

ANASTASIA WILLIAMS: Hello. My name is Anastasia Williams, Class of 1998, from the School of Medicine.

Question: When did you first consider a career in the health sciences, and what inspired your interest in medicine?

ANASTASIA WILLIAMS: Well, I'm a first generation American. My parents both immigrated here legally from Haiti, and they met here in the States in New York. And as many West Indian families, even Indian families, Asian families, just a lot of families put a huge emphasis on education. And in our culture if you're smart and you're going to be successful, you're going to be a doctor, a lawyer or an engineer, but the prize is a doctor.

So, my dad actually went to medical school. He worked on Wall Street for a short time before when I was a child. And then he went to medical school when I was 12 years old. Of course, he brainwashed me, I'm using the word brainwashed because that's really what it was, to go into medicine from as far back as I can remember. I remember them asking, so they call me "Tasi" my name is Anastasia, Anastasia Longchamps Bayardelle. That was my actual born given name and they call me Tasi.

So, they would say you know "Tasi, what do you want to be when you grow up?" And I remember thinking, oh there was this Toys "R" Us store above the Pathmark in the Bronx where I lived, so we'd go food shopping and we go up in Toys "R" Us to pick up some things, and I was like, I want to work in a toy store, Daddy. That way I could work all day and then when we closed the shop, I could play with the toys all night. And he was like, "Okay I see, I see, I see. Well you know, doctors they are truly amazing. Doctors they do great things." And eventually he's like, "So Tasi, what do you want to be when you grow up?" And I said, "Uh, doctor." And he's like, "Yeah, bravo! Tasi, she's so smart. My daughter, Tasi, she's going to be a doctor." And then he told all his friends and all his family. So all my life, I was going to be a doctor.

By the time I got to college, I went to Cornell University, where I met my awesome husband. I loved the sciences, but I felt like I really wanted to help people. And I didn't want to be a doctor because that's just what my parents told me to do, so I'm going to find something else that would fulfill that passion to help people. And as it turned out, everything I looked at just didn't size up to a career in medicine.

I think one of the best things about medicine is that there's space for every personality type, you know. If you don't like seeing blood, you can still be a doctor but be a radiologist, or pathology work in the lab. If you don't want to talk to people, you can be an anesthesiologist. Just say hi and good night, hello, it went well, you know.

I'm definitely a people person. I love people. I tend to be a little bit on a dramatic side. And I love the opportunity to be a part of families and actually put science to life. So it wasn't quite the science that drew me in. It's not the academic heady stuff, but it really was about being in a profession that's highly respected, but gratifying intellectually, but also allow me to be myself and to be there with people. So medicine was it for me. So that's how it happened, brainwashing.

[LAUGHTER]

I met my husband - when I met my husband, I was a freshman in college and he was a senior engineering student - smart, quiet guy who was a leader, all that. Brilliant. He started college when he was 14*, in engineering. But I was a serious Christian, very serious Christian. And it was extremely important to me that I lived my life a certain way. So long story short, I got married my sophomore year in high school, had my first - in college, not in high school, in college - had my first two children while I was still an undergraduate student, still finished in four years, dean's list all that.

But the fascinating thing is my father, both my parents, inspired me to go to into medicine but especially my especially my dad, he thought that dream was gone. He thought it was like, it's all over now. She's never going to be a doctor. He couldn't even believe I graduated on the dean's list, you know. So, it truly had to come to a point where it was my passion and my desire and not anyone else's. And that's way, that's extremely important as you go through that process because it's so - you make a lot of sacrifices to do it. So, it needs to be worth it because you can't go back and redo time.

And for me, I can't put my kids on the shelf and tell them let me figure out if I want to do this and come back and they're waiting for me. No, they're growing. They're changing. So those decisions were, I took them very seriously because it not only affected me but it affected my family.

Question: Why did you choose to attend the University of Virginia School of Medicine?

**ANASTASIA
WILLIAMS:**

So our goal when we finished at - my husband did his graduate studies his MBA at Cornell as well. When we finished at Cornell, the goal of many Black, educated, bougie families was to live in Atlanta. That was the goal: to move South. A lot of people were migrating, going South again. Atlanta was going to be like the Mecca of educated Black folk of means, the culture and all of that. And so we knew - I was going to - med school. He knew he was going to law school. So we knew we wanted to look in the South, going further South.

And because growing up in the Northeast, everything was about the Ivy League. Ivy League, Ivy League. So you want the best of everything. So clearly we were going to Duke. Sorry no offense to UVA folk. But at the time, clearly we were going to Duke. And he applied first to law school. And he applied to schools that had medical schools that were strong. So he only applied to three schools. He got into all three. But when he got into Duke, we were ready. I was ready to get the Duke stickers to put them on the car. Like hey, are we going to Duke. We're going to North Carolina. And on the way to Duke, to North Carolina - Durham, we would stop through Charlottesville to visit, just to see this UVA place.

I mean certainly UVA Law School was a top 10 law school - still is, Duke as well. UVA was ranked a little higher at the time. And when I tell you, we had the kids in the car and we drove into Charlottesville, it's going to sound crazy, but I fell in love with the city. It was like, oh my gosh. I get emotional just thinking about it. You know how there's this voice, something that tells you this is where you guys need to be. And we just looked at each other like, oh the mountains - It's, Charlottesville is a beautiful city. I guess it must have been springtime or something like that. So, that's the perfect time to come through.

*Note: Sanford Williams' age when he started college was 15.

And we visited the law school. The people were really nice. They seemed open. We visited the Med school. I want to say I met Dr. Woode. They pointed me in the direction. I'm like, hey my husband's going to law school here, and I'm really interested in Med school here. I met some folk. And it felt right. We could see living in Charlottesville. We could see raising our children here, but it wasn't Duke, you know what I'm saying. And so we left like, oh wow that was really nice.

And then we went down to Durham. And it just could not compete. I mean, excuse the cough, I don't have COVID.

I think that a lot of - Durham's had a lot of development since the time we went, but it certainly was not a thriving city. If anything, I really liked UNC, Raleigh, or that area, which is very similar to UVA. And the people just were not as nice.

When we were discussing finances and things at UVA, my husband had gotten a scholarship, partial scholarship. At Duke, we started talking about scholarships, you know, finances and stuff. And they were kind of like, if you can't afford it, then oh well - Like, I don't know how to explain. It was just not - the environment was not as warm and supportive. And it just did not feel right. And that Duke dream crashed right there, and we left there knowing we were coming to Charlottesville and he was going to UVA.

So, when I applied to medical school, my husband was a law student. And my thinking was: my family is very important to me, either I go to UVA Med school, or I wait until he finishes. So I only applied to one school. I only applied to one school. And there were people who were like, you're not serious about going into medicine. If you were serious about going into medicine, you would apply to a lot of schools. But I'm like, you know, if God's got this for me, it's for me. Otherwise I wait. It's a partnership. And not only did I get in, but I got in with the full scholarship. And then I got - I was tapped to become a part of the very first cohort of generalist scholars and got another scholarship. So I was getting a stipend every month when I was in medical school. No debt.

For me, that was a God thing. And it just confirmed that this was where we were supposed to be. We loved our time here in Charlottesville. My kids thrived here. They went to the Covenant School for a while. Now we're public school people, but that's a whole other process. We're not here to talk about that.

But yeah, so that's how I chose UVA. My family picked Charlottesville. My husband picked UVA, and I picked UVA. And it was definitely a great choice for our family.

Question: How did the environment of Charlottesville differ from that of New York?

ANASTASIA WILLIAMS: Um, leaving New York, certainly the weather was much better. I grew up in the city, but I would say at heart I'm not really a city girl. I think that was probably part of what drew me to Cornell University. I mean it's in the boondocks. It's a little too country, just a little bit. But I love trees and grass and nature, the outdoors. I love quiet. And all of that is Charlottesville. But you can still have a social life and, you know, it's not too far from DC, too far from Richmond. I can sell Charlottesville, girl. [LAUGHTER] So...

Question: How would you describe the community among the students and faculty at the UVA School of Medicine?

**ANASTASIA
WILLIAMS:**

I think the students were fantastic. I certainly had my core group of students that I connected with, many of those happened to be students of color, but not all. For me because I had a family, I didn't get involved with a lot of the social things as much as I - I wish I had. A part of it was I was much more religious, if you will too, like I didn't drink. I drink wine now and I love it. I wasn't as social, hanging out with people per se. And maybe it just was not the season in my life. So while I'm close to some classmates, I didn't spend a whole lot of time with a lot of them.

We were very active in the community here in Charlottesville. We joined a church. We had two churches that we were involved in: First Baptist Church and Covenant Church of God. I was on the worship team. I sang in the choir. I also sang with the gospel choir on campus - on Grounds, not campus at UVA - Black Voices, my first year of medical school. So those were things that I was passionate about that kept me going, my faith. And that was a big part of our family as well. So I spent a lot of my time - probably spent more time with community folk who were my support, than with classmates per se.

In fact, I probably spent more time with my husband's law school classmates because I love to - he started Law school before I started Med school, so we had friends over there. And I loved to study at the Law school because I just do better when other people are not studying the same thing I am, because it's that whole competitive thing, that it's just like in the back of your head - what is he up to, am I behind him. I'm not good enough. They're going to - you know. And so I probably hung out more with law students than with the Med students. So...

Question:

Were there any classes or experiences that made a lasting impact on you or your career?

**ANASTASIA
WILLIAMS:**

As far as biggest impacts, I - for me, the most valuable experiences were the experiences that happened outside of the classroom. I think actually doing rotations with practicing physicians in the community was huge. I remember one of the first doctors that I worked with, that I was assigned to shadow, was at a clinic here in Charlottesville, not far from Preston Square - the park over there, there's a church over there, you know where I'm talking about - Main Street drives into it. Anyway, that clinic doesn't exist anymore. And he was kind of like a holistic doctor I feel like - a medical doctor, but very - he had great bedside manner.

Well, anyway long story short, I went in to see a patient, an older gentleman, an older Caucasian gentleman, and I was kind of like awkward, you know. It's like - nervous about touching him. I don't like touching stuff, even though I'm touchy feely. But you know, I got to wash my hands - So I was like examining him, and I'm like this with the stethoscope. I'm like, OK, turn around. And after we were done, I went and presented the case to him. I can't remember his name, this doctor, male doctor. And we go back in the room, and the guy was like, she barely touched me. You know, like he called me out. And he said to me, he's like: your hands is a part of what you do as a doctor, and it's a part of healing. Don't be afraid to lay hands on your patients. And that's - especially as a Christian, we believe in laying on hands and stuff like that. That really stayed with me. So to this day, my hands are a huge part of what I do.

And I think it really speaks to me too, because there was a point before I applied to Med school, I was like, OK I need to make sure I'm doing this for the right reasons. Am I doing this for status? I could be a PA. There are other things you can do that don't require so much time and money, and you could help people. Why medicine, you know?

And I prayed about it and fast. And one night, I had this dream. I was in church, and it was just me in the church. And there was like this bright, bright light, and someone in white sitting next to me. And the person said, "Anastasia, open your hands." So this is before this. "Anastasia, open your hands." So I open my hands. And he put my his hands on my hands, and he said, "Now go and heal my people. Go heal my people."

And for me, it meant - just go into medicine, you know. I took that as affirmation. So when the guy said, don't be afraid to use your hands, that came back to me. So my hands are a huge part of what I do. I'm a pediatrician, so I've learned how to use them to - you have to be cautious about when to touch, not to touch, how you touch, how you show love and compassion in touch, you know, how you make people feel appreciated. So my hands are a big part of it. I know I'm talking a lot but I will stop, I'll stop. So that was one story that stayed with me: the hands.

Probably the other big story was a family medicine doctor, an African-American woman, that I was placed with in Northern Virginia. So I left my family, my husband - my husband's Mr. Mom. I always get all the credit because you know, we had kids in school. They're like, why are you so amazing - but I do nothing. He does everything. So he cooks, he cleans, laundry, all that, but kudos to my man.

But I was in Northern Virginia, and my job was just to shadow her and see her life for a week. She was a singer. She sang in a choir. We'd wake up at the crack of dawn. She had one child. We'd wake up at the crack of dawn, eat breakfast real quick, get stuff together for the kid, get the child to daycare, go round at the hospital, then go to her office, and then see patients, a lot of patients. Then run back to the hospital, do a few things, then go back and see a lot more patients, then go back to the hospital, then go home - go get the kids, go home, eat real quick, go to choir rehearsal. I called my husband crying, like, I can't do this. I'm exhausted. My feet hurt. There's no way, no way I can live this life. It seemed impossible.

But what I've learned in this process and what I like to tell people who are aspiring to go into medicine, the process prepares you for the work you have to do at the end. When you go through college and you do what you have to do to get the good grades and the extracurriculars to get into a good medical school. Then you go to medical school and you do what you have to do to get the good grades and do the rotations and learn about medicine. You become a doctor. Then you go to residency and they work you to death. By the time you're done with that process, you're ready. That's easy now, you know. Of course, I'm getting older now, so it's not quite as easy. But you can't be afraid or intimidated by the end product because that's why the process is there - to produce you - who you're going to be to be able to do the work. So -

And then medicine looks a lot different now. But that certainly also did stay with me, you know, that feeling like there's no way I could do this. But at the end to be able to do this interview, and look back and be like, wow, I could do that. Perspective.

Question: How would you describe your experience with the Generalist Scholars program?

**ANASTASIA
WILLIAMS:**

The Generalist Scholars Program was a program where we used research and the literature to further clarify primary care medicine, to see how we can improve primary care, or to dig deeper into certain aspects of primary care. So it was designed for select students who have a known passion to go into either family medicine, internal medicine or general pediatrics, but still crave that academic aspect. So we had to have a project and write a thesis and all that. But I think the best part, oh you asked me, that reminds me of something, oh my gosh, OK I'll go back.

I think the best part of the Generalist Scholars Program is the mentorship, for sure. We're all each assigned a mentor. Dr. John Schorling was my mentor. He was an internal medicine physician. And at the time, I thought I was going into family medicine, but that changed. And then Dr. Margaret Mohrmann and Deborah Smith, actually Deborah Smith, she - they're both pediatricians. I think Dr. Deborah Smith is now a psychiatrist. She went back and did a fellowship in psychiatry.

Dr. Deborah Smith was a mentor of mine before I even attended medical school. I participated in a program called the Medical Academic Advancement Program. At that time, it was called the MAAP program. It has a different name now but the same idea. For young students of color who are interested in going into medicine, there's one summer program that helps you prepare for the MCAT and all the stuff, what you need to do. And then the other program after you get in, it helps you to succeed in Med school. And she was my mentor during that.

And she's a pediatrician, a phenomenal pediatrician who opened my eyes about a lot of things. But I think the mentorship was the best part.

The thing that I forgot to tell you is that I was very active in the community. I worked with pregnant teenagers. We created this - we created this program to support young pregnant teens in Charlottesville, where we met monthly. No, no, that's not true. We met weekly. And I actually wrote my thesis about this project. I forgot about that. It was a phenomenal project. I think - I know we made a difference in a lot of young women's lives. The only bad thing is that a lot of their younger - several of their younger siblings were like: I can't wait till I'm a teen mom, so I can be in the program, too.

[LAUGHTER]

So I'm certain it had to be tweaked, like how do you provide that support without - you don't want to criticize the decision, but you don't want it to seem like that's the easiest path to take in life, the politically correct way to say it. So that was interesting. So that took up a lot of my time when I was in Charlottesville as well. So anyhow, I know I digress.

Question: Were there other faculty members at the School of Medicine who became mentors to you?

ANASTASIA WILLIAMS: Dr. Susan Pollart, she was my hero. I - she was the one who started the Generalist Scholars Program. She was the one who tapped Anastasia and said, we want you. And I'm like, what is this program? Me? And she was my hero. She still is to this day. I'm probably the closest to her of all of them now. And she is an amazing, accomplished woman academically. Personally, she had two children. She was pregnant with at least one of them while we knew - met - knew. We would talk a little bit about childbearing and school choices, not a whole lot. But at the same time, it was intimidating to see these people, specifically her, be able to achieve such height in her career and have a family. And she tapped me. I didn't want her to be disappointed. Do you know what I mean? It's like almost like imposter syndrome.

So I remember when I met with one of the deans. I won't say his name. During medical school, and in the conversation, he said something along the lines of: women with children don't make good doctors because you don't get the opportunity to devote as much time of your studies for your future patients. Like you can't put as much time in, like - and I understand what he's saying now a little bit better. I definitely was taken aback, but it certainly fed my insecurity. Do you understand what I'm saying? Because now you're in a position where - whoa, so there are people who are thinking that because you have a family, you're not going to be that good of a doctor. You know what I'm saying.

And so there were definitely times when I didn't ask a question if I needed clarification on something because I didn't want them to think I didn't do my work or I wasn't smart or I didn't know. There were times when I did know something but I was too embarrassed to speak up, you know what I mean. And I feel like I definitely could have flourished a lot more if I had a much more supportive, different type of environment that I felt was confident, believed in me and my skill and all I did to get here, and that they were there to help me but not to judge me. Do you know what I mean? And so that was very challenging.

And so getting back to Susan Pollart, I didn't want her to think I didn't deserve to be here, you know what I mean. So I certainly did - I'd periodically get this deer in the headlights, like I'm doing good then all of a sudden it's like - you know what I'm saying? And I've had some of those moments for sure. Sometimes it may happen and it's the right environment. And you realize these people are on your team and then the flower blossoms and it's fine. Other times it happens and they're like - and it's like go back into your shell, you know what I'm saying.

So yeah, so one of my big things is I've always wanted her to be proud of me, you know. And we're good friends now and I love her, but I'm also at a different point where I'm very confident in myself as you can see. And so I'm proud of who I am as a doctor. And I value our friendship. But that's just gives you a glimpse of the dynamics of what's going on when you're going through this process and you don't look like a traditional student. People make judgments about you, like even though I did really well in school, and I had really high MCAT scores, and I did research, and all these different things, that you only got in because you're Black or you only got that scholarship because you have a kid, you know what I'm saying. So you always feel like you have to prove yourself and that brought a lot of pressure.

So for me, in general, I did not have a love relationship with the University of Virginia School of Medicine. I loved Charlottesville. I love Charlottesville. I love my family. I loved my scholarship. I loved that I was studying to be a doctor, but I did not like medical school. It was not, it wasn't a pleasant experience for me.

I remember I used to prepare for classes. What I would do is the night before I would - they'd give us all the notes in advance. I would review all the notes. Highlight it all. I made question study sheets. I had a separate notebook where I'd put key things I need to know and questions on the other side. So that when it came time to review for exam time, I could quiz myself, you know like the question, what's the answer, the question, what's the answer.

And then also that day in class, I always look brilliant because I read all the notes. So my questions were good questions, you know. And when it was exam time, I would take out the notebook for that subject and just go through it. So I remember we had a pathology exam coming up and I had this blue loose leaf notebook, sky blue loose leaf notebook, with all my pathology notes and everything. And we were in the Anatomy lab. And when we were all done, I went to get my notebook and it was gone. I looked everywhere for that notebook. And I was concerned. I'm like somebody took my notebook.

And the professor and everybody's like, please you lost it. Nobody took your notebook. So I had to study for that exam without my notebook. Which for me it was like, oh my gosh, you know. I took the test, I did fine. And about the week after the exams were over, my notebook showed up in the middle of the table in the Anatomy lab, you know. So stuff like that you go through. People don't believe you. They think you're being too, you know what I'm saying, but you suck it up and you keep moving, you know. So med school was not, no it wasn't my favorite place.

I was very happy to get out - I did my last year in Atlanta though, because my husband worked for a law firm. Because our goal was to get to Atlanta. So he worked at a law firm in Atlanta after Law school. And so I did my last year, most of it, in Atlanta. And that was awesome - with Emory, at Emory University with a lot of their professors and students and stuff like that. We lived in Buckhead, nice life. But that was pretty cool.

But other than Charlottesville being a great city and town, I did not like the medical school. I left here. I could care less if I ever came back. Isn't that interesting? You never would have thought that, huh?

Question: Were there other challenges that you faced as a Black woman attending medical school at UVA?

ANASTASIA WILLIAMS: I think I kind of touched on it, just dealing with expectations, my own insecurity. And that's probably it. You know, I'm a science person and I like taking tests. Sounds crazy, but I do.

No, I feel like, I was so - I had such a large amount of support from the community around me, not necessarily the school itself, that yeah, not that I don't think racism happened but I don't, it wasn't like an obvious everyday occurrence in my life, let's just say, other than my day to day living. So...

Question: Why did you choose to specialize in Pediatrics?

ANASTASIA WILLIAMS: So I was a teacher before I went to medical school. After college, I had small children. My son was born. I had a two-year-old and a two-month-old by the time I graduated. And I wanted to be available for my family. I don't trust anybody with my kids.

So college was great from the standpoint of you're only in class a couple of hours a day or something like that, except for labs. That's a whole other story. Breastfeeding and having to run - and breastfeed and run back up to the lab and time my experiment. But - so I taught. I taught at a Christian school in New York City. I taught middle school.

And before that, I assistant taught for years in the summers and stuff like that. So I have always worked with children. But I was like, there's no way I'm going to be a pediatrician and have to remember all those vaccines and hear those crying babies. There is no way. In fact, when I did my pediatric rotation, I was like, oh I feel sorry for you guys who have to do this.

And when it was all said and done, when it came time for us to decide what profession we would choose I realized that pediatrics came the most naturally to me. And part of it may have been because I had children. So I didn't have to memorize when does a kid roll over, when does a child sit up, because I had kids that did it. They read the book, you know. And the vaccines part wasn't as bad as I thought it would be. And it was easy for me and I enjoyed it. Because I'm a bit of a neurotic mom myself, I manage neurotic moms fairly well. You know, I'm good at it because I see where they're coming from. So I can poke the bear and then speak to the issue, you know.

It's almost like a gift, you know. So I realized pediatrics was the right place for me, so I picked it. And I've never regretted the decision, except for the fact we don't make a lot of money. That's a problem, but not about the money.

Question: Where did you go for your pediatrics internship and residency?

**ANASTASIA
WILLIAMS:**

I ended up doing my internship at the Medical College of Georgia in Augusta, and I loved it. When I talk about an environment - well granted, I was a big fish in a small sea. They'd probably be offended if they heard me say that. But when I talk about being in a nurturing environment that gives you the leverage you need to just fly. People that believe in you, that support you, you know. My very first night on call as an intern, I had a kid with a diabetic seizure that I had to manage in the middle of the night by myself and tell the nurses what to do. And I'm barely like, am I really a doctor? You know what I'm saying. And just the amount of support was phenomenal.

I had a fantastic internship experience. But I got pregnant with my last child during internship. And I also had some surgery - they thought I had cancer, yada yada. Long story short, we decided to move, that we would have to move back closer to home towards the East Coast. And my husband was at the law firm, a "family friendly" law firm, but they still wanted to suck his blood, you know what I'm saying. And he's like, this is not working for me and my family. So he took a job with the federal government at the FCC. And I had to find a spot.

I ended up going to Johns Hopkins to finish my residency, and it was a very, very different experience. So it's like going back to UVA, you know, like the expectations are really high. We as residents put a lot of pressure on ourselves. We don't even need external people to put pressure, we put pressure on ourselves. Like if a co-resident had a code situation and the patient died, they're - we were going to grill you, not me. That's just the group. Like why didn't you do this. You should've done that. We are Hopkins doctors. We are leaders. We are - and it was just like intense.

There were pictures of old white men all around on the walls, and barely any women except for the cardiac procedure doc, and no people of color. And it was a very cold, isolating, and depressing experience. I'm a happy person by nature. I laugh a lot. I love to laugh. It's part of how I express myself, but I also laugh when I'm sad. I just laugh. Laughing feels good to me. And I remember we were on a rotation in the ICU. And it was my turn to present the patient, and I was like - and such and such and I started laughing, and the attending was like, Anastasia, you are always laughing. Do you see anything funny in this place? Anything to laugh about? I'm like, no, no, I'll be depressed. It just wasn't a place for me.

So, and that's why I say too, people, it's easy to fall into doing stuff because - granted I'm a kick butt doctor because of Hopkins. I could practice medicine in my sleep because of Hopkins. I think they did a phenomenal job at training me. They certainly train us to be leaders. And it's opened a lot of doors for me, you know. I take care, I take care of a lot of doctors kids, and lawyers kids, and professional people's kids, as well as the people who don't have means in the community. But it gives you cachet, because you said, I did my pediatric residency at Johns Hopkins.

So from that standpoint, it was phenomenal. But they've come quite a ways. Now, as you know, or may know, Dr. Sherita Hill is over there doing their - is one of their deans and works with diversity, equity, and inclusion. And it's come a long way. And even with people trusting them in the community. That's a whole other topic.

But I tell people, ultimately in your career you need to make a decision that's best for you and your life and your family. It's all about mental health, right. Mental health is critical. We know that now more than ever since after going through COVID, particularly in pediatrics and seeing what it's doing with kids, but I digress. So stories. Yeah, so that's pediatrics.

Question:

What did it mean to you to be a Black woman pursuing a career in medicine?

**ANASTASIA
WILLIAMS:**

As a Black woman pursuing medicine, I did not feel like a Black woman pursuing medicine. I felt like a person passionate about becoming a doctor. But all of my baggage and a lot of it that I bring to it, has to do with my relationship with the environment and the society because of my race and my gender, right.

What I have learned over the years is that what I'm doing is not just about me, but it's about paving a way for all the other young Black girls who say, I want to be a doctor. It's about having patients who are Caucasian and every time they see a Black woman, they're like, is she a doctor? Because the Black woman I know is my doctor. Changing the perception and the expectation that you may consciously or subconsciously put on a person because of their sex and their race.

So, I think for me especially as I have fallen in love with the University of Virginia School of Medicine over the last, I would say, four or five years - we didn't get to that question yet, how did that happen - I have come to realize the importance of mentorship, of being a mentor and what that looks like. Because for a season I definitely was like - first of all, I would never tell anybody to come to UVA medical school. I would never tell anybody to go into medicine, because of all that you have to go through to get there and all of the bureaucracy and everything we have to deal with now in medicine. There's no status in being a doctor anymore. Those years are gone.

So to get back to a point where I can see a young person who says, I want to be a doctor, and embrace that and say, what can I help you, to feed your passion if that's what you really want to do, you know. That was quite a process - that I learned here, and actually I learned from my mentee, who - Lois Ann Davis, who finished med school, I think a year - two years ago. I was her mentor but in a lot of ways she mentored me, and taught me what it means to give back, because she needed me. I don't mean she needed me personally, but I realized how much the current Black medical students who are going through what we went through need support and voices.

We didn't have anybody to speak up for us. I have nothing to lose, as far as if I see something going on in the University that I think needs to be fixed, or there's a problem, or they come to us and like look, this is what's happening. We are now - the alumni are in a position where we can facilitate change and help them. We don't have to worry about getting in trouble, you know what I mean, or it affecting your grades or something because people think you complain too much, or understanding the influence of being able to mobilize together, and money, frankly, to make sure that we give money to the University to make sure we feed those pipelines, so they continue to grow. So I'm very passionate about that now. And it's a big reason I'm involved with the Black Medical Alumni. And I think I'll continue to do it for the rest of my life.

Question: How did you come to be so involved with the UVA Medical Alumni Association?

**ANASTASIA
WILLIAMS:**

So, UVA, Charlottesville, our home. It was our home for years when the kids were growing up. When we moved back to the DMV area, we lived in Maryland initially, but we knew because we got married very young, we didn't come from really wealthy families - we came from educated families but not wealthy families, that we, as much as I love the Ivy League, I don't have Ivy League money. And we made too much money for our kids to qualify for scholarships, even if they were straight A students. Everybody's a straight A student. They don't give you money for scholarships for that.

So we loved UVA. So when I finished my residency at Hopkins, my husband worked in DC. We simply bought a house in Virginia, so that we could be in-state residents, so that they could go to UVA, which is a top notch public University, as far as I'm concerned, an Ivy League University with state dollars. And so it was planned that way from the very beginning. Certainly, it was the kids' decision, same way my dad brainwashed me. It was ultimately their decision if they would go or not. And fortunate for us, they did all the summer camps and the summer enrichment programs and all that stuff. And they love Charlottesville and the campus. And they saw themselves here, and they all ended up going to UVA.

My husband has always been very active with the kids. PTO, PTA whatever you call it, especially when we started sending our kids to public school. That's what I learned. It doesn't matter where your kids go to school. If you have a strong parents group and you support your kids, they're going to do great wherever they go, and it was great for the diversity for them. So he did the PTO, PTA, president of the PTO, PTA for years. And then when the kids went off to college, I was like, yes, they're going to college. They're getting out. Freedom! You know, no PTO meetings. I didn't go anyway.

And as soon as my daughter got into UVA - she applied early decision, got in. He joined the Parents Committee, which is basically PTA for college, PTO for college. And he's like, guess what we just joined? And we have to go to meetings. I'm like, you are - what, what! I was not happy. I was not happy. I'm like you send the kids to go to college to go to college. But we became very active with the Parents Fund, and our kids loved us being a part of the whole experience. My kids were extremely active during their time here at the University. They sang - Hullabalooos - my son was in a movie, *Pitch Perfect*. My daughter, she was a cheerleader here at UVA. Her boyfriend was captain of the football team. They had the life. They sang in a gospel choir. They did all kinds of stuff. And we were a part of a very tight network of families of well means that did everything we could from a financial standpoint to make sure that our kids had a positive experience, with a safety net underneath.

And I learned so much from my years over at the Parents Fund. I got to know the president of the University, President Casteen fairly well. Then I got to know President Sullivan fairly well, because we interacted with them. We met with them periodically. And I got this phone call one day like, hey Anastasia, they need someone on the University School of Medicine Board of Trustees to be an appointed person by President Sullivan, and they picked you. And I was like, these people are crazy, you know what I mean. And that is when I first started getting engaged with the University. And part of that, I'm sure, maybe not - Dean Wilkes was here also. People float names around, and Susan Pollart, who is my mentor, she's like, oh we have a generalist scholar who could be a - da da da. And I joined the Medical Alumni Board as well. And so that's when I really started getting engaged.

And when I started going to those meetings, those reunions, and seeing all the changes that they made in the curriculum. The technology that was involved. Just - no grades, the first couple of years. I just was blown away. I was like, this is an amazing, amazing medical school. And then I got a call from a friend of mine who was a physician. She went to Cornell University with me. And she's like, I have a student that I mentored at Cornell who needs a mentee. She's starting at UVA medical school. And of course at the time, I was like, I don't want a damn mentee, I don't - you know. My husband's like, yes, you do. You're going to do this. You're - he's the wind beneath my wings, you know. So I was like, OK fine, you know. And at the beginning, he had to set up the times. He's like, Ana, you got to meet with your mentee. I'm like, oh come on, let's go have lunch. Hi, how's - you know. And I fell in love with her.

I mean, she told me - her story is her story to tell. You will get her story one day, and you will be blown away. I promise you. I want to cry when I think about what she's been through to get where she is and what she's accomplished. She's an OB/GYN now.

And then Dean Wilkes, he - he's amazing. Dean Wilkes. It was a different experience you see. Now we had a Black Dean. Remember I talked to you about the Dean who was telling me that - we had a Black Dean who was like, Anastasia you can do anything you want to do. Like he - I mean, he would set me up, give me guidance, direction like, you understand what I'm saying. And I'm a New Yorker, so I'm just like get to it. Tell me what you - don't worry about my feelings, you know. I'll laugh anyway, you know. And he was phenomenal at really turning around the Black experience at the University of Virginia School of Medicine. Because of him, we were able to recruit more students and then you have more alumni coming back. And so now I'm recruiting other alumni like, I promise you, it's not what you think it was. It's different. It's different. It's different. Come on. They need you. These young people need you. Look they're going through this. They need you. They need you. They need you. And the message is getting out.

And so now I am a proud graduate of the University of Virginia School of Medicine. I'm a proud member of the Alumni - Medical Alumni Association, and ecstatic to be a part of, and having - helping to create the Black medical alumni group. And this weekend having our first inaugural reunion, I mean, this is big for me. It was a life changing experience for me, just getting involved - I never, ever thought I would have positive, great, warm, fuzzy feelings about UVA medical school. The University, yes. The law school, yes. But the medical school, no.

And then my son, who went to college here, met his girlfriend who he married after eight years. He went to medical school full scholarship. He applied to 10 schools. Sorry, he applied to 20 schools, got into 10, took the top 3, played them against each other, and went to the one that gave him a full scholarship. So, he went to Wake Forest. His wife came here to the University of Virginia School of Medicine, and so she's an alumnus as well. We're in the same cohort, because I'm 1998 she graduated in 2008 - 18, 2018, sorry. And she was AOA, president of AOA. So we, I mean, UVA is all up in our blood. And now the medical school is all up in our blood. So, I love this place now. Big change.

Question: What are some of the ways that the UVA School of Medicine is different today, compared to how it was when you attended?

ANASTASIA WILLIAMS: Listen, the fact that there's no more Jordan Hall, but it's Pinn Hall, Pinn Hall. Snaps. Vivian Pinn is an amazing woman. Dr. Vivian Pinn. I've had the pleasure of working with her on the committee, and have listened to her and really taken cues from her. Granted she's further along in her journey, so she can say what she wants to say and do what she wants to do, and not worry what people think. But I love that about her, and I couldn't be more thrilled to actually have a Hall named after her. And a big part of that was Dean Wilkes, Dean Wilkes and Shannon - Rick Shannon. It wasn't - let's just say, I don't think everybody was happy about it happening, or maybe the way it happened, but we were thrilled. This speaks a lot, says a lot.

Question: What future changes do you hope to see at UVA and in medicine?

ANASTASIA WILLIAMS: I think for me personally, when I think about medical education today, I'm not sure I'm convinced that it needs to be four years. I think especially at a time where we have a lot of competition in terms of who provides the care for patients. When you have people that are going to college for four years or two years a nurse practitioner, and they are supposed to be doing the same thing as someone who went to college for four years and medical school for four years, and three to seven years of residency, and they're doing this - And it's not the same thing. Not to say that we're not all needed, but I definitely think there are some things we can do to shorten some of the duration of our training. We don't need four years. It's nice to have the extra time built in to relax and do things, but why pay \$70,000 for that? You could do three years of med school and take a year of life-time and then - it can look very different.

The other thing is the cost of medical education. It would be great if we could get to the point where like at NYU, if you get into Med school, everybody comes out debt free. It meant a lot to me. I could pick whatever profession I wanted to pick, because I didn't have to pay back student loans. It's - but that's more a national thing, right. I don't think any doctor should have to pay money to get medical training. A lot of other countries, they don't, but they also don't get, they don't get paid as well, in other countries either - compensated as much, but that's been diminishing. I can talk about money all day. I like to talk about money.

So, I think those are my biggest things. I think UVA has done a fantastic job at adjusting and adapting the medical curriculum, particularly in the last two years in the face of the pandemic, and having to do a lot - incorporate a lot of innovative, remote learning for our students, and it'll never go back to the way it was before.

Now that we've all opened - we've all put our toe in the water and you don't have to be there every day. The workforce has changed. So, I think it's actually a good thing for us. And I think if there's a place where you have a leadership in place right now, from Dean Kibbe as the Dean to, well, my absolute buddy Dr. Meg Keeley. Yes, Dr. Keeley. She's just doing a phenomenal job with medical education. And she's always got lots of ideas and thoughts about how to make things better. And the students respond well. Our students are matching well. We get a lot of reports that our students are doing well when they hit the ground. They're like seasoned doctors. So I think we're doing what we're supposed to be doing. It can always get better, but we're certainly on the right path. And I think what's even better is now you have groups like the Black Medical Alumni Association here to stand back and be a part of the team to make sure that our students get what they need.

Question: Do you have any thoughts or experiences related to the COVID-19 pandemic that you would like to share?

ANASTASIA WILLIAMS: I've always been forward facing. I love adapting, adopting new technology into medicine. I had my own practice for over 15 years. And I always wanted to be on the cutting edge, in front rather than - I'm not that person to sit back and watch everything else be done by everyone and then jump on. No, I like to be the leader. So we were already doing virtual medicine and talking about how to make it a viable option for families in Northern Virginia, particularly, where people - a lot of families had two parent working homes and they can't get in in the middle of the day, or they don't want to go to urgent care. We didn't want our patients to necessarily go to urgent care. I know my patients. So, I thought it was an opportunity to build up access. And it felt like an uphill battle at times, trying to convince insurance companies and trying to convince other doctors or trying to convince families. And when the pandemic hit, all of a sudden it's like, OK everyone, we're going to be doing virtual care. I was like, yes!

Now, not to say that I don't think bedside care in-person is important. Remember we talked about laying on of hands. You can't do that as well virtually, but it's all about providing families what they need, access to the care that they need - quality access. So, I'm excited about the opportunities now we have, and how we're integrating technology.

It also forces us old school doctors, who like doing it the same way the way we always did it, to really think about what role do we plan to play in the future of medicine. Medicine's not going to look the same in 10 years, you know.

I like to watch sci-fi shows. I'm a sci-fi person. I love sci-fi shows. And there was a show called Extant that was on for a while. And in this show, with Halle Berry, she went to space. You don't need to know all that stuff. But if you needed to see a doctor, the first thing you did was - everyone had in their home this digital room, where you open the sliding door. You go in. You stand up, put your arms up. A light goes around, and it gets your vital signs. They can do a scan, kind of like airport stuff. And get all the information, and say, we believe you are anemic. You need to go to your - you understand what I'm saying? That is coming to fruition. You understand?

We are on the path to do that. The same way with Star Trek - nobody thought we'd be talking to each other virtually, but like, on a phone like you can actually - That was like a movie kind of thing, like that'll never happen, but look what we can do now. Talk to someone around the world. So technology is revolutionizing medicine and medicine is going to look much more like pediatrics prevention, right. Everybody's doing the gene tests, the blood fancy blood test, the immunotherapy. Diseases are going to disappear, pretty much. New diseases are going to come. It's just, it's a whole different field is going to be in the future. But I'm ready for it, you know. I'm ready to be a part of it.

Question: Can you talk about your experiences taking on leadership roles in the medical community?

ANASTASIA WILLIAMS: For me, leadership has been about being in a position to help a group of us do what needs to be done, with the least amount of friction, you know. So, a lot of the roles that I've had, have been because I was willing. I think for a lot of different reasons, people are afraid of criticism. People are afraid of responsibility. People are afraid of sacrificing time. And leadership to me is just about being prepared when the opportunity presents to help get the work done, in a collegial manner, obviously. So, that's the role that I try to play, take.

I learned early on as a pediatrician, when I started my own practice, how important it was for me to be at the table where decisions are made. Even if it meant I had to be on a learning curve to catch up, to figure out what the hell was going on. What are they talking about - But at the end of the day, wow, to understand.

So, because I was on a lot of committees and leading certain groups, I learned about quality care and quality metrics, and the way we do medicine now with population health before it became a huge thing for everybody, but it was a learning curve. So, as a doctor, you are a leader whether you want to be or not, because you're taking the lead in the care of a patient. What you do with that as far as community, family, church, is really up to you.

Question: Are there any important or defining moments from your career that you could share?

ANASTASIA WILLIAMS: When I finished residency at Hopkins and I joined the practice in Manassas, Virginia, at that time, our town was predominantly white, and maybe like 10% Hispanic and 5% Black, maybe a little less than that Black. As soon as I got there, you know, like, let the new girl be chairman of the pediatric department. We want you to lead, lead, lead. And I'm like, whoa, whoa, whoa, whoa, I'm trying to just figure stuff out. And after about two years of practicing - my practice in the group I was in was growing pretty rapidly, and the guy I practiced with finished medical school in 1958. We practiced very differently. And it became clear that I - it was time for me to - I didn't want to start my own practice, but it was time for me to start my own practice.

And that first week, it took me about a month, to find a space and do all the paperwork and get the insurances and all that. And that first week, I opened my doors. Our schedule was booked, and it has stayed booked since. I pretty quickly had to hire someone else. And next thing you know, I had seven providers, and we had 5,000 patients. I bought a building. We had two locations, and we grew really fast - too fast, I will say now.

But I think the most shocking thing for me was that I was the first pediatrician to open a practice in that town, and how the community I was in went from supportive to destructive towards me. Not to complain, I'm grateful for the experience. I just got there the right time. I'm fluent in Spanish. I taught Spanish. I didn't tell you what I taught when I taught. I taught Spanish. So, it happened to be a time when our Spanish - Hispanic population was booming, and I spoke Spanish. I trained at Hopkins.

So, I had all kinds of - and so we had this thing where every morning all the pediatricians in the community, there were probably like 25, 30 of us - would call this line and it would say if you had a new baby in the hospital. So everybody could hear who had a new baby in the hospital. And it'd be like, this group. These are groups that had like seven doctors or five doctors. And it was just me, then it was two of us, then it was three of us. This group: two babies. This group: that. Dr. Williams, and then they would say, Dr. Williams, not my group. Dr. Williams: five babies. And over time that grates on people, you understand what I'm saying. They hated my guts.

And they started rumors that I was going to other practices, and breaking it into their computers. And I wasn't even that computer savvy then. I was like, I wouldn't even know how to do that. I was calling patients, and telling them they should pick me. Bring your patients to me. I was stealing their patients. As if I could take care of all the patients in the community - I could not. And it just got, the rumors just kept going - and she's two-faced. Don't trust her. I had other pediatricians calling me and saying, if you don't lay low, we're going to destroy you. These are other doctors calling me. And I literally did not know what to do. I was like, I don't know what I did wrong. I could not convince them that I wasn't poaching patients.

I actually, my policy is always to do the opposite. If someone told me they had a doctor, I'd never down-talk other doctors, even if I don't agree with them. And I always say, stick it out with your own doctor. Don't worry. And somehow that makes people want you even more, isn't that crazy? OK.

So, it got so bad. I can't even tell you how bad it got. One day I'll write a book. I lost like 20 pounds, but I still had to go into that hospital every day and smile and greet everyone, and they would just ignore me.

And how did it resolve? I think over time, finally I did have one guy about a year into it come to me and apologize. He's like, Anastasia, I'm so, so sorry. We treated you that badly, you know. I still, so this is what I was going to say. I was lost. So, I was like, there's this female group of pediatricians. They had a practice together. Let me call them. Clearly, I need a mentor. I'm doing something wrong. Clearly, I need a mentor. So, I called this woman who had offered to help me, was nice to me before I opened the practice. These folks were nice to me before I was a competitor, you understand. So, it was very shocking to me.

So, I called her, and I was like, hey, I need your help. I'm thinking I need a mentor. Would you mind mentoring me? And she's like, Anastasia, I heard about you. They had - apparently the doctors had, the pediatricians in town had gotten together and had a meeting to discuss me. And she's like, Anastasia, I heard about you, and I don't want to ever have anything to do with you. So, do not call me, bye. Click. And I was just like, you know what I'm saying. It was devastating, you know.

So, but over time, I think - I mean - I ended up being the head of Pediatrics, eventually, you know, in our community, and being the Medical Director for Pediatrics at Novant. And it just took time for people to get to know me and to - that's a whole other talk. That's a whole other talk. And I certainly do feel like racism had a large part to do with it. There was no way that this Black pediatrician, who probably just got into Med school because she was Black - I'm just telling you what went through in my head. There's no way she's that good. There's no way, what - you know what I'm saying.

But it was a combination of a bunch of things. I spoke Spanish. I had kids. My kids went to school in that neighborhood, in that community. I lived in that community. I went to a church with 2000 members. I went - you know, my husband was on a school board. That we were integrated into the community, and that helped my business to grow, you know what I'm saying. My kids played basketball in the league. My kid - you understand what I'm saying. So, it just happened that way. Most of those guys lived out of town. They didn't live in Manassas. They commuted to work. I could almost walk to work, you know. There's negatives to that too. You never get a break, but yeah, that's a whole other story.

So it wasn't all roses, but I wouldn't change what I did. And I would never want to go back to doing it all over again. People are like, wouldn't you want to be 25? Don't you want to be 35? Hell no, absolutely not. I love where I am right now in my life. I'm proud of what I've accomplished. I'm proud of my family. My kids are amazing people who are all leaders as well. My husband, phenomenal, best friend. He's my best friend.

Question: What are your future goals for your career?

ANASTASIA WILLIAMS: I have just started a concierge pediatric practice. So, my goal is to be able to do this, and spend as much time as I want with my patients. For me, it's all about relationships. I love knowing the families. All of my patients are like extensions of my family. That's not always a good thing. I know that. And so, I don't like how medicine in a lot of ways has been about the numbers. Get them in, get them out, every 10 minutes, every 15 minutes, do it real quick. I mean, I'm good at it. I'm not gonna lie. I'm very good at it, because I've learned to be efficient and to squeeze in relationships with all that, and to try to make them not know or feel like it's only a few minutes when in fact, it's only been a few minutes. But I don't get as much out of it. Because sometimes you need to, especially now, especially now, the need is dire for parents and patients - my teens especially, even my kids, to have someone they can talk to and take their time, you understand what I'm saying.

And so doing that, I don't want a great, big practice. I don't want a great, big business. I wouldn't mind a lot of money, though. Back to the money. But I want to be able to practice quality, personal medicine, just to be available. So the way I have it structured right now, I have paying clients who have a retainer fee or whatsoever, or I do consultations one on one, where we take our time when we talk. But I also, my business has a contract with a federally qualified clinic, right, because I want to still be able to help people who are - and I love my job at that federally qualified clinic, you know.

Yeah. So, I'm very happy with what I'm doing right now, especially in sunny California - Los Angeles area, of California, Pasadena. So, I'm in a good place. And I'm looking forward to growing. I love doing it more slowly and really digging deep into administration, or how do I want it to be, not what the insurance company wants you to do. What's best for the patient. It's just a different take on it, but I can do that at this point in my career. So...

Question: Are you hopeful for the future of medicine?

ANASTASIA WILLIAMS: Oh, sometimes yes, sometimes no. I'm a little bit of a rebel. There's a lot of discussion going on with my peers. A lot of resentment about "providers" versus doctors, and why did we do it in the first place. People who are still paying back loans, not feeling appreciated, having to have a discussion with a patient every time you make a recommendation because of "fake" news. It's gotten a lot harder as families have access to information and feel that their medical knowledge is just as good as a medical degree. And so those things can make practicing medicine very challenging. But I think especially for communities of color or just any underrepresented group, it's important to have people at the table during these discussions, so that there's a voice for them, and so that we're looking out for them. So, from that standpoint, we're needed, you know. So, it's balancing all of that.

Question: What advice would you give to current medical students?

ANASTASIA WILLIAMS: I would definitely say follow your heart.

When you enter medical school, even if you think you know what you want to do, be open minded. Approach each field, each experience, as if that was a possibility for your future, and you might surprise yourself with what you fall in love with. So be open. Remember you're a lifelong learner, and your only teachers are not professors, your patients are phenomenal teachers. I learn things from my patients every day. And to live a balanced life. That's what I learned from my medical student - my mentor - mentee. I told you she's my mentor, my mentee.

I remember I was complaining to her about how I had just hired this new pediatrician, and - this millennial. And she was like, she had kids, and she's like, Oh, 5 o'clock - I got to go. And it's like, but boo, you have a patient in the room. What do you mean you got to go? She's like, well I have to go, my husband's expecting me to - I'm sorry, I got to go. Or, you know, Halloween is coming, and I think we should be off for Halloween because we should all be able to trick or treat with our children. And I'm just like, but, first of all, it's not a national holiday, and secondly, kids still get sick on Halloween. We're not going to have that. Unfortunately, we won't be able to do that, but she decided to press the issue in a staff meeting, to try to get all these people on to her - she's gone. She was gone. This ain't working out.

But I was complaining about her generation. Ya'll don't want to work. You think it's all about just go in, and get out. You're entitled. And she was like, but Dr. Williams, you guys have been talking about revolutionizing the profession. You complain about way the way residency used to be. You complain about not having time for your family. You complain about yada yada yada. My generation is not going to do that. We will demand time with our family. Now she works hard. Don't get me wrong. She works hard, hard, hard. But her point was well taken.

Am I getting mad at them because they're demanding balance in their lives? Because we didn't have it, so why should you - like it's a hazing kind of thing, you know what I mean. And I really had to pull back, and I realized for the sake of medicine, because suicide is a high - we're at high risk for suicide in medicine, and drug use, especially ER workers and yada, yada. That's all another topic. But it's so important to take care of your mental health. Your first patient is you. So, I approach it differently. Be balanced. Think about these things when you choose a profession, right. If you know you need 9:00 to 5:00, like that, maybe you should be a pathologist. Not to rain on pathologists, I'm just saying, you know.

So, yeah, so that's what I would say: balance. Know yourself. Follow your passion. Learn from your patients. And balance, take care of your mental health. You're your first patient.

Question: Do you have any closing thoughts?

**ANASTASIA
WILLIAMS:**

I think the big thing, probably one of the most important things for me for this, is to really put out there the great changes that have happened here, and hopefully inspire other graduates who may have had a negative experience to come back and give us another chance, and make it a better experience for the future generations. That's probably the biggest thing to me, you know. That's what I feel motivated to do. It's hard. It's hard.