

*Population and Reproductive Health
Oral History Project*

Sophia Smith Collection, Smith College
Northampton, MA

Philip D. Darney

Interviewed by
Rebecca Sharpless

April 19–20, 2004
San Francisco, California

This interview was made possible with generous support
from the William and Flora Hewlett Foundation.

© Sophia Smith Collection 2006

Narrator

Philip D. Darney, M.D., M.Sc., (b. 1943) is chief of obstetrics and gynecology at San Francisco General Hospital and co-founder of the Center for Reproductive Health Research and Policy at the University of California, San Francisco. He has done extensive work in contraceptive research, including clinical and acceptability trials of implant, injectable and oral contraceptives, contraceptives, and intrauterine devices.

Interviewer

Rebecca Sharpless directed the Institute for Oral History at Baylor University in Waco, Texas, from 1993 to 2006. She is the author of *Fertile Ground, Narrow Choices: Women on Texas Cotton Farms, 1900–1940* (University of North Carolina Press, 1999). She is also co-editor, with Thomas L. Charlton and Lois E. Myers, of *Handbook of Oral History* (AltaMira Press, 2006). In 2006 she joined the department of history at Texas Christian University in Fort Worth, Texas.

Restrictions

None

Format

Four 60-minute audiocassettes.

Transcript

Transcribed, audited, and edited at Baylor University; edited completed at Smith College. Transcript has been reviewed and approved by Philip D. Darney.

Bibliography and Footnote Citation Forms

Audio Recording

Bibliography: Darney, Philip D.. Interview by Rebecca Sharpless. Audio recording, April 19–20, 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Philip D. Darney, interview by Rebecca Sharpless, audio recording, April 19, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 2.

Transcript

Bibliography: Darney, Philip D. Interview by Rebecca Sharpless. Transcript of audio recording, April 19–20, 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Philip Darney, interview by Rebecca Sharpless, transcript of audio recording, April 19–20, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 23.

*Population and Reproductive Health
Oral History Project*

Philip D. Darney

Interviewed by Rebecca Sharpless
April 19–20, 2004
San Francisco, California

Sharpless Today is April 19th, 2004, and this is the first oral history interview with Dr. Philip Darney. We are at the University of California at San Francisco, and this is part of the Population Pioneers Project. My name is Rebecca Sharpless. Okay, Dr. Darney, thanks so much for making time for this today, even being on sabbatical—that's great. Now, I want to start out real generally today. Tell me how you decided to become a doctor.

Darney My mother always said I should be a doctor, and I never gave it much thought. Because she said, "That's what you'll do," and I followed her directions.

Sharpless Okay. What kind of a path did you take to becoming a doctor?

Darney I had really not much of a perception, except from the family doctor, what doctoring was.

Sharpless And where was that?

Darney Well, I grew up in Southern California, in Long Beach, California.

Sharpless In Long Beach, okay.

Darney My mother was always a real advocate for me, you know, taking me to different public schools. She thought I would be in the best school I could be

in. We moved around some, for that reason, in the town of Long Beach. And she would never let me get discouraged. If somebody at a school said, Well, he hasn't done—his test scores in math are not good enough for him to be a doctor, she never paid any attention to that.

So I just headed for medical school. And I had some encouragement from teachers—like a physics teacher told me, for example, “You know, there are all kinds of doctors, and you should think about what you'd like to do if you were a doctor. There are doctors in the sciences.” I had a discussion with him. Otherwise, I didn't have much idea, more than the average person would have, about doctoring.

Sharpless How old were you when your mother started telling you you should be a doctor?

Darney I can't remember when she didn't tell me that, though I never thought of doing anything else.

Sharpless What do you think it was about the medical profession that she thought it was for you?

Darney She had some relatives in Oklahoma who were doctors. And I think she admired and respected them and the family, although I didn't know them personally. I think she thought education was important, and so did my father.

Sharpless Were they educated people?

Darney No, my parents weren't educated people, but they thought education was important. My father could hardly write or read well. He only went to the eighth grade. So I was the first to go to college. But they thought education

was important. It was my job to go to school. And I think they thought it takes a long time to go to school to be a doctor—that must be a good thing.

Sharpless So where did you go to undergrad?

Darney I went, one year—my parents had just moved to San Luis Obispo, which is a little town halfway between here and Los Angeles. So I went to the local college there, which is California State Polytechnic, for the first year, because I didn't know. My parents wouldn't know much about how you chose colleges or anything, and they certainly couldn't afford to pay for—if I did know, they wouldn't have been able to afford it. And then I thought I had a better chance of going to medical school if I went to Berkeley. And then I graduated from Berkeley.

Sharpless And what kinds of things did you emphasize in the curriculum at Berkeley?

Darney I needed to take the premedical curriculum, so I picked a major that I thought would be interesting and that overlapped a lot with the premedical requirements, which was experimental psychology. At Berkeley I had a tremendous experience and tremendous teachers and everything. I took all kinds of classes. I mean, it was just such a tremendous opportunity for somebody who hadn't had any sort of intellectual background. I'd never been to a symphony, I'd never been to a performance of anything—not that you couldn't have done that in Los Angeles, but it's just not something my parents would've thought of, going to a play or to a symphony or something. So I just got to do so much.

I took all kinds of courses: Shakespeare, American literature, anthropology. Certainly the people who were teaching were just tremendous:

intellectual history of Western Europe from Gerhardt Masur. And my—not that I loved that course—organic chemistry teacher was Melvin Calvin, Nobel Prize winner for finding photosynthesis. Alan Dundes, one the world’s leading anthropologists. And then I had good advisors in experimental psychology, too, because that was my major.

Sometimes the people in those areas would look down on someone who wanted to go to medical school. They think, Well, you are not really interested in this subject. But I felt like I got good support from Robert C. Tryon, famous experimental psychologist. He developed key cluster analysis and taught me to run this—computers were a new idea, and there was a huge computer at Berkeley. And I could run these data sets using his programs for key cluster analysis. So I got interested in statistics, and we had courses on experimental design. Those three years there were really a tremendous experience for me: learning cultural relativism and abandoning religion; I became an avid playgoer; tickets to the symphony; and I had never seen a ballet—all of those things.

Sharpless Sounds like you absorbed it through your pores.

Darney Really did. And that’s how the California school system used to be. I probably went to a pretty good, completely integrated public high school in Long Beach. And you know, kids at that time in California had great opportunities. If they didn’t have money, they could still go to [good schools]; my education was completely funded by the state. I made enough working in the summers to pay for my whole education. Kids just can’t do that anymore, and the quality of the education they get is—I think it’s nothing like what it was like in

the '50s and '60s in California. California was a prosperous, forward-looking place.

Sharpless That's interesting. You said that the experimental psychology faculty looked down on people who wanted MDs. What was that about?

Darney I think it's true in any group of people who are—scholars in their field think that the people who want to go to medical school aren't really interested in what they're doing, aren't really interested in the science of it, and want to go into practice and be comfortable and really don't care about Shakespeare, care about key cluster analysis (laughs), so [they ask themselves], Why should I waste [my time]—I remember we had a famous teacher, a vertebrate embryologist. All the premeds had to take vertebrate embryology, and he was really disgusted with them because he felt that most of them had no interest in the topic. They were just clawing each other to get the best grade they could.

Sharpless Just check that off on their —

Darney Yeah, that they got that done and had to get a B or an A, preferably, and didn't care about it. He was an extremely talented teacher—he probably had too negative of a view, because everyone loved that course. He actually put on costumes of the scholars of the time who made the discoveries. He was a great actor, and he could draw on the chalkboard in color with both hands at the same time, (Sharpless laughs) making these diagrams of ontogeny recapitulating phylogeny.

Sharpless That's great.

Darney So, the teachers I had there were just wonderful. Even somebody like me who

didn't know much, though I'd always been a kid who read all the time. I don't mean to imply that I just read spontaneously. My mother took me to the library all the time. The librarian would give me and my sister books to try out. She was just interested—and read to us, and our reading. But I hadn't had any structure to it, that I would have an idea of how the world was organized.

Sharpless Did you ever consider doing any—when you were getting to be a junior, senior, were you still pointed towards medical school?

Darney Yes, I never thought of doing anything else. Sometimes I wish I had because I always loved history, for example, and still I read a lot of history. I really liked writing papers about historical topics. I like literary criticism, so I think there were a lot of things that I might have, maybe, enjoyed doing more, actually. But that's just what I decided I was going [to do]. I am not complaining. I've had a great life.

Sharpless I understand.

Darney Met all the interesting people you're talking about. And you can make, in medicine, really rewarding, concrete contributions that you wouldn't feel like you'd made in other fields, I think. I mean, every day I still get to take care of patients and feel really good about the patients saying thanks. Really concrete, you know? A historian doesn't get that kind of reward, I don't think. (laughs)

Sharpless Not unless you're a teacher. And then it's not a direct effect, and you may not see the effects for years.

Darney Yeah.

Sharpless So, yeah. No, it's not like we make somebody stop hurting or something.

Darney Architect. I rather liked buildings and architectural history. So a lot of things I think I would have liked to do, but I never thought of doing anything else because, mostly because my mom said, “That’s what you should do.”

Sharpless (laughs) You’re going to make a doctor, as we would say in the South.
(laughter)

Darney Yeah. That’s just what she and my grandmother, who was from Alabama and Oklahoma, said.

Sharpless Uh-huh. So how did you decide which medical school you were going to go to?

Darney I didn’t have any vision of the world beyond when I was growing up—Los Angeles County, and the beaches along there. And then, thinking Berkeley would be the best school to go to, it never occurred to me to leave California. And it was cheap to go to. It didn’t cost anything to go to medical school. So I just applied to the state medical schools. I think I applied to USC [University of Southern California], too. I don’t know how I would’ve paid for that. But I was really happy to be accepted here, at UCSF [University of California, San Francisco].

Sharpless Now, you said earlier that you didn’t really have—well, let me just ask it: When you started med school, you knew you wanted to be a doctor. What did that mean to you?

Darney I didn’t have a clear vision of it. It meant what I saw our family doctor doing, which seemed appealing to me—taking care of illnesses and patients that’d be grateful and using instruments.

Sharpless Um-hm. Making people feel better.

Darney Yeah, I had no vision of what I'm doing now. And I didn't get that vision until many years later. Academic medicine and making people feel better.

Sharpless So when you started out here, what was the curriculum like?

Darney It was very traditional. We're just now revising the curriculum over the past ten years. In fact my wife, Uta Landy, and I were just in Vietnam, following up on our effort to help the Vietnamese revise their curriculum—should we try to keep this in chronological order?

Sharpless No, not at all.

Darney —their curriculum in medical school, which is very traditional. Something like the one that was here, when I was a medical student, except more French model than our Flexnerian model—starting out the first year with gross anatomy and dissecting, courses in histology and biochemistry and physiology. And in the second year, courses in physical diagnosis. And finally, in the second year, maybe seeing a patient. And I actually disliked medical school. It was nothing like being at Berkeley. UCSF wasn't the greatest place, you know, in terms of a famous medical school. It's a famous medical school now, but then I didn't know anything about medical schools. I wouldn't have been able to make a judgment of what a good one was anyway. Now it's one of the top medical schools in the world, but then it was just recruiting some people who you could see were special. But most of the teachers weren't like those at Berkeley. The courses weren't that interesting. So I really wasn't much of a medical student. I didn't like it, until I actually got to the work in the hospital, especially at the hospital where I am now the chief, San Francisco General, because I just liked doing something. Then I could see I

hadn't made a mistake with medicine. But the first couple of years, it was sort of unbearable. And I still tell students not to be discouraged. It's improving. I actually told that story in Vietnam about how miserable it was for me, and what I've always had to tell the students is, That was miserable for me, and I know how you're suffering, but just stick with it—it's going to get better. The revision in the curriculum has meant that students do not feel as discouraged as, I think, many of them did in my time. I was just bored with it.

Sharpless Now, they were determined that you would have that content base—

Darney Yeah.

Sharpless —before you started seeing people.

Darney They would pack all that in to you. Now it's hopeless to do that, because the emphasis has to be on life-long learning. Because most of the things I learned as a medical student turned out not to be true. Or the explanations were so much more complex than the simplistic approach the instructors—I mean, that's what they knew. I'm not blaming them.

Sharpless Yeah, but they were teaching it as fact.

Darney: They give you this big, huge book to read, memorize, and then you take a test.

Sharpless Four, five inches thick, yeah.

Darney Yeah, I didn't like it.

Sharpless So, what happened when you started seeing patients?

Darney Oh, then I felt useful.

Sharpless Um-hm.

Darney And then I did all right.

Sharpless What was the context which you saw patients in?

Darney Helping at San Francisco General Hospital. That's the place I like best, because it was so understaffed, the students did everything. Stayed up all night running lab tests, taking people to get X-rays done. Sometimes even doing the X-rays yourself.

Sharpless Really?

Darney So you got to just do everything. [I did X-rays myself as a student, intern, and resident.]

Sharpless Uh-huh.

Darney Really a lively place. I liked really being a part of a team where I felt like I was contributing something concrete.

Sharpless How much public health work was there going on at San Francisco General? As you would—

Darney Well, it's always been the public hospital—

Sharpless Right.

Darney —and part of the health department. So there was a TB [tuberculosis] ward. But there wasn't an emphasis on prevention. I mean, it was as it is today, taking care of people who can't get care anywhere else, who are victims in many different ways.

Sharpless The poorest and the sickest.

Darney Yeah, and for that reason, really a lively, lovable place.

Sharpless Um-hm.

Darney I'm really, I would say, happiest when I'm over there taking care of patients, because you feel like you're making a contribution. Anybody who has insurance can find a doctor in San Francisco. That's not hard. But people who

don't, need the help, and they are really grateful for it. So it's always been a great place to work.

Sharpless What else about your medical school experience?

Darney Well, I was probably the least likely one in that class to be doing what I'm doing now, you know, to be an academic physician and involved in research and building up a big team of really competent researchers who are doing such great work.

Sharpless Why do you say that?

Darney Because I found the medical school experience such a contrast to Berkeley, which was intellectually open and stimulating. So I was in some danger of having to repeat a year. And that was the first time my mother was discouraged with me. She said, you know, "Now, Hon, you get to work." (Sharpless laughs) So I did, and got out of there. (laughter)

I've been a surfer all my life. I grew up in Southern California, and, you know, its five minutes from here—pretty good surfing places. So when I'd be discouraged, I'd just go surfing. I spent too much time on the beach. Everybody else was studying like mad. Discouraged, I'd just take off and not go to the labs. So for the first time I became kind of careless.

Sharpless But you decided to go ahead and follow through with it.

Darney Yeah, I never thought I was going to quit. Because my mother wanted me to get through medical school, and I was going to do that, so.

Sharpless Yeah, but when it ca[me]—

Darney Then I buckled down. I had a bad record, so I couldn't go to some fancy hospital. I didn't understand anything about that, either—you know, getting

the best residency. I think because I didn't have a vision, which is probably true of other students, unless you have a vision beyond—another reason why I wasn't motivated in medical school [was] because my ambition had been to get to medical school, and there I was. It turned out not to be so great, so I didn't know what to do next, really. I actually thought, Well, I'll just become a doctor and I can support myself and I'll go surfing and sail around the world. I'd buy a little sailboat, sail up and down the coast and live on it. Occasionally I thought, This is just not worth it.

Sharpless But general medicine was a very real option, wasn't it? Just to be a family physician?

Darney Yeah, I thought I might just maybe earn a living and do what I wanted to do. I could be a doctor and earn a living, and go surfing and go—

Sharpless Go sailing?

Darney Sail a little on my boat [which I'd found in medical school].

Sharpless So what happened?

Darney Well, the more I took care of patients, the more I actually liked doing that. I could see that I liked doing that. And then, of course, I had to do an internship, and so I didn't get an internship in any of the places I applied to. Just simple little hospitals.

Sharpless Because of your record?

Darney Yeah, because I wasn't—you know, like our applicants to residencies here, we have eight hundred applicants for eight positions. We interview a hundred of them. I wasn't set up. We look at their grades in medical school, so on, the letters they got, and the research they've done. I had no way of setting up that

kind of a record for myself, with the way I had spent the time. So I just needed to find an internship anywhere.

And I'd really been against the war in Vietnam. I spent some time marching here, and it was a real foment here in San Francisco, especially in Berkeley—marches all the time. And I certainly wasn't a leader, but I attended marches and was against the war, and I was being worried about being sent there, because I didn't get into a high-level residency, where you could get a deferment [called a Berry Plan], like Mr. Bush got, you know? (Sharpless laughs) I would've been sent right off.

So I thought, Well, if I go into the Public Health Service, I can do my government time, and that'll keep me from having to go to Sweden to stay out of the war. So I chanced to be a surgical intern at a Public Health Service hospital. Those hospitals have been closed around the country, but every seaport city had a Public Health Service hospital. There was one in San Francisco, was one in New Orleans, one in New York, one in Boston, one in Seattle.

Sharpless Were they set up to treat infectious diseases?

Darney They were set up to take care of the merchant seamen. They also took care of the Coast Guard, so you were a commissioned officer in the Public Health Service. So I did that because I needed an internship, but I also thought it would be an avenue to avoiding going to Vietnam, which it turned out to be.

Sharpless So what kinds of things did you do there at the Public Health Service hospital?

Darney Because the position was open, and because I liked surgery, [what I did] was

straight surgery. So I was a surgical intern, and I just operated all the time. We had plenty of cases. We had a great chair of the department of surgery, Dr. Lithgow, who could do anything, a real old-fashioned surgeon who did all kinds of operations. So I just rotated through orthopedics, urology, general surgery, operating all the time.

Sharpless What's that like, operating all the time?

Darney I really liked it. I like being in the operating room. I knew that I liked that when I was in San Francisco General, so I thought, I'm going to become an orthopedic surgeon. And I could've stayed there and done that, except that I had to complete my government service time before I could start a residency. I had to do two years, and then I could start my residency. And the two years the Public Health Service wanted me to do was to work in the outpatient clinic at the Public Health Service hospital. I'd done some of it, and I knew I didn't like that, and it didn't seem adventuresome. Something really boring.

So I wanted to go into the Indian Health Service and go to Alaska, go somewhere different, not stay there and hear people's complaints [and] not get to operate. So I had to find somebody to replace me there, for me to go anywhere else.

Sharpless At the Public Health Service hospital?

Darney At the Public Health Service hospital. Being in San Francisco and having that deferment, I found somebody who was willing to take my place. The guy who ran the hospital said, "You'll have to find someone to take your place, or we'll send your name to General Hershey." (Sharpless laughs) Because I just finished a surgery internship I would've been perfect to send to Ho Chi Minh

City.

Sharpless Oh.

Darney So I found somebody, and about the same time I met Carl Tyler. They had another empty place. I wouldn't have qualified to go into the CDC [Centers for Disease Control and Prevention] as an EIS [Epidemic Intelligence Service] officer because my grades in medical school were bad, and general surgery wasn't the specialty they were interested in. They had pediatricians, or internists, but they really needed someone to go to Alabama, and my wife and I at the time were sort of ready to leave, to have an adventure and go somewhere else.

Sharpless Okay, let me turn the tape right quick.

Tape 1, side 1, ends; side 2 begins.

Sharpless So how did you meet Carl Tyler?

Darney Well, I was looking for something else to do in the Public Health Service.

Sharpless Okay, you didn't want to be in that outpatient clinic.

Darney I didn't want to work in that outpatient clinic and hear complaints about colds. And I was beginning to have a vision of a world beyond California, but I didn't want it to be from Saigon. (Sharpless laughs) I felt strongly about that. I got my first passport so I could leave the country if McFate Smith turned me in to General Hershey. And my wife was supportive. We didn't have children. She felt strongly about the war, too.

I'd been interested in population as an issue, because at Berkeley I read Paul Ehrlich's *The Population Bomb*. And I loved wandering in the mountains in the Sierras and open country, and I saw population growth in a simplistic way,

as something that was going to destroy California's [beaches and mountains].

Sharpless The cities were just going to spread right out into—

Darney The Sierras would be full of people. The oceans would get polluted. The waves were already getting crowded. And I saw California changing in that way—too many people—very simplistic way. And then those thoughts came to me reading *Population Bomb*, which was published when I was a student at Berkeley. We had to do a public health project as medical students, so we did have some introduction to public health.

Sharpless What did you do?

Darney I wanted to do something with Planned Parenthood, and that started a life-long relationship with Planned Parenthood. I've never, from then on, not been involved in some way with Planned Parenthood. So I decided I would do a survey of attitudes toward population growth and family planning among young people. I've also been involved in survey research effort since then, albeit sometimes ineptly. So I went to Planned Parenthood, and I volunteered at the first teen clinic to try to reach young people that had ever been set up anywhere—I didn't know that at the time—by a wonderful woman who's still my good friend, Sadjia Greenwood. She was a clinical faculty member, and I also knew Alan Margolis, later to be her husband, who was a faculty member of obstetrics and gynecology here.

Actually, I'll give you a copy of this book, which is a good history about the involvement of UCSF and the abortion rights movement [with them in it]. Really, the movement in California started among our faculty members, but I wasn't aware of that at the time. We just celebrated with thirtieth anniversary

of *Roe v. Wade*, honoring these people, including Sadjia and Alan, who were real leaders in this movement. I didn't know that at the time, but I wanted to do the survey and met Sadjia. She's really a nice person, which I perceived as being rare among the medical school faculty, to find somebody [who was nice to me].

As a kid, I was pretty immature. I graduated two years younger than most; of course, my mom would always hustle us along, you know? I was too young, really, to go to medical school. Immaturity accounted for some of my, I think, lack of vision and difficulty with medical school, but helped my success at Berkeley just being that curious about everything. Curiosity wasn't something—I didn't see it as encouraged in medical school. Sadjia did encourage it, so we did this survey together. And I gathered up a couple hundred responses about—by age, the kids who came into the clinic, and medical students and students at San Francisco State. Sort of three levels, age groups and so on. And that became the first paper I ever published, because I was interested in the population issue from an environmental point of view. Now there's a coming together again. Environmentalist—I joined the Sierra Club as soon as I could, in the mid-'60s.

So when I heard there was a family planning division at the CDC, I thought, Well, I'd like to do that. I like Planned Parenthood. I could be doing my government service and addressing this issue, which I'd been concerned about at the same time. So that's what I'd like to do. There was a meeting out here, and Carl was head of that unit. So, they needed somebody to go to Alabama, but they also had to have interviews done to accept people on short

notice. One or two open spots and nobody had chosen Alabama. Carl interviewed me—that's when I first met him—and he could probably see my enthusiasm for population and family planning. So he must've thought I—he said, "Well, before you can come in my unit we've got to fill this place in Alabama, which is in general infectious disease, so are you willing to do that?" And I said, "Yeah, I'd be willing to do that."

Leaving San Francisco to go to Montgomery, Alabama—you'd think that wouldn't have been a very attractive proposition. But just at that time, because of the population issue, wanting to see a bigger world, I said I would do that. I couldn't start a residency. I wasn't completely convinced that being an orthopedic surgeon was what I wanted to do. And that's how I met Carl. And so when the internship was over all these EIS officers—you probably know about them—showed up in Atlanta about mid-July—it wasn't more than a month, maybe it was just a three-week course to make us instant epidemiologists. (Sharpless laughs) And I would've met Jack there. Jack was probably—

Sharpless Jack Smith? Yeah.

Darney —teaching that course.

Sharpless Uh-huh.

Darney So I really liked Jack, and I liked other people I met there, although some were the kind of people I had never had any experience with—really smart, aggressive people from the Northeast who came from Harvard and schools in New York. Some of them had done two years of residency at top-flight hospitals already. So it was both intimidating and interesting to me to meet

these people, some of whom were in that family planning unit, like Beach Conger, Will Burr, Jim Kahn, Ron Kahan—all really bright northeasterners, not like California kids that I had grown up with. I could see their intellectual vigor, and they were eccentric as people, too. Well, that was stimulating, just to meet them at this class, which was really intense.

Jack and a guy named Gerald Peavy—he was a statistician—sort of transformed us into epidemiologists. And the best physicians were staying at the CDC in Atlanta. There was a sort of a hierarchy where people would be likely to want to go, and you could imagine Montgomery, Alabama, was low on the list. So I went off there and worked in the health department.

Sharpless This is in infectious disease, you said?

Darney Yeah, infectious disease control.

Sharpless Uh-huh.

Darney “Syphilis blitzes.” We go out and in a syphilis case, they had to have a doctor go with them, because they were injecting everybody in the town with penicillin. An outbreak of tuberculosis in the circus company; outbreak of tuberculosis in a school in south Alabama; then hepatitis, polio in Birmingham; mycobacterium. So I traveled all over the state, especially in the southern part of the state, Daphne and Mobile, Alabama—Daphne was sort of a resort town across Mobile Bay—investigating these outbreaks. So I was collecting data. The state epidemiologist was a retired military man, and he didn’t really know much about epidemiology. So I was about all they had in terms of [knowing something about epidemiology]—and I wasn’t much, but it was better than nobody.

So I investigated these outbreaks and collected data and wrote up reports. And I published papers [from those] data. I never thought I'd publish them, but I sent it off and it got published. I published two papers in *The Journal of the American Medical Association* just from the work I did there, just writing it up. And I had good support in Atlanta, because you had to come back and present these cases. You've probably heard of Alexander Langmuir [founder of the EIS]. The CDC had a big auditorium, and Alex insisted on a scholarly approach, and that the data presented be right, and if you write something up, it be done right. So he gave us a good foundation, really, for academic medicine. I didn't know it at the time.

Sharpless How much personal interaction did you have with Dr. Langmuir?

Darney Oh, I knew him, even though I was in Alabama. I'd come to Atlanta frequently, present these outbreaks, and he taught that course, along with the other people who taught the sections, like Jack. So—

Sharpless What was he like?

Darney He was really demanding and curious and uncompromising in terms of academic excellence. You'd get criticized if you didn't give that report the way it ought to be given—stand up straight and speak clearly. He said, "You should never miss the opportunity to give a lecture at any group larger than two people." He wanted you to practice public speaking; I'd had no experience with it. A very shy kid, really. Something I always wanted to avoid. I felt more comfortable writing. So he insisted on presentations, insisted on good-quality work.

And he was also courageous. I mean, he's the one who set up this family

planning unit when abortion was illegal and hired Carl Tyler and said, “You start studying abortion, as the law is beginning to change in California and New York and we want to see the effect on public health.” The change of that law—he was an infectious disease epidemiologist. He didn’t care about controversy, and he wanted to do what he thought was the right thing for public health. The CDC is, in my personal opinion, nothing like that now. Like what they put in their website about the use of condoms. Alex would’ve—that way he was uncompromising. It was science or it wasn’t. And that was how public health practice was based on good science. So he taught us, all of the epidemiologists, sent us out there, and the whole system for raising us up.

But after about three months in Alabama, I was asked to go to the Nigerian civil war because—do you know who Bill Foege is? He was the leader of the CDC later on, after David Sencer. He’d been there doing work on famine relief. This was the first example of famine caused by war.

Sharpless

Was it Biafra?

Darney

Yeah, the Biafran War. And Foege had been there. He’d been at the CDC. He got the EIS involved in what was called the relief action. So I said, “I’ll go.” I didn’t have to go, but they needed people to go, and I thought it would be—I’d never been anywhere except California and Alabama, except my grandfather’s farm in Oklahoma when I was a kid in the summer. So I got sent off to the Niger Delta after I’d been in Alabama just about three months.

And this whole relief action was being led by a bunch of kids from all over the world. You know, who else would go do something like that? None

of us really knew what we were doing, so I had a tremendous introduction to the issues of real population pressures, which I saw rightly and wrongly as counting in part for that war. The Niger Delta, although there are no big cities—there weren't then—it's densely populated and happened to have oil under it. So the geopolitical machinations of the French and the British and the Americans to extract the oil got interested in those kinds of issues. I'd never been to Europe or had any urge to travel there as a young person. But I thought, Oh, I'd like to know more about population pressure, how it affects these issues. And I knew the CDC had a program to send you to school, and you'd have to pay them back for the time. So I just stopped in London [at the School of Hygiene and Tropical Medicine for an interview]. I had to be in London anyway to get to Lagos. I flew on Pan Am from London, and all these West African cities, until we finally got to Lagos. I could take boats from Lagos to the Niger Delta, just on cattle boats.

Sharpless

And you thought, This isn't California, anymore, huh?

Darney

I had a tremendous adventure, as you'd imagine. I could go on about all the details—it would take hours. But anyway, introducing me to the issue of crowding, geopolitical concerns about population growth and limited wealth and famine. Here are people who were starving to death. We were trying to feed them and assess them as they were “liberated,” unquote, from these prison camps. And of course, we thought we'd solve this one problem, but we had had a string of disasters, especially in Africa, caused by war, which you could relate in many ways to population pressure. Serbs thinking it's their land—one could just go on hours with examples—Hutus and Sudanese, the

apartheid in southern Africa.

So I stopped off at the London School of Hygiene and Tropical Medicine and visited William Brass, the famous demographer. He said, “Yeah, you could apply for this course, and I think we would teach you what you are interested in learning.” So I finished up my year in Alabama, did some more investigations—

Sharpless Okay, so how long were you in Nigeria?

Darney About four months, altogether. I came home, I went back again. I was willing to go back. They said I was doing such a great job, they needed me back there.

Sharpless And what exactly were you doing?

Darney I went there to measure the incidence of famine, using this very simple technique Bill Foege had developed called the “quackstick,” but what I ended up doing was organizing the shipment of food, commodities and drugs from our port, Port Harcourt, out to the [relief teams and refugee camps]. I got there just at the time the Nigerian army began the war in earnest to finally defeat the Biafrans, liberating the people who the Biafrans had kidnapped or the Nigerians were holding hostage—or in the view of the Biafrans they had liberated.

As they were liberated, they came pouring out of the camps—concentration camps, prison camps. We would assess them, triage, very quickly, who was malnourished, who needed treatment for malaria, who could ride back to their villages, which had been abandoned for years, on our trucks. And I negotiated this with the Nigerian military, with Colonel Inni, the

commander of that area. I sort of became head military negotiator. When is this camp going to be liberated? How many people do you think are there? How soon can we get trucks, equipment up there? It was really an exciting time.

I published a the newspaper for the relief action, which consisted of many small [about ten people], voluntary organizations, like Save the Children Fund, Catholic Relief, Quaker Service International, a Dutch group, probably eight teams that worked in their own groups of volunteers. I lived and worked most closely with the German Red Cross. We had a big fleet of hundreds of trucks we offloaded from ships—had to be shallow draft ships to run the Niger Delta, which hadn't been dredged for oil tankers yet. It wasn't maintained. We'd load food onto big trucks and offload to warehouses or directly offload them to small trucks to get up these horrible roads, which had been bombed by the Biafrans, and so on. It was really an interesting time. I learned a lot about logistics and famine and negotiating.

Sharpless It's an amazingly heady experience for a young person just out of school.

Darney Yeah, it really was. And the other kids working there were about in the same situation.

Sharpless Now, so you were there for four months, went back to Alabama, and went back to Nigeria.

Darney Uh-huh. I finished up my time in Alabama, investigated a few more outbreaks, and then was assigned to the Georgia State Health Department to do what was called family planning surveillance. I replaced Roger Rochet at that position. So I did his work there, for another old retired military guy, an

obstetrician who ran maternal and child health, and we were setting up record systems for family planning. We developed one for the State of Georgia, and later Roger and I worked together in Guatemala.

Roger was a real leader in this, in consultation with AID setting up the evaluation system. It was called the Family Planning Evaluation Division for USAID's [US Agency for International Development] efforts. Carl had established a relationship with the Office of Population and Rei Ravenholt for us to be assigned abroad. I began work [at the Georgia Department of Health] for a year and went out to little family planning clinics all over Georgia. We actually provided family planning. We ran a free family planning clinic in Atlanta that Bob Hatcher supported. I worked at Grady in the family planning clinic there. I met Bob Hatcher and other people involved in the family planning movement, and volunteered for Planned Parenthood.

Sharpless And was that the first time you had done clinical work in family planning?

Darney Yeah, it was, because my clinical work had been surgical. I didn't have any obstetrics and gynecology. None. I just did general surgery and orthopedics. So it was the first work I'd done, actually, in contraception.

Sharpless What did you think about it?

Darney Seemed concrete, like you could help people. They didn't have doctors in these little clinics. And I had had experience in these little clinics in Alabama, so I knew what health department clinics were like from the point of view of infectious disease and treating syphilis, and here they added family planning. And the whole program in Georgia—except in Atlanta, where it was Planned Parenthood and Grady-based—was county health department based. They

used Title X money because Nixon, who I had so opposed and wanted to impeach, was a real leader in family planning. He brought Title X money to the states and lots of money to the Population Office of AID. EIS officers were paid as Public Health Service officers, so we were free labor, and we wanted to increase acceptance in these clinics, which didn't have doctors, only nurses. Roger and I especially, because we were in the state health department—other EIS officers would work at the CDC—would go out and put in IUDs. I put in a hundred IUDs in twenty-four hours (Sharpless laughs), because there were no other doctors to do it. All the ladies would come—they'd know they could get their IUDs that day—the doctor was coming from Atlanta. So I got a lot of experience with some aspects of family planning, distributing pills and [fitting diaphragms, too].

And after a year of that, I'd done my two years of government service and I could either leave the CDC at no risk of going to Vietnam, do a residency, or the CDC would pay for training, and I'd have to come back and owe them two years for every year of training. So the CDC sent me to London, and I went to the School of Hygiene and Tropical Medicine and had really good demographic training from Bill Brass, who had just set up this unit [of medical demography]. His field was focused on fertility measurement using crude data you'd get from surveys or from vital statistics, and he developed computer programs to do that. In that area, he was one of the world's eminent demographers. So I studied there for a year [with Bill Brass].

Another great demographer, a teacher of historical demography, which really interested me a lot and still does, [was] David Glass, from the London

School of Economics. In our little class of about twelve people, I met classmates with whom I'm still in touch in this field, and some of them went on to be leaders in family planning. I also wrote my dissertation and published one of the first papers to use a logistic regression approach, using Georgia data, and a modeling system that Brass helped me develop. I worked on that when I [returned to CDC in Atlanta, where] I was assigned. I then worked a lot for Rei Ravenholt all around the world, and that was the next two years, paying back my time.

Sharpless Okay, let me change the tape.

Tape 1 ends; tape 2, side 1 begins.

Sharpless Okay, this is the second tape with Dr. Philip Darney on April 19th. Okay, so you were in London, studying demography, and using Georgia data. That's kind of interesting. You took your data with you?

Darney No, we had to write a dissertation. So I returned to Atlanta and worked on the Georgia data that I had collected the year before, finishing up my dissertation, and wrote that up and published it.

Sharpless Okay, and then you wrote—

Darney You know, I got quite a bit of attention from academic demographers then, because nobody had done that before. So I was invited to Washington and the Princeton demographers, who were friends of Bill Brass, invited me to meetings to explain how I did this. So I met Norman Ryder and Charlie Westoff [and Larry Bumpass]—they're famous demographers—and got a lot of attention as an up-and-coming scholar in demography. So Carl assigned me to work with Rei Ravenholt in evaluating—I guess they had a kind of

contract—evaluating AID’s population planning efforts around the world by setting up records systems that were modeled on this Georgia system—that Roger had actually developed in the first place and that I had extended and written this analysis to show that you could use crude data to evaluate the effects of distribution of contraceptives. If you could count the contraceptives you distributed, knew something about the characteristics of the acceptors, you could make a rough estimate of the components of fertility decline—the analysis of variance in logistic regression, accounted for by the use of contraceptives. It was what Brass was interested in—crude data to look for changes in fertility rates.

Sharpless

Okay, so how did that happen? Did you go meet with Rei? Or, did you just go out to the field?

Darney

No, Carl [Tyler, our chief] said, “Well, here’s the deal. You want this assignment? The Office of Population needs some help.” The first was in Guatemala, setting up a record system. “Roger’s been down there. Roger will show you what he’s been doing, and you’ll go down there and help him get this system going.” And then they started a big program in Indonesia. And I met Haryono, because he was a student of a demographer from the University of Chicago, Don Bogue, [who] was very famous in family planning at that time. He was an academic demographer and set up a whole system of several handbooks about how to do this. Princeton and University of Chicago were the leaders in this kind of work, academically. So Rei always made connections to academicians, got them contracts [working on Office of Population problems].

One of his students was Haryono, who became a leader of the Indonesian Family Planning Program [IKKBN]. When he was a student I met him, and so Rei sent me to Indonesia to set up systems to determine whether or not investment in contraceptive distribution was making a difference in fertility rates. So I worked quite a bit of time [those two years in] several locations in Indonesia, Pakistan, Salvador, Guatemala, Nicaragua. Traveled all over, essentially working as part of the Office of Population's team. And that's when I met Rei. I would've met Joe, although Joe was not in demographic evaluations.

Sharpless Joe Speidel?

Darney Yeah, Joe was in the biomedical sciences part, developing new contraceptives. So I met him, but we didn't work closely. I did work closely with Duff Gillespie, because he's a demographer. And it was an exciting time, because Rei was building up teams of young people who were the population officers [in each country and] who were really energetic. He would say, "Go out and drive these programs ahead." He'd send you off with a new idea of something that was going to make a difference—blue lady pills, colored condoms, the abortion aspiration syringe—so one time you'd leave with a suitcase full of condoms, the next time suitcases full of these aspiration syringes, the next time the blue lady pills. You know, it was both very pragmatic, but academic, too [because we were measuring effects].

Sharpless And what did you find about acceptance and prevalence in your different studies, in your evaluations?

Darney Well, the data that we provided was just one part of the picture. And the work

that Joe and Rei and Duff did subsequently using this data—I didn't publish any of that data like I published my own Georgia data—would show that a substantial component of the fertility decline in developing countries around the world was accounted for by the USAID participation—and I am convinced of that proof—in distributing contraceptives and developing initiatives like social marketing. And as Rei put it, driving these programs ahead, connecting with young people who like Haryono had been trained in the United States. I also went to Thailand and met Mechai [Viravaidya] and Allan Rosenfield, who had a big influence on my career.

Sharpless

I've interviewed him too, yeah.

Darney

And that program was already in transition, because young leaders like Mechai had taken it over, [which was later] true in Indonesia. These programs now move ahead on their own if they have some political stability and, thank goodness, don't need our [now conservative U.S.] State Department any longer. They're leading the way. But at the time that wasn't the case. There was lots of ingrained conservatism in these countries which were developing. And we needed to show that we could accelerate the demographic transition simply by giving couples an opportunity to use contraception if they wanted to, and not sticking to the old methods of distributing contraceptives. So Rei, I think, invented social marketing, you know, these ideas that are popular now. His Population Office invented nonmedical distribution. He wanted things to be as simple as possible. And of course there was a reaction to that: as in any movement, it got mired in reaction and conservatism later on.

Sharpless

What about the other side, too, with the criticism of the Rockefeller

Foundation, saying that this was racist and sexist.

Darney The Population Council—

Sharpless No, Rockefeller's statement in Bucharest in '74 saying that, you know, what USAID was doing was not good. You didn't hear any of that when you were at the State [Department]—

Darney Oh, yeah, yeah, I remember. I wasn't at the meeting at Bucharest, but I attended [other population meetings] regularly, because I was working as a demographer—the IUSSP [International Union for the Scientific Study of Population] and the Population Association meetings. And Rei sometimes would be criticized in some of those meetings for single-mindedness and for thinking [of non-medical distribution schemes]. The French demographers, for example, believed this was an historical process, couldn't be accelerated, and that distributing contraceptives didn't make a difference. I think the evidence shows that they were wrong, and Ravenholt, even though he himself wasn't an academic demographer, he was a consummate public health physician, and was right.

And in my view, history speaks for itself. We have enthusiastic family planners who are leaving the West behind and providing couples an opportunity to plan their families. In Bucharest there was a lot of resistance, and it was the United States that was leading the way. Now, we're at the end of the line. What these countries want—and I visit them all the time, just got back from two of them—is as much support as possible in their family planning programs. We know—we trained young people who became real leaders in preventing sexually transmitted infections and providing

contraception in innovative ways. No doubt that this conservatism that probably began in Bucharest, that our NGOs became more and more conservative, [e.g., didn't provide] pills unless you had a pelvic examination. Can't have an IUD because IUDs caused pelvic infection, so we're not going to provide those anymore, unless you are at certifiably low risk. The rest of the world has left us behind [and the data proved us wrong in our conservatism].

Sharpless But in the early '70s there was a willingness on the part of the U.S. to take risks.

Darney Yeah. Certainly, in Bucharest, that conservatism was coming up. Of course Rockefeller founded the Population Council for just that reason, to develop new contraceptives and [bring them to poor countries]. Maybe there was a little feeling of guilt about that. The programs were wanted but were not always successful—not successful in Pakistan, for example, but eminently successful in many other places. Rei and his colleagues collected all these data that we assembled from these programs, and I think they demonstrated in a pretty convincing way, even to skeptical demographers, that [innovative provisions of modern contraceptions] could make a difference.

Sharpless Um-hm. Interesting. You did the program evaluation for USAID and the whole time you were at CDC, is that right?

Darney Yes. With the exception of the first year, which was infectious disease epidemiology, and the Nigerian experience, which wasn't related to family planning but gave me some insight into developing countries.

Sharpless So what did you do as deputy director at the FPED [Family Planning

Evaluation Division]?

Darney Roger went to [study demography at Princeton], so somebody had to be the deputy director. I became the deputy director and Carl was the boss, and I basically was responsible for these five or six EIS officers who were assigned in places around the country to family planning evaluation. There was one at the USC, one at Hopkins, a couple of others. And I was to go out and see what they were doing [and give advice, because I had a year more experience]. I spent most of the time working for AID and Rei Ravenholt.

Sharpless What about *Roe v. Wade*?

Darney Well, I was aware of the abortion issue because when I was a medical student I saw people who were admitted secretly to the hospital. I didn't know what was going on at the private hospitals, but I could tell that, compared to San Francisco General, rich women were getting abortions at them—for example, Children's Hospital, right here. I had a rotation there, just for three weeks, so I made that observation. I knew there was controversy about the law here. But I hadn't been involved in the abortion issue in a personal way until while I was at the CDC, Alan Guttmacher and Merle Goldberg—I don't know if you know who she is—

Sharpless Um-hm. Founder of the International Women's Health Coalition, yeah.

Darney Merle was at Chapel Hill, so I went there from Atlanta to hear Dr. Guttmacher. Only time I ever heard him give a talk about this issue. And just at that time the law in New York had changed. Our clinic in Atlanta was a free clinic we EIS officers staffed completely free, and Bob Hatcher gave us all the supplies from Grady and we ran that a couple of nights a week. Young

women, mostly, would come from all over the South to get contraceptives and to get abortion advice.

We developed with the Clergy Counseling Service a kind of underground railway in which they could go to New York and wouldn't be exploited. We had a whole telephone system that Felicia Guest, who continued to work lifelong for Bob Hatcher and Margie Cals. People who worked for Hatcher and worked at the CDC, the federal government, were spending I guess you could call it their free time helping people travel north to get safe abortions in New York.

So I was aware of the need to have abortion available, because of this. I didn't know what actually went on [in the New York clinics]. I just knew that they'd come from North Carolina, Florida, from Alabama, all to Atlanta to our free clinic. Free clinics were popular at that time. It was just an old house that would be rented for the evenings.

Sharpless

Where was it?

Darney

Right in downtown Atlanta. Wasn't that far from Grady. Was on the road that went off to Buckhead from downtown Atlanta in what had been a residential neighborhood. I didn't even know what the building was used for in the daytime. But we ran a really active clinic, and we reported what we were separate from Planned Parenthood, and separate from Grady. It was especially for teenagers, which was a new idea at the time [from Sadja Greenwood]. We just set up a teen clinic here [in San Francisco] that was modeled on that as part of our outreach extension for San Francisco General.

And then I heard Alan Guttmacher, and that really made me politically

committed to the issue, and I saw that Merle was doing something about it. At the CDC I was assigned to demographic evaluation, so I didn't work on abortion surveillance division, like Jack and Beach Conger and Ron Kahan. Carl paid a lot of attention to [where we worked]. Dave Grimes and Ward Cates later on worked in that unit and really provided the data, the scholarly foundation, for evaluating [abortion in the U.S.].

Sharpless

I'm going to interview Ward next month.

Darney

We still use these approaches. We are trying to set that up in Nepal—the sentinel hospital approach in the monitoring of abortion complication. Based on the work that they did—but I'd never done an abortion. I hadn't even ever seen an abortion done. But that all changed when I decided—in part because [of the advice of] Allan Rosenfield, whom I met when I was doing some work in northern Thailand with a Lutheran missionary, [Dr. Ed McDaniel] who had set up a very effective family planning program in Chiang-Mai based on Depo-Provera provision in the mountains. Went there a couple of times to see whether we could evaluate the effects of Depo-Provera, especially on birth defects, which subsequently Ron Gray and Pardsaithong did with that great data set that Ed McDaniel established.

I met Allan Rosenfield, and by then I knew that I wasn't capable of being an innovative demographer because I wasn't mathematically intelligent enough. Brass was a brilliant mathematician. I didn't think I was going to be innovative. I was going to be doing what other people had developed, even though I'd received a lot of attention from my analysis by respectable demographers, which introduced me to academics, in a way. Publish

something and you get together at meetings and discuss [how you did it], and I liked that. I hadn't had experience with it before [except at EIS]. I like writing and discussing methodology in a scholarly way.

So Allan said, "Well, you'd probably be better off as an obstetrician gynecologist, if you know that you are not going to be in scholarly demographics. So if you like clinical work—and you invested some time in it in medical school, you did that surgical internship—you should, rather than getting a Ph.D. in demography after you already suffered through medical school and a surgical internship, you could contribute to this field [as a clinician/family planner]."

By then I was really committed to the field of population planning—family planning and reproductive rights, with the abortion issue, even though the latter I didn't know much about. I learned a lot about it quickly, though, because then I decided I'd leave the CDC after I'd paid them back for the training I got, and do a residency in obstetrics and gynecology. So I asked Carl where should I go to do the residency, he suggested a few places, and I had interviews. I went to the Harvard Brigham and Women's Hospital—of course they wouldn't have looked at me when I'd be coming out of medical school for a residency, but by then I had published several papers and knew what I wanted to do. I had some vision for my future. So I interviewed a couple of other places, but Ken Ryan was just starting as chair there—

Sharpless

At Brigham and Women's?

Darney

At Brigham and Women's Hospital, and Ken said okay. What also attracted me [was that they said], We'll let you do it in three years, because you already

did an internship for a year. And here at UCSF, for example, there wasn't as good a program, either, and they said, You must repeat that first year. My experiences with this medical school were still remembered, and I didn't want to go there for residency. I thought I might as well go to the best place I could possibly go, especially since I only have to do it for three years, and know I'll have good support from the department chair. I really got great support. The first thing Ken Ryan did, as soon as *Roe v. Wade*—I don't know if you know his history.

Sharpless No.

Darney He'd have been a great person to interview. He died in 2002. As soon as *Roe v. Wade* changed the law in Massachusetts, [Ken Ryan responded]. It had already changed in New York and D.C. and California and Washington and Alaska, Colorado—those states changed their laws, but Massachusetts is a pretty conservative place, despite always being Democratic.

Sharpless Very Roman Catholic.

Darney Yeah, so Ken Ryan was asked what he was going to do in response to the new law and he said he was going to open an abortion clinic at what was, arguably, the most famous and most distinguished women's hospital [in the country—it's still ranked first]. So he did open an abortion clinic and put all us residents and the faculty to work in it. So as soon as I got there, I was doing abortions, but I didn't realize at the time why we had the abortion clinic. You'd think I would've made the connection, but he wasn't somebody who explained to you why he was doing something. He just did it, told everybody, the attendants, the residents, that they were all going to work

there, and if they didn't like it, to go somewhere else. That was a time of authoritarian department leaders. In the same way that Rei ran the Office of Population, he ran his department, so we all went to work there and did more and more abortions all the time, and I became interested in it. I really liked that, the surgical aspects of obstetrics and gynecology. I liked delivering babies.

Sharpless Yeah.

Darney We delivered over ten thousand babies a year. It was such a busy place that we were operating all the time, [like my internship].

Sharpless Lots of hysterectomies?

Darney Yeah. We did plenty of surgery with tremendous surgeons, some eccentric; they were good but very rigid. Ken Ryan was open to ideas. He gave me an assignment of working on the Ford Foundation Assessment of Reproductive Technology. Roy Greep was a famous embryologist at Harvard. He was just retiring and he had this grant from Ford to catalog all of the possible methods of contraception. And that's when I first got interested in contraceptive development. I stayed up all night [every third night on call and then I was in my basement till late most other] nights doing literature reviews; couldn't do them on the web then. It was tedious. [I worked on it for nearly two years and learned a lot about reproductive physiology from this and attending conferences.]

Sharpless Right.

Darney I was drawing big decision trees. And we published three volumes of these assessments trying to find the most promising leads related to what Joe was

doing in AID [to find new methods]. In the meantime Ken also gave me time to do more population evaluations. I traveled around the world with Rei's deputy [Dr. Bill Boynton, a great guy who said he was "a simple doctor from Maine"] evaluating programs while I was a resident. I took three months off to go to upper Egypt. There I met Mahmoud Fathallah, and worked with him in assessing the propensity of indigenous midwives to distribute contraceptives. We never wrote that paper up—should have, it was a great data set. I got distracted.

I continued [international evaluations] during that time as a resident because Ken Ryan let me do it. He was interested in the issue even though it wasn't his work. He was [very knowledgeable about] the development of contraceptives. He discovered how the ovary makes sex steroids—he found aromatase. He was a famous basic scientist, but he was interested in women's rights, and he set up an abortion clinic, which he thought was the right thing to do. For example, I don't know if you know who Ken Edelin is. He was a chief resident who was accused by the Boston District Attorney of murder when he did an abortion at Boston City Hospital, which is a different department. We never had anything to do with him. Ken immediately appointed him to the faculty. It had never happened that somebody from BU was appointed to the Harvard faculty, even if he wasn't in jail! While he was in jail, Ken appointed him to the faculty, just to show his support. He was a courageous guy who didn't care what other people thought

Sharpless

Let me turn the tape.

Tape 2, side 1, ends; side 2 begins.

Sharpless Okay, we've taken a little break and moved upstairs to a conference room now for our last half hour. And you were telling me about the abortion clinic there at Brigham and Women's, and Dr. Ryan's—

Darney Yeah.

Sharpless —decision to get involved with that.

Darney At that time it was called the Boston Hospital for Women, and later merged with Peter Bent Brigham to be the Brigham and Women's Hospital in Boston. So we were in the beautiful old building right across from the Harvard medical school. Ken Ryan wrote one of the greatest papers about abortion rights ever written as his presidential address to the American Society of Gynecology and Obstetrics, which is the society of academic obstetricians and gynecologists in which you have to present a special paper to be accepted in the society. The president always presents a paper as his address [to the membership]. Again, an example of his courage, he picked the topic of abortion to address when he became president, even though it would've been much easier for him to talk about aromatase in the ovary. Instead he talked about the choices women had, and the title of the paper—something I show to medical students all the time as an example of ethical thinking in this field—“Abortion, Motherhood, Suicide or Madness.” Those are the choices women who are pregnant have. There really aren't any other choices, and after reading that, you can see why he would establish an abortion clinic in his hospital [to help women].

The clinic grew and contributed to knowledge about abortion, even though that wasn't his field of interest. Later on [Dr. Ryan appointed] Phil

Stubblefield, if you know who Phil is, [as the director of the clinic].

Sharpless I've heard his name.

Darney He's the retiring chair of Boston University who became the director of that clinic, where I first met him. He taught me a lot about abortion. So I stayed on there, on the faculty. Ken had always been a real supporter, allowing me during my residency to work abroad, setting me up in this work with Roy Greep and the Ford Foundation [and protecting me from some difficult chief residents]. I learned a lot about steroid biochemistry and the development of contraceptives, which interested me. I went to the conferences all the time and worked on the Ford project.

And when I finished my residency, I asked Ken if I should do a fellowship in reproductive endocrinology, because the people who develop contraceptives are likely to do better if they know as much as possible about endocrinology and steroid biochemistry—not something that in the past had interested me all that much. And he said, “Well, you’ve been to school enough. I think it’s time to get to work. You’re not really interested in treating infertility. You already have advanced degrees.” By that time I had passed the boards in preventive medicine, which I took before the OB/GYN boards. “It’s time to get to work.” And he gave me a job on the faculty there, which I kept for a couple of years, running the outpatient department, because Phil Stubblefield was already running the abortion clinic, and [teaching maternal health at] the School of Public Health. I was a lecturer at the School of Public Health. I worked closely with Dick Nessen, who became the director of the merged hospitals, [because he was] someone with a real interest [in preventive

medicine].

Sharpless What kinds of things did you do? Okay, the abortion clinic was doing the abortion, so what was the outpatient clinic doing?

Darney That's where women came for prenatal care, contraception [and other gynecological care]. We ran satellite clinics for prenatal care. And generally I'd say I didn't feel that was exactly what I wanted to do.

Sharpless Um-hm.

Darney And felt that I was—I wrote up a couple of grant proposals. Ken got me involved in a study that he got funded from the March of Dimes, along with Phil Stubblefield [and Dick Monson], the epidemiologist, that demonstrated that abortion has no adverse consequences for subsequent fertility. Other studies have shown the same thing.

Sharpless Um-hm.

Darney We published several papers from that data set, although I wasn't the principal investigator [and wouldn't be one until years later]. It showed how Ken was interested in [abortion and public health]. He got the money together. The study was his idea. With all of us working on it, we interviewed women who came [to the Lying-in Hospital] for abortions and followed them up, comparing them to women who came for delivery or had spontaneous abortions. It was a very busy hospital, so it was possible to do it there. And he also gave me time to continue to consult with AID, or with NGOs. I think that Rei was gone by that time. Internationally, I worked closely with Pathfinder, because they were in Boston.

Sharpless What's Pathfinder's peculiar niche been? What makes them different from the

other groups?

Darney Their niche has been provision of family planning services.

Sharpless Okay.

Darney They grew out of the Gamble family fortune [and were really devoted to contraception using USAID funding and supported abortion until the Hyde Amendment].

Sharpless Okay, right, right. So they were providing family planning in Egypt, right?

Darney Yeah. They would work under contracts with AID. So in a way I would still be connected with AID. And I mentioned that I met Mahmoud Fathallah.

Sharpless Right.

Darney You know who Fathallah is? He was the chair and then the dean of the department at Assiut University. He's a great man in the way that Ken Ryan was, in terms of being a really forthright advocate under difficult circumstances. It's a very conservative town of many Coptic Christians. That's where the main Coptic Christian population is, in upper Egypt—and Islamic fundamentalists—where the German tourists were killed a few years ago. I had a great experience working with him; all of these experiences made me more interested in this field.

Then I left Boston to come back west. Having marital problems, we thought if we went back to the West Coast, where we both came from—we'd been away for ten years by that time—things might be better for us. Had two daughters by then: the younger, Undine, born at Lying-in Hospital; the older, Blair, born at Emory University Hospital in Atlanta. I moved from assistant professor to associate professor, so in a way it was an advancement [to move

to what became Oregon Health and Science University (OHSU)].

Sharpless Did you have the option of staying in Massachusetts?

Darney Yeah. My wife and I had thought we would stay there, we would continue to live in Newton, and I could've settled down there. Now, of course, I am glad I came back to the West Coast, but at the time I intended to stay at Harvard. And in terms of my career I probably would've been better off letting Ken Ryan look out for me. There is a rigid structure there at Harvard and you have to have the support of your chair. You can't go out on your own and do things very easily, just from the way the medical school [and hospitals are] organized and the tradition of the school [and the hospitals].

Sharpless Um-hm. So was the decision to move to Oregon primarily a personal one, then?

Darney Yes. Yeah, and Ken didn't say, Well, why are you doing that? He's not somebody who would talk you into or out of anything. But if you wanted to do something, he would really support you.

Sharpless Um-hm.

Darney So I felt bad about leaving there. And as it turned out, what they needed in Oregon—it was University of Oregon and now is the Oregon Health and Science University.

Sharpless Is that in Portland?

Darney Uh-huh. What Leon Speroff—who was my chair there, and is still my good friend—needed was just to get a sound OB/GYN department organized. He didn't have lots of people like we did in Boston. And I was just freshly trained up, in a really big obstetrical service with lots of complicated pregnancies. I

became the co-director of perinatology, which we needed somebody to do, and that was a distraction for me. It got me away from family planning. We did set up an abortion clinic there. Leon was always supportive of that, although he himself wasn't involved in it, and we started to do abortions in our practice. I got more experienced doing later abortions. Got good support from the faculty there and even did them in our offices, just because nobody else was doing them there. Later on good outpatient clinics were established. And there, too, I was on the board of Planned Parenthood like I was on the board of Planned Parenthood in Massachusetts. I also volunteered for Planned Parenthood in Atlanta, so I have always stayed very close to Planned Parenthood. It's my way of contributing to local family planning. I had great executive directors Nikki Nichols Gamble in Boston and a great woman leader, Jessica Fosterling, in Portland. I'll think of her name in a minute.

So I stayed there for just two years and really wasn't [working in family planning], although I learned a lot about lecturing and about writing [from Leon Speroff, who is the best teacher in OB/GYN]. The University is responsible for the continuing medical education of the whole state, which, except for Portland, is mostly rural—so we would go out and give lectures all over the state about really the basics of obstetrics and gynecology. Not about contraception, necessarily, but Leon's a tremendous lecturer, one of the best in the world. His textbook is the best-selling OB/GYN textbook in the world. We later wrote a book together. I'm going to get to work during this sabbatical on the fourth edition of our book. I learned a lot from Leon. He went to be chair of Case Western, which is where he [was a student], and

where Ken Ryan had been chair, too. Several people who were really leaders in family planning, [like Chuck Hendricks and Carl Tyler], came from Case Western.

Sharpless From Cleveland, yeah.

Darney Carl Tyler—

Sharpless Yeah.

Darney —was a resident there. That's how he knew Ken Ryan, because Ken Ryan was his chair. Also Charlie Flowers, a southerner who was courageous at the University of Alabama [in supporting safe abortion]. I remember going to the meeting of the Alabama Public Health Association in 1969. Not a popular statement that he made at that meeting [about the need for legal abortion in Alabama]. I couldn't believe he would say it there. He hadn't been there long when he said, "The principal cause of maternal mortality in the state of Alabama is badly done abortions." You know, that just wasn't something you said in Alabama. At that time, the state health officer, who had been an EIS officer in the '50s—Ira Myers—was a religious guy really opposed to abortion. I had the view, which turned out to be not quite right, that these academic chairs of obstetrics and gynecology were really forthright advocates for women's health. All of the ones I worked with as chairs were—doesn't mean that every faculty member was. I had the impression that you can make a contribution in academic medicine in that way [by leading opinion in the right direction for women's health, like the chairs I've had the privilege to know: Ken Ryan, Charlie Flowers, Chuck Hendricks, Leon Speroff].

My intent—this is probably a good place to close—before coming to

Boston, was to do the residency and then go back and work at the Population Council or maybe go back to the CDC as an obstetrician-gynecologist/epidemiologist, like Bert Peterson, or work for the Ford Foundation in family planning. But I liked academic medicine. I had these examples of leaders who really made a contribution. And I also liked operating and taking care of patients, and I liked the international work. The only way I saw that you could do all those things would be in academic medicine. So I decided to stay in academic medicine after I'd been just a couple of years at the Lying-in Hospital with Ken Ryan, that I wouldn't go back [to the CDC or Pop Council] and be a clinician.

Sharpless Right, right. Well, that probably is a good breaking point for us today. Is there anything else that we have talked about today that you want to pick up on, or that we need to elaborate on?

Darney I don't think so. Maybe we as we move ahead I'll think of other things. We could move into the San Francisco part of it.

Sharpless Right. We'll stop now and we could pick up with that tomorrow. Okay, great.

end Interview 1

Interview 2

Sharpless Today is April 20th, 2004. My name is Rebecca Sharpless, and this is the second oral history interview with Dr. Philip Darney. The interview is taking place at the University of California, San Francisco, Laurel Heights facility, and it's a part of the Population Pioneers Project. Okay. Good morning.

Darney Good morning.

Sharpless When we left off yesterday we had covered a lot of your early career back in the Northeast and your move to Oregon, where you practiced mostly perinatology. And so, we're just about ready to launch you off here. How did it become known to you that it was possible to move here to UCSF? Or how did that come about?

Darney There was a job advertised here to head up the family planning clinic at San Francisco General Hospital [and my marriage was breaking up, and Leon was going to move to Case Western in Cleveland].

Sharpless Okay, when you saw that, what did you think?

Darney Well, I thought I'd come down and take a look at that [but I didn't want to leave Leon. In fact, we cried together when we decided to split up, and he is still one of my very best friends twenty-five years later].

Sharpless Uh-huh.

Darney When I came down to UCSF I met Phil Lee, who was previously undersecretary of health and then chancellor of UCSF, and had founded the Institute for Health Policy Studies when he retired as chancellor. He was very interested in including family planning as part of that institute. The Institute was the first effort of UCSF to engage in preventive medicine policy.

Sharpless Okay. Now, you said that when you were here as a student, that it was pretty traditional.

Darney Yes.

Sharpless What had changed?

Darney Well, the curriculum hadn't changed yet. But there had been more interest about that time in preventive aspects of medicine and epidemiology and public health. They founded the department of biostatistics and epidemiology.

Sharpless Um-hm. Do you know why that shift had occurred?

Darney Well, leadership of people like Phil Lee [and more epidemiological information about health and disease].

Sharpless Okay. So you came down to talk to Dr. Lee, and then what happened?

Darney And then I decided to move down here in January of 1981 to direct the family planning clinic [at San Francisco General Hospital], and then began in the clinic to do more clinical trials of contraceptives. In a few years I had contracts from NICHD [National Institute of Child Health and Human Development] to study Norplant and biodegradable implants. I met Dan Mishell in conducting clinical trials and went to USC to learn more about implants. He'd been doing trials of contraceptives for a long time at the University of Southern California with the Population Council. So I became a Population Council investigator in their biomedical division. Subsequently, we did the introductory trials for Norplant, what later became Jadelle, and for vaginal rings, barrier contraceptives. We built up a strong contraceptive research and development unit.

Sharpless Were you actually talking to women and talking to them about trying these

new contraceptives yourself?

Darney Yeah. Our patients at the family planning clinic were the women who enrolled in the clinical trials.

Sharpless How do you persuade a woman to try a new kind of contraceptive?

Darney Well, obviously it's approved by the Committee on Human Research and a consent form is approved by the committee, and the advertisements that are placed are approved by the Committee on Human Research. It's all very codified, so I might tell a patient who I was seeing that we have a new contraceptive available in the course of telling her about contraception. So nurses who worked with me—the clinic was nurse practitioner—run, mostly—[helped other trials to the studies]. The other thing I required coming down here—it was an important point—is that residents—you know what residents are—

Sharpless Sure.

Darney They're people being trained after medical school to specialize—that they be included in a rotation as part of their schedule through the family planning and abortion clinic. And that's the first time that had been done here [or many other places].

Sharpless Um-huh.

Darney Because I'd had that experience in Boston, and I wanted to have residents available. The point I made when we were discussing the agenda was that an important part of my effort was to make the science of family planning and provision and the study of abortion, academically respectable. Because as Dan Mishell, who's chair of the department at USC and a reproductive

endocrinologist, has said, it really hadn't been a respected part of academic endeavor. For one thing, abortion services had been provided out of hospitals, and most medical training is done in hospitals. So the important abortion providers who had done some, but not much, research were in free-standing clinics and Planned Parenthoods, not academic hospitals. Worldwide family planning had been funded mostly from USAID and had not been integrated into the academic work of teaching hospitals.

Sharpless Even though it's such a critical part of OB/GYN.

Darney Yeah. It had been relegated, really, to part of something that all gynecologists do reflexively, so why should we study it or why should we teach about it? Everybody knows how to pass out birth control pills. Dan Mishell started that move towards [respectable science in contraception], and I wanted to accomplish the same thing [here at UCSF].

Sharpless Um-hm. So how did you do that?

Darney Well, first, required the residents to participate, and we made immense progress over twenty years, so that now at UCSF, for example, our department has more NIH [National Institutes of Health] money than any other OB/GYN department in the country, and most of it is family planning. We publish more papers—I won't say than any other department, but right up there. And a large proportion of them are related to some aspect of contraception or abortion. Unlike fellows trained in perinatology or reproductive endocrinology who go out into private practice, our family planning fellows are all in academic medicine. So we've really become one of the—maybe *the* academic driver of our department, and we intend to replicate

that in other schools around the country. And we [are off to a good start]. Thirteen other medical schools now [have family planning fellowships], and that's what is necessary to improve research, and research improves practice, based on the evidence. We've had great people [interested in contraception here]. Rick Sweet got the abortion clinic started and hired me. He wanted it to be a place where research took place. Our past chair here, David Grimes, was really supportive. We made a lot of progress.

I also took a leave of absence after I'd been here about three years. Hired a great woman, Jane Hodgson, who is well known in the abortion movement. She lost her license in Minnesota because she did abortions and went to Washington, D.C., before *Roe*. Jane replaced me and ran the clinic here while I went to New York, [where I got experienced] in doing late abortions, D&Es [dilation and evacuation], and also met my wife Uta, who was the director of the National Abortion Federation [NAF] at the time. Uta wanted to make abortion training more academic so that the evidence was used to improve the post-graduate education. She could show that the National Abortion Federation had a program to improve quality, and that academics taught courses, so that, like other areas of medicine, there was an academic, scholarly basis for improved practice. Uta started working on that for the National Abortion Federation, and that's where this effort [to improve training in abortions] began. [Now she is institutionalizing abortion and family training in OB/GYN programs, thirty-three of them, as the Kenneth J. Ryan Program.]

Sharpless

Uh-huh. And was based in New York.

Darney

Um-hm. So I spent six months there. Learned a lot about setting up a late

abortion clinic there.

Sharpless Where were you working?

Darney I worked at Columbia part-time. Phil Lee [had some work to do] there, and Allan Rosenfield was there. We were going to set up a clinic in the Sloan Women's Hospital. We couldn't get that done in seven months, even though Allan really wanted to do it. I think he was the acting chair at the time. But we set it up at another small, private hospital.

Sharpless Now, at the time you were getting started here was the time that Reagan came into office?

Darney Let me see. Reagan would have—yeah, he would've been president, and we had a real adversary—a Reaganite governor: Deukmejian. But California, despite litigation—and we were involved in litigation, opposing parental-consent laws, the California Supreme Court decisions that repeatedly said that abortion had to be provided for poor women in California. Medi-Cal always, during that difficult period, funded abortions for poor women in California [and still does].

Uta left her job with NAF and soon became the president of the Planned Parenthood affiliates in California, and helped to lead this opposition to Deukmejian, who wanted to shut down the state's family planning program. He was really more of a conservative ideologue than Reagan, who was in some ways more of a pragmatist who would use the Religious Right to get elected, but he didn't actually didn't come to their meetings the way Bush does and Deukmejian would. So Deukmejian subverted the state's family planning program by appointing fundamentalists to the family planning

advisory board, and so on.

Sharpless The state has a family planning board?

Darney It had a board of advisors, which previously consisted [of people knowledgeable about family planning. The perversion was] reminiscent of what Bush is doing to committees at the federal level now. Deukmejian would appoint people who were opposed to family planning to be the family planning advisory board leaders, so I and others dropped off that board. Planned Parenthood continued to fight him. Finally, he was replaced by Pete Wilson, who was a moderate Republican in favor of family planning. The family planning program was reconstituted and actually grew, and we became the evaluators of the state family planning program.

And about that time, we founded the Center for Family Reproductive Health Research and Policy in conjunction with Phil Lee's unit. Claire Brindia was interested in adolescent pregnancy and prevention. My colleague Nancy Padian was interested in HIV prevention and its relationship to contraception. So we had the nucleus of a good research group that's really grown in the last five years. We're doing lots of research and training and international projects on all continents [focused on contraception, abortion, and STIs (sexually transmitted infections)].

Uta headed up the effort to spread what we'd started here, residency and fellowship training of obstetrician gynecologists as academicians, specifically in abortion and family planning—an effort funded by a private foundation to extend that approach to other medical schools that started about five years ago and extend the residency training to other residency departments. We're

now up to thirty schools with dedicated family planning residency programs like the program I began here in the early '80s when I first came, and thirteen fellowship programs, which I began here in the early '90s. So we're gradually extending these two programs to the most important medical schools around the country.

Sharpless Let me ask you a real basic question. What is your perception of why people oppose abortion?

Darney The basic reason in my mind is that they feel very uncomfortable with the changing role of women in society, and they do not like the idea that women decide what's going to happen to them.

Sharpless But you think it's really more about women than it is about babies?

Darney Yes, I think it is. Of course that's a theological discussion, about which comes first, the idea that women control having babies when they want.

Sharpless How much have you first personally felt the opposition of the anti-choice movement?

Darney I personally haven't felt it very much because I work primarily in a liberal, supportive environment. There's no place like San Francisco in terms of the support the board of supervisors and the mayors have given to our abortion clinic. There's no other public hospital [that is so supportive]. We run one of the largest abortion clinics, certainly the most well-known abortion clinic in Northern California. Women come to us from all over Northern California.

Sharpless Is this San Francisco General [Hospital]?

Darney Uh-huh. It's called the Women's Options Center. I ran that clinic for a long time. Now one of my former fellows runs it, Eleanor Drey. She's doing a

great job, and the city has given us more space, supported us in every way that they can afford to support it. Every time that the state government said, We're going to cut off funding, the city said, We'll pay for poor women's abortions and the clinic will continue to run. You don't find that kind of support many places. And the university has never had any opposition to what I'm doing.

I was recently required to justify our research in an NIH-funded unit that every teaching hospital has—a clinical trials center, funded by NIH. We were doing work there related to emergency contraception. You can admit a patient overnight and draw blood frequently, to study, for example, the pharmacokinetics of drugs. We needed to study uterine contractility by placing a pressure cannula in the uterus, and you'd have the patients there overnight. So we've done several studies there. And I, a year ago I guess, got a call saying Dick Cheney wanted to see my protocols that had been in the GCRC, General Clinical Research Centers, San Francisco General. I thought that was somebody from grants and contracts—all the protocols are reviewed by grants and contracts and by the Committee on Human Research—but, no, it really was Cheney's office. NIH was telling me that his office had requested copies of the protocols, because they had done a search that matched people who publish about abortion frequently to names of people who use the GCRC.

I submitted the letters of explanation about the protocols, and we had a special meeting of the GCRC advisory board, which I am a member of. The other people are not involved in women's rights or family planning or

abortion—they're clinical scientists in medicine, generally—I got tremendous support from them and the university. That was the best thing—the good thing about this, this Cheney attack, was that they said, Well, we're going to fight back. We know the science editors of the *New York Times* and the *LA Times*, and we're going to write them. And the university said, We're not going to cave in on this. If you're pursued, we're going to say that this money was spent the way it should be. So I really felt supported by my community, who weren't, as I said, people who would be necessarily be involved in these issues. It was easy to find support [among my research colleagues] there. I didn't hear any more after I wrote letters of explanation. I was *not* doing abortions in the General Clinical Research Center. We were studying drugs that could be used for abortion and contraception, but obviously had other uses.

So in this environment, I really have good support, even on controversial issues. My department chair who just stepped down, Gene Washington, has really been a supporter. We've made our department one of the leaders in preventive studies—*the* leader, not one of the leaders—in academic OB/GYN departments, based in large part on HIV prevention, improvements to the use of contraceptives, prevention of unintended pregnancy, which is the theme of our center. Those are the themes that we focus on at the Center.

Sharpless Um-hm. Now, San Francisco was the epicenter, one of the epicenters in the early days of the AIDS—HIV-AIDS epidemic. Is it not?

Darney Yes. It's where the virus was found, at San Francisco General Hospital. And

our AIDS treatment center is the best AIDS treatment center in the country.

Sharpless What impact has that had on your work?

Darney Well, it had a big impact because we needed a ward for people dying of AIDS, and we moved the family planning clinic out of there into a smaller, cramped space so that we had a ward for AIDS victims to treat them as in-hospital patients. So right away it had a big impact. A lot of funding was directed toward AIDS that wasn't available for other purposes. But, on the other hand, prevention of HIV is closely related to the use of contraceptives, and we've worked on non-contraceptives, vaginal microbicides, that can or cannot prevent pregnancy. Obviously some people would want to become pregnant, but you protect them from HIV. So it really opened up new ways to explore prevention, and we have big projects in India—my colleague Nancy Padian leads them—and Zimbabwe and Harare, looking at these issues. We wouldn't have been doing that kind of work if it weren't for the pandemic.

Sharpless Interesting, interesting. You worked on other STDs [sexually transmitted diseases] as well?

Darney Yes, we were interested in chlamydia, prevention of diseases that cause infertility and then their relationship to contraceptive use. We did, for example, work that shows that the use of emergency contraception does not increase the incidence of sexually transmitted infection, which may be an important issue in this controversy over over-the-counter EC [emergency contraception]. We did some of that work in the General Clinical Research Center—related related that was required by the FDA [Food and Drug Administration] to consider ECs for over the counter. We had to show

pharmacokinetics in young people, so we admitted them to the General Clinical Research Center and drew blood frequently, and we've done a lot of the work in emergency contraception that led to its consideration for over-the-counter status.

Sharpless I was surprised at how much publicity that got at the time it was being considered by the FDA—when it first came to the FDA for over-the-counter. It was interesting.

Darney Yeah, uh-huh. It did. We had several people testifying before the committee. Two of my faculty are testifying about the federal abortion ban, the so-called partial-birth abortion. Another testified at the FDA about EC. So these young people who are our future have been trained as a result of this fellowship program. Now they're all around the country doing really great work in academic institutions, and that's really the future of family planning. If we don't have people like those who can do sound scholarly work and win the respect of their colleagues and show the FDA what drugs are safe, what drugs ought to be approved, then we don't have a future. So I feel that's the most important contribution I made, organizing a program to train people to do research and train other people in the context of academic medical science and patient care.

Sharpless Yeah. You first started bringing in fellows when you founded the center?

Darney No—

Sharpless Had you fellows before that?

Darney No. I brought fellows in about 1990. I brought the residents in at the beginning of the '80s—

Sharpless Right.

Darney —and then developed a fellowship program in the early '90s, and then, five years after that, we based in our center the national program which Uta Landy heads up to extend the residency training programs and fellowship training programs to academic medical centers around the country. Most of the growth in this program has been in just the last five years, because we trained up people who could do this kind of work [in other institutions].

Sharpless Now, where did the funding for the fellows come from originally?

Darney It came from an anonymous private foundation.

Sharpless Really?

Darney It's really generous in funding us. We've also had funding from California foundations. They're interested in setting up a center on the West Coast, because most of the NGO family planning activity is in New York, Washington. Planned Parenthood, Engender Health, JHPIEGO, Pathfinder are all on the East Coast—

Sharpless But Hewlett, Packard—

Darney —and USAID is in D.C., but Hewlett, Packard, Gates, are here—

Sharpless All around here, yeah.

Darney And we had very good support from them. Those are our three major supporters, along with an anonymous foundation.

Sharpless Interesting. Let me turn the tape.

Tape 1, side 1, ends; side 2 begins.

Darney In addition, we've been very successful in getting and being funded for the kinds of research that the federal government can support—HIV prevention,

some contraceptive research, funding from NIH, CDC. We collaborate with pharmaceutical companies in developing new contraceptives. In fact, we've done studies of every new contraceptive that's available. We participated in the clinical trials in our unit here.

Sharpless Now, how do you balance your time between fundraising and research and teaching and being a clinician?

Darney Well, I'm training new people who take more and more responsibility and are much better educated than I ever was about how to do this kind of work. The quality of our work, as soon as I started sending them to school and having them come back knowing new approaches to designing clinical trials and analytic approaches—the quality of our work improved immensely.

Sharpless Where were they going?

Darney There's a special course in clinical trial design here at UCSF, organized by the department of epidemiology and biostatistics, taught by people who wrote the textbooks, Steve Hulley, Stanton Glanz. So they provide really good training in the design of clinical trials, and then they go to Berkeley and study epidemiology or biostatistics for a year. So they end up being really well trained. And several of them stayed with me, and they've done outstanding work.

Then what we did was make our center interdisciplinary—even though we're in the department of obstetrics and gynecology, we have three demographers, Ph.D. demographers, Ph.D. epidemiologists, anthropologists, Ph.D. psychologists, and MD gynecologists, all working together on these projects. And that means that survey research is much better designed than it

used to be. We're an outstanding proponent of an interdisciplinary approach to research and training. Our EC team is an epidemiologist, a demographer, and a gynecologist. They've done great work.

Sharpless Um-hm, interesting, interesting. What was the Institute for Health Policy Studies that you founded?

Darney I didn't found it. Phil Lee founded it—

Sharpless You didn't found it? I'm sorry.

Darney But it was the university's, and because he had founded it he was interested in an interdisciplinary approach. And so it was the progenitor of our Center for Reproductive Health Research and Policy. Its main focus is on health insurance, the drug approval process, the effects of smoking on health, but it had a component devoted to reproductive health. And that component grew into our Center for Reproductive Health Research and Policy, because Phil was interested. He had much greater responsibilities, looking at health insurance schemes and so on. He was always interested in women's health and women's rights. So he was a supporter, when he was in the federal government, of abortion rights.

Sharpless You continued to work with USAID during the '80s, right?

Darney Yes, episodically, but I had less and less—you asked about my time—I had less and less time for international work and did, after the '80s, less and less of it.

Sharpless What impact did you see from the Mexico City policy?

Darney Well, a tremendous impact on our colleagues abroad, with whom I stayed in touch. We also developed, during the course of that time, exchange programs

in which academic physicians from abroad—from Nepal, from Zimbabwe, for example, Vietnam most recently. Uta has established an exchange program—we were just there in Vietnam—to improve the curriculum in reproductive health in Vietnam. So we had people who would come and stay several weeks or a couple of months with us as visiting scholars. We've done that for the past ten years. And we would send fellows or faculty there to work with them in their places in a collegial exchange. [There's a] situation which has occurred in some universities, sending people off to collect data, and bringing it home and writing about it—not developing bonds that would improve education in those places. Our Zimbabwean colleagues are faculty members here, for example, as well as some of us are faculty members at the University of Zimbabwe.

Sharpless You said they're fully credentialed—

Darney Yes. Now, doing clinical practice here is a different issue, because you must have a state license. But they can come here and teach, participate in our—see what we're doing.

Sharpless And they have things to teach Americans?

Darney Yes, especially about the important problems and the effects of the Mexico City policy and the gag rule in their own countries. So that's had far-reaching effects, in terms of efforts to improve reproductive health, because it means that even the best-intended population officers of AID have to stay away from something that is a big problem in maternal health—unsafe abortion.

The principal cause of the death of women in poor countries is badly done abortion. We were just addressing that issue in Vietnam, where

abortion's legal, and they've had a big impact in reducing maternal mortality. Contrast that with Nepal where, until recently, it was illegal. I'm really happy to say that the leaders in this change are people who spent time with us, and they're doing great work. I was so proud to go back and see the contributions that these three women made. One of them is going off to Afghanistan to promote safe abortion. We've seen the effects of training people and establishing ongoing relationships that are mutually beneficial. We feel that our fellows cannot complete this training without experience in a developing country because that's where 90 percent of the contraceptives are used. That's where most of the deaths, unnecessary deaths, of women occur.

Part of the family planning fellowship is spending at least two months working in a less developed country. Ideally a visitor from abroad comes here and meets the fellow. They work together at San Francisco General Hospital. They both go back together to the home country and develop a long-standing relationship. That's the ideal, and it has worked out that way in some situations. We have some fellows who are really involved in international work and others who are less involved.

Sharpless Want to stay on the domestic side?

Darney Right.

Sharpless How did you all evolve the idea for this fellowship? It sounds like a wonderful thing.

Darney We evolved it because Uta organized a meeting with Carl Djerassi. He's the inventor of the steroid that made the birth control pill possible. He was a professor at Stanford and founded a drug company. He thought that it should

be possible to bypass the FDA and have mifepristone [considered under the law that] permitted direct importation of AIDS drugs to California, bypassing the FDA. Carol and Uta organized a meeting in California, in which we—the first Bush administration wasn't going to let it be imported. Carl got in touch with Uta, who was the president of the Planned Parenthood Affiliates, who have a lot of abortion clinics in California, and said, "Let's hold a meeting at Stanford in which we discuss this issue—how the French would send it here, whether we could do this or not." To make a long story short, we didn't—Bush lost the election, and Clinton let mifepristone in.

Sharpless So you didn't have to.

Darney And it didn't look like the California law was going to allow that.

Sharpless But you had the conference?

Darney But we had the meeting. And so several funders came to the meeting, just to see how they might be able to help—Hewlett, Packard, our supporter from an anonymous foundation came. And I was at the meeting. Carl and Uta were leaving, and [our future supporter] said, "Well, what's the one thing we could do to make the biggest difference, in terms of promoting women's rights, abortion, making contraception available?" And I said, "We need to train more young people to do this work, because unless you can train providers, what does access mean? Unless we make the most effective contraceptives available all around the world, simply developing steroid compounds doesn't mean much. We need this transitional research, and we need a next generation." And she said, "Okay, I'll fund that. You get it started."

And so we developed the first fellowship program. It didn't cost a lot of

money. And that grew into this whole program which we call the Ryan program, after Ken Ryan, who I told you about, because he set up the first clinic. And he was a basic scientist who always believed that this area ought to have academic prominence, and that we not only needed to train people, he required them to be trained.

Sharpless Um-hm. Now, you said most of the fellows go out to academic positions—

Darney Um-hm.

Sharpless —and how are they, by and large, received by their academic institutions?

Darney We only send them to places where the institution is committed, and Uta's program provides support for this, so there's financial encouragement to do it. But she requires evidence of commitment on the part of the institution.

Sharpless So they don't go out into hostile territory.

Darney No, they only go to a place in which the department chair, at least, and the dean are committed to doing this. So you can imagine that we have them on East Coast and the West Coast. But some places we haven't made inroads.

Sharpless What's it like to be in a field where the pendulum swings according to who is in the administration?

Darney Well, that really affects the consistency of federal support for research. Luckily, we have big foundations to dampen that effect. But we'd have much more effective contraceptive research if there were consistent policies [and less political opposition].

Sharpless Because who wins—

Darney It's not that our colleagues at NIH don't want to do good work. We have good people there. But they have to bend to the requests of Dick Cheney's

office and these forty-seven congressmen who are opposed to emergency contraception. They have to respond to Congress's requests and to the budget Congress cuts for them. So that means that some of the most effective ones leave. I think we are beginning to see that at USAID. Of course their policies are calculated to drive those people out, and they can only take so much, to say nothing of the disruption caused by uneven funding cycles.

Sharpless And Duff Gillespie said that if he hadn't retired, he probably would've been fired.

Darney Yeah.

Sharpless That kind of thing.

Darney Uh-huh. Well, some people can't be fired because, fortunately, the civil service protects them. But they can make it very uncomfortable and ill equipped [for government scientists]. Some people tell me that they can't stand it much longer.

Sharpless Yeah, yeah, with the upcoming presidential election. Now, the roles of the foundations are very interesting to me. To what extent have foundations like Hewlett and Packard and Gates helped set the agenda? Are they proactive or are they more reactive? I mean, who comes up with the ideas?

Darney I would say it's a balance. Their boards and staff decide what broad work they want to do, and then we would respond to that with our own ideas. So, for example, we knew that Gates was interested in HIV prevention, and Nancy submitted a proposal using barrier methods of contraception to prevent the transmission of HIV, and they funded that proposal. In the same way, NIH might have an agenda—have a list of requests for proposals.

You can also send, as we do, unsolicited proposals to NIH, which you couldn't to a foundation. Of course, we can't send anything about abortion research to NIH. They're not going to look at it, while we can send it to foundations that say, We're interested in funding abortion research. And their support has made our clinic probably the most productive place in the world, with regard to abortion research that the fellows have accomplished. Otherwise, we've got no way of funding it, and you can't tack research onto the fund of the patient's bill—that's always prohibited.

Sharpless Yeah. Has your anonymous donor continued?

Darney Yes, definitely.

Sharpless What about the entry of Gates into the field? How has that changed things?

Darney Gates supported big institutions to do big work, so in that way, we've benefited. And Gates happens not to support abortion-related activity or research, but they certainly support contraception and maternal mortality reduction. Generally, the foundations are in close touch with each other, and they support complementary activities. As you'll see when you interview Sara Seims, Sarah Clark, and Jackie Daroch, who is at Gates now, they're led by people who had been in this work for a long time and know what they're doing.

Sharpless Yeah, it's true.

Darney In fact, they're some of the most astute reviewers of proposals.

Sharpless Interesting. So the foundations really play a crucial role in this whole process.

Darney Absolutely. Now it must be more than a third of our center's budget is from private foundations—probably nearly a half.

Sharpless Yeah. To what extent have you continued doing classroom teaching?

Darney We all do some classroom teaching, especially in this revised curriculum. I personally would give a few lectures a year to the entire medical school group. Our group provides lectures on reproductive health prevention at Stanford also, so I lectured twice to the Stanford medical students, twice to the UCSF medical students. In addition, we are in constant contact with students in the third and fourth years who are doing their clinical training. So we always have students with us in San Francisco General and seminars for students that all of us participate in. Each faculty member would have a couple of seminars with, like, six or eight students, every few weeks.

Sharpless So tell me about this curriculum reform that you've been involved in. I know it's been ongoing. When you came back to UCSF, the curriculum looked like what?

Darney Pretty traditional, with the—

Sharpless Pretty much like what you'd taken?

Darney Yes, uh-huh. There'd been incremental changes, but about ten years ago, it was decided we would modernize our curriculum, in which it would be a body-system orientation rather than a specialty orientation. That is, when you talked about the discussion of osteoporosis, [it] wouldn't be part of orthopedics, it would be part of growth and development—how and why, when women age, osteoporosis develops, leads to hip fractures, how you can prevent that and how can you treat it. That's an example of the approach.

I had little to do with implementing the change, except for the component of reproductive health, and saying how our faculty could make

sure that, in this new curriculum, women's health, prevention, reproductive health had a prominent place. We're directly involved with using that model to improve reproductive health instruction in medical schools and developing countries, beginning with this effort in Vietnam.

Sharpless Um-hm. So what does the reproductive health curriculum look like now?

Darney It's included in growth and development, and preventive aspects would be including the prevention of unintended pregnancy. The prevention of complications from abortion that is safe, legal abortion and provision of abortion care would all be integrated, rather than just having—took us a long time to get it even here—one lecture about abortion in the portion of the curriculum devoted to obstetrics and gynecology.

Sharpless Um-hm. That it's seen as part of the life cycle?

Darney Yes, a life-cycle approach.

Sharpless Something that evolves over the course of a woman's life.

Darney And it's integral to preserving health, promoting wellness.

Sharpless You've probably answered this already, but I'll ask it directly. How seriously do your colleagues who teach other things, say orthopedic surgery, take reproductive health?

Darney You're not going to have an orthopedist see that as her primary responsibility, but I would say my colleagues are generally supportive. Not always. I'm really happy, and tell medical students this, that there's no other specialty you could be in, in which you could play such an active, political and activist role if you want to improve health around the world. You can't do that as an orthopedic surgeon. That's just not likely to be your role, unless you are an anomaly—the

same with the other surgical subspecialties, of which OB/GYN is one. Some people have—Al Sommer is an ophthalmologist who's been the dean of the School of Public Health at Hopkins. He's an unusual person. There are many obstetrician/gynecologists who really have played important roles and, in fact, have been leaders in improving women's health from a standpoint of advocacy. Alan Guttmacher would be a classic example.

Sharpless Interesting. Let me change the tape real quick.

Tape 1 ends; tape 2, side 1 begins.

Darney So I tell them that if I'd carried out my plan to be an orthopedic surgeon, I could not have had nearly the variety of experiences and this interesting life, and I think I made a more lasting contribution than I would have in orthopedics, but who knows?

Sharpless Because it is an unusually—politically, I was thinking, you know, about the Boston Women's Health Collective and those sorts of things, of women developing right along with the women's movement. Have you seen much impact of the women's movement on your work?

Darney A tremendous impact. One example is Medical Students for Choice. I think you would call that an outgrowth of the women's movement. Just as some of the people in the women's movement aren't women, there are always male students. Medical Students for Choice has had a real impact. It's just one example with which I've worked really closely.

Sharpless Tell me about that group. I've not heard of it before.

Darney It's students who are motivated [to protect reproductive rights]. It started right here at UCSF when one of our students who was later one of my fellows

and is now one of my faculty members, Jody Steinauer. We all received in the mail this grotesque—it had come from Waco—this horrible mailing about what a loathsome group abortion providers are. [The sender was] a rightwing organization that sent out to every medical student a threat, that if you provide abortions you are going to be discriminated against and regarded as a—“bottom feeder” was the quote. [More veiled was the threat of violence.]

Well, that medical student saw it, and it was just too much. No matter how they felt about abortion, students thought, This is demeaning and threatening. This group was associated with the group who puts the mug shots up about abortion providers and crosses them off after they've been murdered. So Jody saw this, and she said, “We've got to do something about this. We've got to get organized.” So she brought students together and took a year off from medical school to go around to other campuses and do the same thing, to get students together who said, We want in our curriculum an open discussion of abortion. We want to learn about abortion, the most common operation that's done, and we don't want it marginalized. We support access to abortion, and we want to be trained. So that really spread like wildfire, even at relatively conservative places like Stanford. Medical Students for Choice then set up reproductive health electives. Since the school wouldn't approve it, they would invite us down to give the lectures. Even their own department of OB/GYN didn't want anything to do with it.

That happened all over the country. It was much harder to do in some places than it was in others, and was supported by foundations. And now we have in most medical schools a chapter of Medical Students for Choice who

agitate with the deans and the curriculum committees for inclusion [of abortion and contraception and] agitate for training—a very effective group. Any group that advocates now—Boston Women’s Health Collective, for example—when I was in Boston I reviewed the materials that they were publishing [in the first book]—

Sharpless You reviewed it before it came out?

Darney Um-hm.

Sharpless You were one of the readers?

Darney Yeah.

Sharpless How cool.

Darney I was on the Planned Parenthood board there. Phil Stubblefield did the same thing. All these groups that advocated for women’s rights, of course, have been a tremendous asset [to better health care for women]. And I don’t think we can go back, because now we have so many young women who are increasingly in positions of authority.

Sharpless Has the proportion of females in your student population increased?

Darney Yes. Half of the medical students—and 90 percent, 80 percent of the residents in obstetrics and gynecology—are women.

Sharpless Uh-huh. What difference does that make?

Darney Well, I would say that women are more likely to be really invested in this issue. And I think it has improved the quality of the men we attract. One of the problems is that we’re attracting fewer men in obstetrics and gynecology because the men are worried. Well, I can’t get a job because only the women [will attract patients]. We don’t want to eliminate half of the medical school

class, as we did in the past when we didn't have any women. It was all men [in my day]. So we need to encourage men to apply, but I think the men we have applying now—because they're really committed, in part because they are competing with really talented women. So it's improved the situation.

Sharpless

Interesting. What else about your work here at UCSF do we need to talk about? It's hard to summarize twenty years of impassioned work in a little while.

Darney

Well, still a very important aspect of my work is actually taking care of patients, because it's so direct. That's why I wouldn't change academic medicine for anything else. Patients are grateful. The people you're teaching are really grateful for having been taught. It's rewarding in really concrete ways.

Sharpless

What kinds of work do you do these days?

Darney

Well, right now I'm on sabbatical, so I am doing much less clinical work, but usually I'm in the hospital all night, delivering babies with the residents three nights a month—used to be one night a week—and operating with the residents, working in the abortion clinic, teaching the fellows and the residents. So I still have the chance to take care of patients in a direct way.

I don't have—and most people in academic medicine don't have—a long-term relationship with patients. But I do have the feeling that, especially for people who wouldn't get care anywhere else because they don't have health insurance—at San Francisco General I am able to solve for them really important problems and give them a new lease on life. Whether it's doing hysterectomy, when somebody has a terrible pelvic infection, or whether it is

doing an abortion at twenty-three weeks. In that way I am really happy that I can continue to provide direct care.

And really, if you don't take care of patients, you cannot teach about patient care in an effective a way. Now, it's hard to do everything, and sometimes you feel like you're not very good at anything, because you're [doing too many things.] I do spend a lot of time raising money. I'd like to spend more time writing—you feel like you don't do any of those things really well.

Sharpless What do you make of the politicization of the partial-birth—the so-called partial-birth abortion issue?

Darney It's just another example of fundamentalists and their political lackeys—by lackeys, I mean people who feel they're dependent on that vote—trying to show their supporters that they're, quote, “doing something about abortion.” And in my view that is doing something about keeping uppity women in their places. They can do it in this case by picking this really unusual operation, which to the casual observer seems grotesque, just like a radical mastectomy would if you saw that done. And the same with parental-consent laws for abortion. You know, These kids don't know what they're getting into; we want to make sure the parents know. Two examples of interfering in medical practice because it's politically convenient to exploit these two aspects of, really, women's rights.

Sharpless To what extent has the Center been involved in political dealings on these sorts of things?

Darney We have been plaintiffs, either as physicians personally—we've often been

plaintiffs in cases brought by the ACLU [American Civil Liberties Union], by Planned Parenthood, [and by the Center for Reproductive Rights providing] expert testimony against this federal abortion ban. Two of our faculty will be testifying. I've testified frequently for Planned Parenthood and ACLU and was the plaintiff against the California parental-consent law.

Sometimes we're experts because of the research we've done. Other times we're experts because we're representing the physicians' point of view. So we've been active in that way, and we've never been reprimanded by anybody because of it. In fact, the city and county of San Francisco are suing the Justice Department [on behalf of our patients]. We provide the abortion services [for the city], and we have some activist young women attorneys in the public defender's office who are representing us.

Sharpless Interesting. It's a whole different avenue for your activities, and—

Darney Yes. And scholarship is an important part of that, being able to present the evidence [to support good medical care for women].

Sharpless Ah. So it all starts fitting together.

Darney Absolutely.

Sharpless Interesting, interesting. Are there other parts of your work with Planned Parenthood that we haven't discussed?

Darney I was on the national board of Planned Parenthood. In each city that I've lived I've been on the board and chair of the medical committee, usually, so I had a long and close relationship with Planned Parenthood. Alan Guttmacher was the, really, first president of the national organization, which was founded by Margaret Sanger. I worked closely with Faye Wattleton when she was

president. She was a really inspirational person who moved Planned Parenthood into abortion-rights advocacy and women's rights advocacy from being an organization that provided contraceptives to poor women. She was a really inspirational [speaker for women's health].

Sharpless What was your role in that?

Darney I was chair of the National Medical Committee when Faye was the president, and I was on the national board while she was president.

Sharpless And so what did you do?

Darney Well, we helped clinics develop abortion services, because they often had conservative boards which wanted to stay away from the abortion issue. And Faye and I felt that the federation had an obligation to provide abortion services in our clinics. If we were going to advocate nationally, why weren't we actually providing the services to women when they needed them?

Sharpless So, how did you sell this to those conservative boards?

Darney Well, Uta, who was first the president of the board in San Francisco here and president of all the affiliates of California, organized a committee called CAPS, Consortium of Abortion Providers. And that CAPS group in Planned Parenthood would make visits to boards and try to convince them about why they should provide abortion services and encourage them to do it in a practical way, give them some funding to get started. And she actually extended that CAPS idea to the academic medical centers in terms of encouraging them to provide abortion training in this Ryan Program. So it started with going to the boards that would be most likely to accept it—San Francisco would be an easy place to start—and then moving to others. Waco,

Texas, would be a tough place to get started, but Sharon Allison got abortion services started there.

Sharpless It's a tough place to keep it going, yeah.

Darney Yeah. But many affiliates now—I don't know, probably half of the affiliates—do provide abortion services. Now, there are some places where there are plenty of other private abortion providers, and the two would get in conflict: We don't need you providing abortion services; we do it just fine, thank you.

Sharpless So you spent a lot of time with the domestic [organizations]. What about IPPF [International Planned Parenthood Federation]? What's your work with them been like?

Darney I was involved early on with IPPF. That's where I first met Malcolm Potts, when he was the medical director of it in London. I really respected IPPF's position on the gag rule, for example. Their group just said, Well, we won't accept, then, AID money. We'll continue to provide contraception and, where it's legal, abortion services without federal money, in the same way that UNFPA [United Nations Population Fund] did. My international work until recently was USAID-supported. Certainly, when I was working directly with Rei, I felt close to all the people who have advanced IPPF's mission, from Pramilla Senanayake after Malcolm to Steve Sinding, the new president.

Sharpless Yeah. Now, obviously your work here is going very, very well, and the fellows are thriving. What else would you like to talk about today that I haven't asked you about?

Darney Well, our goal is to see [that] every major medical center, every important

academic program of obstetrics and gynecology around the country, has a former fellow, spreading our network of programs, whose responsibility is training in family planning and abortion and research in family planning/abortion, in that department. And we're making pretty rapid progress, adding two or three programs every year so that obstetrics and gynecology departments won't feel complete unless they have an expert in this field.

And we see that expert as the one responsible for stimulating medical students' interest in the field, and establishing more fellowships until they'll be represented in every department, just like women's cancer, infertility and high-risk pregnancy. Those are three that are [most prominent, but now we've] added others. We started a fellowship as part of our work in reproductive infectious diseases, too. And I think that will be an important fellowship in the future, and that our fellows will be unique because they will be equipped for interdisciplinary collaboration and they'll be well trained to be researchers.

Sharpless You've mentioned interdisciplinary area aspects. Why is that important?

Darney Well, an example in family planning would be demographers: does the work that we do in contraception make a difference in population growth? Epidemiologists: does the work that we do really make a difference in patterns of health and mortality? We want to see that women don't die from badly done abortion or obstetrical hemorrhage. How can we demonstrate that? Can we see that a particular intervention makes a difference? [We want to promote the] the public health approach [in a field, obstetrics and

gynecology, that has focused on treatment].

Sharpless Um-hm. Okay.

Darney So we have close links whenever we establish a fellowship to the school of public health, if there is one, in that medical school.

Sharpless Anything else that you'd like to talk about, [or that] I haven't thought to ask you about?

Darney I think that covers it.

Sharpless Okay, well, I think we will stop for this morning, but if you think of other things, we can do a phone interview or something like that. And I'm really, really grateful to you for your time.

Darney Let me give you one of our history books when we go back to my office.

Sharpless Okay, okay. I appreciate it and thank you.

end Interview 2

© Sophia Smith Collection 2006