

[This transcript has been edited slightly for clarity.]

[00:00:00] **GORDON EARLE:** I am Gordon Earle here with another episode of “A William's Life.” And I have to tell you, this is a conversation that has me really excited, because we're gonna be talking with Dr. Frank Richards, Jr., who is called “Rick” by his friends, and it's how I'll refer to him during our conversation. Rick is a totally fascinating guy, because among his many talents, he's one of the world's leading experts on tropical infections. He's traveled to many parts of the world, many parts that none of us will ever go to, and the poorest, most remote and impoverished parts of the world, in his successful effort to eliminate and when possible eradicate diseases which have harmed millions and millions of people. In addition to his career, we'll be talking to Rick about his experience as a Black student at Williams and his work at the Carter Center, where he has worked closely with former President Jimmy Carter, who, as many of us know, is in hospice care as I record this.

Rick, I wanna start our conversation by discussing your upbringing in St. Louis because you have a very interesting family history. And I wanted you to start talking about your father, who was an accomplished surgeon, and your mother, who I believe was a social worker.

[00:01:12] **RICK RICHARDS:** Yes. I, um, I consider myself to have led a very privileged life, and my father, as you mentioned, was a surgeon. My mom stopped working at a certain point to take care of my older sister, and me. And we didn't want for anything, and it was in general a very happy childhood.

[00:01:39] **GORDON EARLE:** A friend of your father, a fellow doctor, called him the “Jackie Robinson of the surgical profession.”

[00:01:47] **RICK RICHARDS:** Well, so I'm an African American. My family on both sides are descendants of American slavery and growing up, well, I mentioned we had a great childhood. We grew up in a segregated community. St. Louis in those days, in the fifties and sixties was segregated. I went to all-Black schools at the time.

I went to an all-Black church, lived in an all-Black neighborhood, and my father was trained at a hospital called Homer G. Phillips Hospital. It was an African American hospital for training African American, physicians and people of color like Hispanics and Asians, and some whites. And so when things began to open up in the Sixties, he was the tip of the spear at integrating operating rooms

in St. Louis. And he had to show people he had the right stuff. I think the remark that he was the “Jackie Robinson of surgery” relates to the integration of baseball by Jackie Robinson and how he excelled at that sport, and my father was no different. I would also say that the whole family were pioneers. I was a pioneer. Since we were of means, we moved when housing opened up. It was not uncommon for me to be one of a few African Americans in a class at when that move took place around 1966.

[00:03:30] **GORDON EARLE:** Was that an easy situation for you or was there tension caused by you being an integrator?

[00:03:37] **RICK RICHARDS:** No, I would say that was not easy, but it was never really easy for me, being light-skinned in the all Black schools. I was the white kid, and in the all white schools I was the Black kid. And it was in many ways confusing to sort of understand race in the United States and my upbringing. I'd like to point out that there weren't large populations of Latinos in those days, so I think we're now more used to a spectrum of Black through brown, through white, but that was not St. Louis in general. So being a pioneer seemed to be a part of my life in general, meaning sort of being an outsider.

[00:04:20] **GORDON EARLE:** Did you experience racism and discrimination when you were growing up?

[00:04:24] **RICK RICHARDS:** Well, I can remember quite well that there were restaurants that we couldn't go to. I can remember quite well when, in '67, '68, when there was a big push towards civil rights. My family was very much aware and interested in pushing that. And so we would go to places and challenge the color lines and not get served. I remember leaving, on occasions. One thing that's particularly dramatic that sticks in my mind: so here's my father, a physician, a fellow of the American College of Surgeons. And on the street where we lived, there was a hospital right across the street. I'd walk out of our front door and look at a hospital, and that was a segregated hospital. My father could not practice in that hospital. As I got older and became more and more aware, that was something painful. I know it was painful for him. So that was sort of my life when things really started changing in the United States and its society, vis-a-vis the color line.

[00:05:34] **GORDON EARLE:** Did you engage in any activism when you were a young man in St. Louis?

[00:05:38] **RICK RICHARDS:** I really didn't get engaged in activism until I got to high school.

I remember very well, 1968, when I was a freshman, when Martin Luther King and then Bobby Kennedy were assassinated. I also remember very well a biology teacher that I had who was a white man. This was an integrated school at that time, and he stopped the class when the news of Martin Luther King's assassination came through, and talked about how he had gone south to march with Martin Luther King.

He'd been in Selma, and he talked about that experience. That was very important for me to hear him say that. It was important for me to recognize the breadth of the struggle involved Blacks and whites, and it also impressed upon me, as my parents impressed upon me, the responsibility to resist.

Not violently resist, but to resist. I think I've basically lived that throughout my life since then. So in terms of protests, at least two protests in high school, both of which earned me disciplinary probation. One was interesting enough: a lockout. I also participated in a lockout in Williams and got on disciplinary probation.

It was sort of a trend. The one in St. Louis that I remember best is that there were always grievances and demands. The demands were for Black history. We wanted Black history courses, and we got them, by the way. We got them.

It's amazing to me to see now, in Florida and elsewhere, with this whole critical race theory thing, that the protests and the struggles are gonna begin again; to elect to understand your history.

[00:08:02] **GORDON EARLE:** Let me, before we get to Williams, let me, ask you about some words of advice that I think your father gave you. It was in two words: "Do better." I'd like you to describe what that meant to you and why your father was so insistent on instilling that quality in you.

[00:08:19] **RICK RICHARDS:** I'll elaborate on that a little bit. Whenever you'd bring a good grade to him, or something worthy of praise, he would say, this is great. Next time do better. And that would infuriate me. My sister, you know, sometimes we'd huddle up and like, how do you please this guy?! And my mom was similarly tough.

The other thing that he would say is, you must milk the cow each and every day. That's apparently what his professor told him at Howard University when he was taking gross anatomy in medical school.

He reminded me of that when I went to med school and had gross anatomy as my first class, and I think that the love of learning that particularly developed for me at Williams as a lifetime undertaking is milking the cow each and every day. I still think and want to learn something new every day.

[00:09:24] **GORDON EARLE:** Well, let's go on to Williams now. Um, what was it like to be a Black student at Williams in the 1970s? How did that strike you?

[00:09:33] **RICK RICHARDS:** So I had a number of adjustments there that didn't have anything to do with race that I had to deal with. I mean, I went to public schools and I wasn't coming from a prep school and the academics my first semester: It was really tough. I was really thinking I was gonna flunk out of Williams.

First of all, I was on disciplinary probation from being a part of taking over the snack bar the first part of my freshman year. Then I pulled out of calculus flunking, then I pulled out of German, 'cause I knew I was gonna flunk. I had been the president of the German class in my high school. I was born in Germany while my father was in service. So, you know, I flunked outta German. So what I'm saying is I had a lot of challenges there, aside from being an African American.

African Americans on campus were having, or had a big challenge adjusting to Williams too, almost to a person. I'm sure a lot of white people came and had challenges, but others just fell right, fell right into it. It was not a problem. Yyou didn't have that same spectrum of folks who came from your experience, who were also easily adapting to the academics and the social situation at Williams. I remember calling my parents (you know, no cell phones in those days and in the science library of Bronfman, you would call and reverse the charges).

After I took a calculus test that I was sure I'd flunked and telling (my father), I am not gonna make it here. They were extremely supportive. I was surprised because, you know, milk the cow each and every day, and next time do better and so forth. They were quite compassionate and understanding in terms of my pioneering there, and challenges which they knew I was gonna meet, hoping that I would be able to overcome them.

[00:11:57] **GORDON EARLE:** Did you think of bailing freshman year; just calling it quits and going someplace else?

[00:12:01] **RICK RICHARDS:** No, I was very intentional about making it. I knew that going into pre-med would be a challenge. And I went into pre-med. I mean, I didn't take that many science courses in high school. As a matter of fact, my father was shocked when I told him I was going pre-med and selecting calculus and chemistry as my science first—so here I am at Williams, I'm taking German 2, calculus and chemistry, and didn't really have a background in those subjects. My dad, as a matter of fact, said, I thought you were going into law. You have to understand that in my bedroom at home in St. Louis, I had all sorts of pictures stuck on the wall for activism and “power to the people.”

I'd had all of these, these things in high school where I was involved either in demonstrations or I was also involved in student government, so he thought I was more attuned to being a politician or something like that. So he was very pleasantly surprised. Perhaps also not surprised when I had challenges at Williams with taking very difficult science courses, given my background.

[00:13:23] **GORDON EARLE:** As you said, you're struggling your freshman year; did you feel as though you belonged at the college, or that Williams embraced and supported you when you were struggling?

[00:13:33] **RICK RICHARDS:** Not at all. I felt very much unsupported by the college and very much supported by my friends from my class and some upperclassmen, who were mostly, but not exclusively Black.

Here I'll tell a very interesting story, to get back to an earlier question. You know, I found it extremely strange when I got to Williams. I was in Lehman Hall and it was fine. I was in a quad, I had three white roommates. And then I go out and start meeting people and it's like, what are you doing?— these are the Black students—why are you rooming with white people? And I'm like, why shouldn't I be? Aren't you? And they said, no, we're all together here. We're all together there. It to me was curious. I don't know who pushed for that. Did previous Black students push for that or did the college think that that would help in the adjustment?

I can tell you right now, Gordon, I am very grateful for the freshman experience, that I had great roommates who I keep up with today; particularly Bear Peterson—we exchange greetings every year. I just saw, Jim Kingston, who was a roommate, and it was great to see him at Brown University where I was giving a talk last month.

So it was curious, don't you think? I have no idea how that policy happened, but I was also in Lehman with another Black student, Reggie Garrett, who's a great

guitar player. We played all the time together. He became a professional musician in San Francisco and is still out there.

We both had fun experiences in our freshman year, and I wouldn't have had it any other way.

[00:15:40] **GORDON EARLE:** Well, it may be that the college was trying to figure out exactly how to handle the situation. I don't know that, but I'll use the words that Mike Reed used when you had the webinar with our Black classmates. He said that he thought that Williams for Black students was an "experiment." And I thought that was a really interesting choice of words and not one that I thought was very positive. I wondered if you felt that you were part of an experiment.

[00:16:11] **RICK RICHARDS:** So Michael Darden, Class of '74, myself and, Walter Clark, Class of '75 did a Winter Study in 1974 where we wrote what must have been a 90- or hundred-page paper (on that).

[00:16:32] **GORDON EARLE:** Can you give us a sense, maybe read some excerpts that are meaningful for you.

[00:16:43] **RICK RICHARDS:** I'll read one part from near the end of the paper:

"The point is to assimilate Williams and not be assimilated by Williams. Inherent in this is the ability to see through the core, the foundation of the institution, select what pertains to Black people and disregard all else. This ability is not found in any one student and can only be found in a group in helping each other to realize the pitfalls of the school.

And to weed out all the ideas which are detrimental to the development of a sharp, responsible Black elite. We do not advocate separatism. To do this, separatism is detrimental to the deep understanding of the experience of the college. We do advocate the continuing need for a strong Black student union in which should rest the responsibility of helping all Black students and defining their own roles as intellectuals in both the white and Black world.

The survival of this institution or any one like it is of utmost importance. In determining whether Williams is a healthy or a pathological environment for young Black minds," unquote.

[00:18:14] **GORDON EARLE:** Wow. You wrote that I think your junior year, right?

[00:18:17] **RICK RICHARDS:** I can't even believe it. I said, well, that's pretty good. I hope I didn't plagiarize that from someplace! I'm surprising myself at the age of 69.

[00:18:29] **GORDON EARLE:** Well, Rick, I'm just curious because the title of the paper is "A Study of Black Students at a White College." You didn't say at Williams College. It's at a "white college." And I found that was an interesting choice of a title, which also goes with this sense of maybe an experiment. I don't know. How do you feel?

[00:18:47] **RICK RICHARDS:** Well, I think it was written in a way of solidarity with other Black students who were being admitted into elite colleges. I wouldn't even say universities, I would say colleges, and especially small colleges, prestigious colleges, academically challenging colleges.

Colleges where so many people who went there felt a sense of—I won't even say privilege, I will say entitlement. Hmm. We're entitled to things. It was really quite stunning. I remember remarking to people coming back home in St. Louis, after freshman or sophomore year, it's like these people own the world, and they really know that they own the world.

I guess that the idea of experiment was we certainly didn't own the world, as the Black students there. So how did we sort of fit into the worldview of the people with whom we were living and studying and socializing, and was the writing on the wall with the development of American society, which was happily moving toward a more open and inclusive society, that the privileged who would be in decision-making power relationships (which was again, the assumption that we felt that people had there)—that it was important for them to have an experience with a broad range of people for their own proper education.

That was that idea of the experiment and we were in fact there as much for others as we were for ourselves.

[00:20:54] **GORDON EARLE:** Yeah. Was there as much, you know, I'll use the word integration, between the Black and white students and other students at Williams as you would've liked, where, you know, people were getting together and mixing? Or did you find it a fairly segregated experience?

[00:21:09] **RICK RICHARDS:** I think I found it the most segregated experience that I had been through since pre-1966 when I went to all segregated schools and churches and so forth. What saved me from that though, was the fact that, as I mentioned, I was fully integrated, if I can use that term, in freshman classes, freshman living conditions at Lehman Hall, which was a great experience.

Later, I got very much into a martial art, Aikido. I actually offered a course where it was being offered for a number of years. That's how I started practicing. And when I became an upperclassman, I was the highest ranking Aikido person at the school, so I taught.

I taught gym classes and I met lots of people through that—folks who would sign up for Aikido as an elective. For some reason, I got on Gargoyle and that was a great opportunity. So I did feel like I had a broad experience in that sense of socializing at Williams, but not nearly as broad as I had had in high school, not nearly as broad as I had when I went to medical school and residency and the rest of my life.

So isn't that curious?

[00:22:38] **GORDON EARLE:** Let me talk a little bit about activism, because there were a couple of incidents on campus I know you were involved in. I want you to flesh them out a little bit. One came up in a conversation that you had with Walter Clark recently, and you talked about erecting a cross outside of Baxter Hall. And then you got up on the cross and it was a very powerful thing to do. The photographs of that event are very, very powerful. So remind the audience about what that event was all about and what triggered it.

[00:23:13] **RICK RICHARDS:** What triggered it was the college declared a holiday because of some event in Africa.

I believe it was the famine in Eritrea or Ethiopia. Maybe Biafra. I was always thinking of the Biafra back in the sixties, so it could have been that. We're sitting at a table, uh, one of those Black student tables, all Blacks sitting there talking about it.

And people were saying, yeah, people were dying in Ethiopia, Eritrea, Biafra, and everyone's gonna go play football. Everyone's gonna play Frisbee. And that'll be the end of it. And people are getting crucified In Ethiopia or no food.

And somebody said, well, we ought to make a point of it in stages or crucifixion. I think I said that. And then Walter said, we should, let's do it. And I said, oh, I'm just joking. He said, no, let's do it. IF you do it, I'll do it. And some other folks at the table were like, yeah, we'll help you put the cross up.

So that's what we did. I hope during this interview, you can put up a picture of Walter up in the cross. I wish I had a picture of me up on the cross because—

[00:24:47] **GORDON EARLE:** It's gonna be on the website, I guarantee you.

[00:24:48] **RICK RICHARDS:** A great picture of me. But all the pictures that I had of me I seem to have lost at Williams. Anyway, we did that in front of Baxter Hall, I believe. And I can remember at first it was a group of supporting Black students who sat there, and then slowly, you know, other students, white students, all sorts of other students just came and sat in silence. I wish I had a picture sort of zoomed out to show the person on the cross and the people sitting in front watching it.

of course, I saw it from both angles, from being up on the cross and then out and, let me tell you, it's very uncomfortable to be on a cross. Even if you're not nailed there, it's very uncomfortable.

[00:25:39] **GORDON EARLE:** If I remember correctly, there was some negative fallout, or it was fairly controversial.

[00:25:43] **RICK RICHARDS:** What got scary was that there was a rumor that people heard about this in North Adams and were gonna come and “fix it.”

[00:25:56] **GORDON EARLE:** Yeah. Some form of violence?

[00:25:58] **RICK RICHARDS:** Some sort of violence or something. That was happening while we stayed up there. I do believe there was a newspaper article in a North Adams paper about it.

[00:26:10] **GORDON EARLE:** Right. Let me ask you, on the return to the academic side, I know that Joe Harris, a professor of African American Studies, was very influential. And can you explain about that relationship and why it was so important?

[00:26:25] **RICK RICHARDS:** Joe Harris was a history professor, very accomplished later, left Williams and was a professor of history and then the chairman of the Department of History at Howard University.

So it was a great opportunity that he happened to be there at Williams. He was renowned as being a very tough teacher and you had to prepare a major paper for his class. It was a course on the African diaspora and really looking at, in particular the Atlantic slave trade and the forcible transplantation of millions of Africans to different parts of the Americas.

Of course I wanted to study about that 'cause that's my history. But I also had a great interest in foreign stories first. As I mentioned, I was born in Germany, so that was always something that I was proud of, of being born in a US Air Force base in Germany. And my father and I enjoyed scuba diving, and as a high school student I did a lot of diving around the Caribbean and had a chance to visit a number of islands and see the African diaspora on those islands and get to know people.

So I was very interested in this class and it was pretty transformational, just in terms of it being a seminar class, with not a lot of us, maybe seven students. Classic “log,” you know, professor on a log kind of thing. I aced that course. People couldn't believe that I got an “A” in it, and because Harris doesn't give As, so I was extremely successful in it.

What is really amazing is that [became] the major work that I do at the Carter Center, One major element that I've been involved in, really since 1987, is working on a disease called “river blindness” in the Americas, which is caused by an infection that was transplanted by the slave trade to this part of the world.

So taking this course with Professor Harris in '74 prepared me intellectually in many ways to wonder about the history of this disease that I know so well, that I'm actually a world expert in.

[00:28:57] **GORDON EARLE:** Yeah, and the connection to your own slave past and within your family. Yeah. And then you're interested in this course, and then you study a disease which is brought to the Americas by slaves. Yeah, it's sort of an amazing story.

[00:29:13] **RICK RICHARDS:** Sort of amazing. What is fun is that we recently had a little Zoom reunion with Professor Harris. It hasn't been more than two, two and a half years, put together by a classmate, Jackie Laughlin, who went to Howard after Williams and maintained a relationship with Professor Harris.

I got to tell him this. I don't think he remembered me, but I told him exactly the story. I said, first of all, you gave me an A-minus and everybody was happy,

was amazed by that. And I was very happy. It was one of my gold stars from my Williams experience to have gotten that.

Second of all, I explained to him how his class prepared me for what I ultimately did in my life. And the last thing I'll say in this, is that I was asked to give a lecture, just last month, February [2023], recorded in March for Black History Month at Brown University School of Public Health in Providence.

And this was my theme that I had a chance to develop. I usually just say this in passing at all the lectures that I've given in professional societies on river blindness in the Americas. But this gave me an opportunity to explore that. And I actually took off the shelf the book that I bought on Spring Street in 1974 on Maroon Societies and the Americas, and reread it to prepare for this lecture.

So it was quite an amazing circle.

[00:30:44] **GORDON EARLE:** Well, let's jump to medical school now briefly, because it's really is the start of your career. And I know that there was a professor like Joe Harris who influenced you at Williams, I think a Professor Kean at Cornell, and he turned you on to global health. That's a broad spectrum, and I'm wondering why you got turned on specifically by infectious diseases.

[00:31:12] **RICK RICHARDS:** First of all, Ben Kean was a very, very interesting and influential person, not just at Cornell University, but in the entire world of tropical medicine. As a matter of fact, the American Society of Tropical Medicine and Hygiene, my professional home, if you will, has a Ben Kean Fellowship for young clinicians.

Dr. Kean was short, stubby, looked something like W. C. Fields, smoked a cigar in class, and would come in and give the most marvelously humorous and engaging lectures. And they could almost always start, "Once upon a time, in a place, in a galaxy far, far away..." you know, exotic people, exotic diseases.

I was absolutely transfixed and I can almost remember the moment when I decided this is what I was gonna do, and was able at Cornell to secure time, by doing all my electives and stuff first, to go in my fourth year to Brazil. Which was, again, back to the Black diaspora.

The greatest number of African people brought to the new world as slaves came to Brazil. I went into the city of Baia. I might as well have been in Africa. It was an amazing and wonderful experience.

I actually took an intensive course out in the boonies. I went with four other students, but I was the only one who really left town and went on a real adventure in the jungle, studying a parasitic disease transmitted by a small sandfly, called *mucocutaneous leishmaniasis*. We were collecting flies, dissecting them under microscopes, capturing animals, looking for the reservoir host.

It was a total adventure, walking around with big rubber boots and machetes, and I was hooked. Didn't wanna come home. Yeah. And really spent the next 10 years waiting for my next overseas adventure, which happened in 1987 while I was at CDC, going to Guatemala. But this was in 1979 when I had that Brazil experience in my last year in medical school.

[00:33:50] **GORDON EARLE:** Well, I'm gonna ask you about Guatemala in a second, but I'm also curious, with your interest in infectious diseases. You worked in many areas, but you had a specific focus and this relates to Guatemala and river blindness. Where did that interest come from? Because that really was the beginning of your career in a major way.

[00:34:13] **RICK RICHARDS:** The idea that I got from Professor Kean was I wanted to do parasites. I remember telling my father, I'm gonna do infectious diseases, and the first thing he said was, well, with antibiotics, infectious diseases are gonna be finished in the next 10 years. That's a laugh in retrospect. And then he said, how are you gonna make a living on parasites?

We don't have parasites in this country. So he said that, and similarly, when I went for interviews for my residency, one interview in particular (I won't mention the school, Ivy League school), they said, well, what would you like to do? I was applying in pediatrics, by the way.

I said, ultimately I wanna work in tropical disease and parasitic diseases. And the guy said, okay, well now we've established that you don't know what you wanna do. So I left there and said, now I've established that I don't wanna come here.

Throughout my residency, I found a place that was very sympathetic to me in Children's Hospital of Los Angeles, and I was sort of the resident parasitologist. Anytime they got an interesting case with, you know, parasites, I'd sort of get beeped to go see them. And learned a lot.

I was absolutely sure that I needed to get into the CDC because that was the best place: the Centers for Disease Control and Prevention. That was the best place

for me to find a niche where I could actually make a living doing parasitic diseases. And I was just overjoyed when in 1982 I got a spot in Atlanta, Centers for Disease Control, and came here.

Went straight to the Division of Parasitic Diseases and said, I'm your man. Wow. I got in and I've been doing it ever since. So to answer your question, when I went into the Division of Parasitic Diseases, they said, okay, you're gonna be the filariasis person. Filaria are very thin worms that infect people and are transmitted by vectors.

He said, so any calls that come in to the CDC, you're the man, you'll answer. And here are the books, here are the articles, go to the library. We'll help you in the beginning, but we anticipate that in six months, you're gonna know more than any of us. What I was very impressed by was the fact that this one condition caused by a filarial disease, river blindness, scientific name *onchocerciasis*, was untreatable.

There's no medicine for it. So I had to answer calls, and actually there *was* a medicine for it. CDC had the medicine, and the medicine was worse than the disease. So my job was to tell people, yes, I know you're calling me, because all the books say call the CDC to get this medicine to treat river blindness.

But you know, I'm the Katy-bar-the-door. "Sorry, we don't release it, because the treatment's worse than the condition." I watched with great interest the clinical trials being done on MK-933 by Merck and WHO, which ultimately were successful in being a safe treatment for river blindness, and the medicine called Ivermectin, the famous Ivermectin, which you've heard of over and over again in Covid, which I won't get into.

But I will say that the discoverers won the Nobel Prize for Medicine, not veterinary medicine, but medicine, because of all the good it's done in human populations. It was donated by Merck for river blindness treatment in 1987, the same year I got married and left with my bride to go to Guatemala to work on—what else?—river blindness. So I was there for the very first treatments of river blindness in Guatemala. That started in 1988. I'm happy to say that I was there in 2015 for the celebration of the elimination of river blindness from Guatemala.

I'll end here with this. Guatemala had the largest population affected by river blindness in this hemisphere or in the new world. And it's gone now. Thanks to Ivermectin and the people who delivered it.

[00:38:45] **GORDON EARLE:** It's absolutely amazing. The next question I wanna ask you, and we can't unfortunately listen to an entire lecture, but you're gonna have to keep it short—

[00:38:53] **RICK RICHARDS:** My enthusiasm will overflow! But I'll—go ahead.

[00:38:56] **GORDON EARLE:** It is absolutely dumbfounding to me is you have millions of people, I think that's roughly the number, that are affected by this disease across a huge swath of territory. And you've got to administer hundreds of millions of doses. That seems almost impossible to imagine.

[00:39:20] **RICK RICHARDS:** Try billions of doses. We're in the billions.

[00:39:22] **GORDON EARLE:** Billions of doses. So I got it wrong and I'm not the scientist, but I'm just amazed. Can you explain how it is even possible within that period of time? And I guess it has to do with mass dosages, and the administering of those mass dosages. But how do you actually accomplish that and eliminate, in some cases, eradicate the disease in certain areas? It's mind-boggling.

[00:39:46] **RICK RICHARDS:** It's mind-boggling for me. It's amazing that it worked and, and when Merck first made the donation, they did not do it with a lot of fanfare because they were really pioneers on this. They didn't know what the public health community would say, how they would respond.

I mean, the pharmaceutical industries are pariahs in a lot of places. Just look at the HIV experience. In this case, they did the right thing and, and they did not want misconceptions, misperceptions of what they were doing. So they said, look, we're putting billions, potentially billions of doses of medicine on the table free of charge. And we'll ship it to programs that are able to show in an independent committee that we're gonna set up through the World Health Organization and other groups. You have to organize yourselves and find the funding to get this to happen. This is our part.

So what you're marveling at is not how you can produce billions of tablets. Nobody's surprised about that. It's how you can take those tablets out to the extremes. Yesterday at the Carter Center, we had a celebration of the 500 millionth dose administered in Carter Center's programs, and the Carter Center probably represents 20 percent of the overall activities to distribute this medicine.

The Carter Center's experience takes the medicine from the deserts of Sudan on the Nile to the middle of the Amazon. How that's happened is largely through the bravery and commitment of public health workers at the end of the road and the communities themselves to organize around treating their families, their friends, their neighbors, with this safe and effective tablet once or twice a year.

The fact is that people feel much better after they take the treatment, because not only is it effective against river blindness, it's effective against lice and scabies and intestinal worms. People really recognize the difference in their lives. You see a sense of empowerment in the communities, that extends to what are normally disenfranchised communities, insisting that their government maintain the supply chain and provide this to them, and insisting that what else can we do to help ourselves is something that the public health community should still be looking to try and provide, to use the system to carry on.

[00:42:40] **GORDON EARLE:** If I remember correctly though, there's a downside to this story that doesn't directly relate to river blindness, that when people are cured of river blindness, they don't get the medication anymore. Then they also don't get these other treatments. That's the challenge: their river blindness is cured, the medication has discontinued, but that medication which was helping with other diseases that they were suffering from is not there. That's a difficult thing.

[00:43:14] **RICK RICHARDS:** Well, it's very difficult when we're busy drinking champagne and celebrating, and the people in the communities are saying, well, maybe this program is a failure because they're not separating the drug effects for river blindness from the other drug effects. There are benefits for a number of different things, but it's us who are focused on just one piece of the puzzle.

[00:43:42] **GORDON EARLE:** Right. I wanna step back a little bit because we're in sort of the microcosm of treating individuals with medication for a specific disease. But you related a story that I read about when you were at a Guatemalan village and you were again focusing on the specifics of what was concerning these people in the village. There was an old man who was listening to your conversation and at the end, you talked to him, and the result of that conversation was that you changed your entire perspective on global health. So why don't you relate that story?

[00:44:16] **RICK RICHARDS:** When we got this medicine, this was in 1988. The medicine was just donated in 1987, just developed since 1982, which is

pretty rapid for a development phase. The question is, will people accept this treatment? Will they take the treatment?

To get at that, I was working with a social scientist and psychologist doing a series of interviews knowledge at attitudes and practices, an approach where you map out within the cultural framework and context where people place disease and where they place this particular disease and diseases like it, to sort of understand what might be considered health-seeking behavior.

We're asking in the questionnaire to map out important health concerns of the community. The questions were a series. What is the most important health problem in this community? Get that. After that, what's the next most important thing—make a list line listing. So I'm listening. We have a professional, it's being done in Spanish. We have had professional interviews or done a lot of these cap studies and I'm watching this old man in the corner listening as the interviews were being conducted on younger people. There are chickens running around. It's a dirt hut.

There are chickens on the floor eating insects and barefoot kids not looking very healthy, looking malnourished. I was really making eye contact with this man on and off and I sort of interrupted the interview and, asked him in Spanish, what did he think? What was the, uh, the most important health problem in the community?

He met my eyes and he said, [speaking Spanish], which translates to, “fix yourself on this poverty that cannot be escaped.” Right. He's right and I was wrong. It's kind of like we were talking about a minute ago. I mean, the communities are seeing it as a failure because they're still being bombarded with other conditions that are treated by this medicine, and now the medicine's gone away and they're all [still undergoing] conditions of poverty and malnutrition and bad water and no shoes.

I wrote this up. It's in a short story in a book called “Miracles We've Seen.” The point that I made and that I try to make with my students in public health is we can get so fixated that we can lose the big picture. That's the one side of it. But the other side of it is that the problems are so overwhelming that you could throw up your hands or just lose it.

That mountain is the one we really have to climb, which is what that man was talking about. He was not angry. After he told me that and saw that I realized that, his face sort of softened and he nodded. I called that story “Bitter Creek,” after a song by the Eagles: “Once I was young and so unsure, I tried everything

to find a cure; and old man told me, trying to scold me, son, don't wade too deep in Bitter Creek.”

I get very emotional when I think about it. Sorry. I can try to pull myself together because it was...

[00:48:25] **GORDON EARLE:** I can see it had such an important dynamic effect on your life. I can see the emotion. I'm sure those listening can hear the emotion, and that's very important.

[00:48:38] **RICK RICHARDS:** I just can't think too greatly about the accomplishment. It's an accomplishment, and don't get me wrong, I'm proud of it. It's a pinnacle to get rid of river blindness from Guatemala. But there's a lot of work left to do, and I'll be seeing diseases to fight long after I've taken my last breath. It's a lot to do.

[00:49:06] **GORDON EARLE:** I wanted to then actually segue to some of the personal aspects of your career. I'm wondering what it was like to work for extended periods of time in such remote areas and poor areas.

I mean, you saw a lot, you experienced this older gentleman, but what was it like to immerse yourself in such poverty, and did it change and impact you?

[00:49:37] **RICK RICHARDS:** You know what's hardest? It's not immersing yourself in the poverty. It's coming home and recognizing the affluence, the affluent society, and wondering how we can be so depressed with our, what have we got with our lives? What have we got to complain about? Yeah.

The transition, you know, flying into Atlanta airport and getting in my car and driving over these massive highways after being four-wheeling it on dirt roads. If you had that, it's issues of equity.

I think part of doing this job is something I learned from that old man. It's your barriers. What you construct. So again, I have a harder time leaving the dire poverty than going to it. It's almost like, you know, taking the red pill, what is it? The red pill in The Matrix. This is the real world. Welcome to the real world.

[00:50:49] **GORDON EARLE:** Did you, when you came home, did you feel guilty? What was the emotion?

[00:50:53] **RICK RICHARDS:** I mean, I think I felt guilty with the old man. The old man helped me because his face did not have hatred. It was intense and

he was happy when he made the point, which is why I take that with me so much and say that I can't wade too deep in Bitter Creek.

I've got to have my own ways of surviving what could otherwise be extremely difficult to keep grips on, is what I'm trying to say. One tries not to, except with folks who had that same experience, to share that much because I think people who haven't had those experiences can't really understand.

[00:51:43] **GORDON EARLE:** Let me ask one more question along those lines, on a personal level. You've done all this traveling, done all this work. How did your wife and family cope with all the traveling and the foreign postings? Did they come with you? How did you work that out?

[00:51:58] **RICK RICHARDS:** My wife was with me for the five-year period we were in Guatemala. We got married and two months later we were in Guatemala. We had a lot of chances to travel around that beautiful country and have lots of great adventures. Our first daughter was born there, but we were together for a while before we got married, and I was traveling extensively.

So she sort of knew the deal and when I proposed, I think she knew this was what I loved, that this is the way it was gonna be. We first got together when she was my girlfriend, and she'd come to my apartment and water the plants while it was away for five weeks. I think my challenge was that the kids didn't sign up for that like she did. That's what troubled me the most. I know for both of them, we've had conversations now that they're adults, one's 33, one's 29, where they, they expressed the fact that they missed me for certain birthdays or certain events and I wasn't there. And that was hard for them. That's hard for me, to hear them say it was hard for them.

The other thing that's fun though, I've got a lot of their drawings from when they were kids. One of my favorites is a picture of daddy on the couch with Zs, you know, over his head, sound asleep while they're running around screaming. There he is jet-lagged again, because it takes you a while to get adapted when you come back. There were always some things that were chuckles. I discovered that they really didn't like my bringing back things from Africa as much as when I'd stop at Walmart and pick up a Barbie before I got home. That that worked a lot better.

So anyway, we live our lives.

[00:53:56] **GORDON EARLE:** Let's talk about President Carter and the Carter Center. At the time of this recording, President Carter is in hospice care in

Georgia. Tell us what it was like to work with him closely over the last several decades.

[00:54:12] **RICK RICHARDS:** President Carter's one of my heroes. First presidential election, I voted for President Carter. I first met President Carter in 1986. The Carter Center was launched in 1982. The year I came to Atlanta, to the CDC, I actually spoke at the Carter Center in a presentation on Guinea worm eradication in 1986. That was the first time I met President Carter.

Then when I was loaned to the Carter Center in 1996 from CDC I had the opportunity to see him, work with him, present to him, travel with him for many years: 1996 to 2006 to 2014. It's important to remember that he's a graduate of Annapolis. He studied nuclear engineering. He was an executive officer on a nuclear submarine. So he carries a military discipline and while he has, you know, a great smile, he also has a very icy look and a very firm belief in chain of command. That's fine. I actually enjoyed his attention to detail.

I know that was criticized during his years in the White House, that maybe he wanted to get too much into the weeds and maybe too much into the decision-making, such that he didn't delegate, and certain decisions were not made.

I did not see that happening at the Carter Center. He only wanted to be helpful. He always said, "I wanna find a way to be helpful," but that didn't stop him from having very good opinions after having studied the details. I could talk a lot about President Carter and my adventures with President Carter and my travel.

I've worked here for so long, my longevity means that I'm one of about 10 people who are being directed to interviews with reporters who are asking some of the same questions. What was President Carter like? What was it like to travel with him? Tell us stories! So I have a lot that I've told to reporters, such that I'm already in mourning with him being in hospice. It doesn't help to have to... you've already heard me break up on this interview again, from emotion.

It's not easy to get very emotional. I can give you a short story if you want.

So we're traveling to a country which will be unnamed. I'm in the back of the plane. He's in the front. Whenever we go on these trips, as I'm sure a lot of the audience knows, you need to prepare a briefing memo for your higher-ups, your CEOs, and, in that briefing memo, aside from backgrounds and bios on the

people in the meetings, you have your asks, in terms of talking points and what you wanna get.

I would prepare a lot of those for President Carter. On this particular flight, transatlantic, dozing off after dinner, suddenly a tap on my shoulder by a Secret Service agent saying, President Carter wants to see you. So I go up to the front of the plane through the curtains.

The business class is similarly dark except for two blazing lights on one row. And there's President Carter at the window, inviting me to sit next to him in the aisle seat. On his desk, his foldout desk, is my briefing memo with underlines and question marks in the margin, and exclamation points and notes.

I'm sort of sitting there trying to look outta the corner of my eye, see what he's written, and he taking me through things. We're gonna see the president of a country. There are some asks in there and he says, "So, you know, Frank, I've been reading your memo and your asks, and I really think we should ask for more. I mean, why don't we ask for more? I can't make these trips all the time for you. This is your opportunity. I've read the background, I've read where we wanna go. Why don't we ask for what we need to get where we wanna go?"

I said, "Well, Mr. President," and of course President Carter knew this went through clearance. It went through my vice president and our CEO before it got to him. I said, "We don't think that it's wise to go too far. I mean,, our discussion with the president could go the wrong way. We might take two steps backwards."

"You really think so?" And I said, "Yes, sir. That's what we think."

He's looking forward, not looking at me. He says, "Well, I still think we should ask for more." Okay. That's it. Thank you.

So I go back, we're in the meeting. I'm not sitting next to him, but I'm in the meeting at the big table. President Carter is going through the asks without notes, perfectly, no notes. And of course he asks for what we told him not to ask for. Very diplomatically, statesmanlike. He makes the ask. As we predicted, it didn't work. Adroitly goes to the fallback position, which was the original ask. And doesn't lose that. So I just chuckled.

It's an example, because a principle of the Carter Center is that we should not be afraid of failure. If the goal is worthy, then we should try to get that. And this is an example of his principle.

[01:00:20] **GORDON EARLE:** I'd like to conclude the interview, just talking briefly about the 50th reunion, and I know you have some thoughts about what our classmates and the gift should be. What's the message to the class in terms of the 50th reunion and what you would like to accomplish?

[01:00:40] **RICK RICHARDS:** My message I put down on paper, it's on our website and I presented it during our webinar. It's about my family's history. So back to my great-grandmother. Our first generation outta slavery, Sally Blount, who, amazingly, 'cause her parents couldn't read and write 'cause that was illegal to be Black and read and write in Alabama, went to college. She went to Talladega like my mom and my dad did. I went and visited there when I was a kid. I was aware of the school. But what blew my mind was that I got a letter one day from a great aunt, my grandmother's sister, saying, here's a picture of your great-grandmother, Sally Blount, which I put up on the Williams website, by the way.

She graduated from Talladega, and then she goes on to say Talladega was established as the result of students at Williams College helping to form the American Missionary Association. The American Missionary Association helped build Talladega. I looked into this, and we all know the Haystack Memorial, and we now all know of the Missionary Association, which was largely based on overseas missions (which I can have some issues with.)

But we forget that the AMA was an offspring of the original missionary association put out by the Haystack Movement, and that was very much involved with establishing many schools in the South after the Civil War, as well as a number of colleges.

When I lived in Mission Park, the house right next to me was Armstrong House. I came to learn in this research, General Armstrong led Black troops, U.S. colored troops during the Civil War. Later, Armstrong established Hampton Institute in Virginia and was very important in the development of Booker T. Washington.

Armstrong is buried at Hampton. The first abolitionist society formed in Massachusetts was at Williams. My essay was called "Threads of Purple." It pointed out that we have a proud tradition, in my opinion, in historically Black colleges and universities. Part of the gift that I've been an advocate for, certainly not the whole gift, but a piece of it in terms of talking about diversity, equity, inclusion, restorative justice is some further historical exploration of Williams' abolitionist roots, its roots in the AMA, its roots in historically Black colleges

and universities, and potentially an exchange program so that the threads of purple can come together.

[01:03:56] **GORDON EARLE:** I think that's a very eloquent way to wind up this talk. Rick, thank you for all you've done. I am in awe of your professional career and I'll not think about any of the multiple probations you've been on for most of your life.

[01:04:14] **RICK RICHARDS:** Well, as John Lewis says, sometimes there's good trouble.

[01:04:19] **GORDON EARLE:** Thank you, Rick, for your time today. For the rest of you, thanks for listening and a reminder you can go to 75creates.com and see more photos and hear music of Rick. And until next time, this is Gordon Earle. Thank you for listening.