGHING] So, you know they have internalized it, and they're carrying on, soldiering on, with this message. The strategic imperative that the University that once shut its door to Black people can paradoxically become the very best in the country for Black students to study. That's all I can say. Thank you for your interest.