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CARLTON P. ALEXIS

Interim President

46 On April 22, John E. Jacob, chairman of Howard's Board of Trustees, announced Howard University President James E. Cheek's decision to retire. At the same time he also announced the board's decision to elect Carlton P. Alexis, then Howard's executive vice president, to the position of interim president of the university, effective July 1.

Four days after the announcements, Alexis sat down with *New Directions* staff writer Harriet Jackson Scarupa to talk about how he perceives his new post, the challenges before him, his own future plans and the debt he — and others — owe to the man he replaces. He spoke with candor and directness, qualities that are also said to characterize his manner as a physician.

An M.D. with a specialty in internal medicine, Alexis has had a long association with Howard. After receiving his B.A. from New York University, he entered Howard's College of Medicine in 1953. He received his medical degree from the university in 1957 and joined the faculty of the College of Medicine in 1964, rising rapidly through the ranks (instructor, assistant professor, associate professor, professor) before being named vice president for health affairs in 1969. He held that position until January 1988 at which point he was appointed executive vice president, responsible for the day-to-day operation of the university.



In this post, one of his key responsibilities was to oversee an intensive self-study of every facet of the university's life in preparation for an accreditation site visit of an evaluation team representing the Middle States Association of Colleges and Schools.

A native of Trinidad who is now a U.S. citizen, he served from 1956 to 1961 in the U.S. Army, 25th Medical Battalion, 25th Infantry Division, and was dischar-

ged with the rank of captain.

Through the years he has served on a variety of committees, task forces and commissions in the health affairs area; held memberships in numerous medical societies; and received two honorary degrees, one from Georgetown University and the other from the University of Haiti.

He and his wife, the former Bonnie Fearing, have three children: a daughter who is a graduate of Howard's College of Liberal Arts; another who is a student at Howard's College of Medicine; and a son who is a graduate of Howard's School of Law.

As interim president, will you have the full powers of the president or is yours to be more a caretaker role?

I can only refer you to Mr. Jacob's quote which was accurate in the press release: that the interim president will have the full authority vested in the office of the president.

What are some of your priorities as interim president?

The priority that I will address starting almost immediately will be the matter of wound healing. The last couple of months have been difficult ones for the Howard community. [As a result of the student demonstrations last March] we got more press than we desired or needed — negative press. We need to again revisit the student concerns to be certain that our office of financial aid moves into the mainstream of what is happening on other university campuses, so that never ever again do we have to suffer the embarrassment that we did. We are moving on this and the students have been told this. And again, one of the things I would hope that I could do during my interim presidency would be to improve communications with all of our publics — our students, our faculty, our staff, our alumni, the greater Washington community. We ought to work on that very very assiduously.

So you will be consciously much more accessible to all these constituencies?

Oh, yes. I intend to have an honest to goodness open door — if it means removing the damn door! I think if you look at my track record in the health sciences you'd see that was the way I operated. I walked the hospital corridors. I walked



the floors of the Colleges of Medicine and Dentistry and Pharmacy. I met people, visited people, and that will continue to be my style.

But [returning to the question of priorities] we have to address the shortcomings in student housing . . . and be serious about improving the quality of our residences. Obviously there are academic problems related to accreditation, deficiencies in some of our schools and colleges. Those are matters that will require our early attention. And the students' concern related to Afrocentricity in our curriculum is, indeed, a matter that a faculty task force with student input ought to be examining. It's a serious matter. It should not be glossed over. The business of academic credit for community service requires, again, serious review with student and faculty input and appropriate recommendations in the different schools and colleges.

What about symbolic things — will you eat over at the Blackburn Center?

I do that four times a week already, so I have to go for five now, I guess. Or maybe come in some weekends and eat more! But I rather like the environment there. I rather enjoy walking across the campus. I think it's helpful.

Are you at all apprehensive about taking on the responsibility of serving as Howard's president?

It's awesome. I'm not a U.S. Marine and I'm sure even U.S. Marines must feel apprehensive going into battle.

Do you feel Dr. Cheek's shoes, especially, will be hard to fill?

Of course.

Will you continue to be executive vice president?

I haven't worked that out as yet. I wish I could answer that.

And are you still practicing medicine?

Well, my wife would laugh if she heard that. I'm at the point of practice where my insurance premium brings in more of a bill than the revenue from patients. So I

48 guess I have a tiny "hobby". I see a couple of patients on Saturday mornings and I'll probably never stop doing that — even if it means just going to the clinic at the hospital one afternoon a week. Medicine is still my life.

How do you manage to wear so many different hats?

I have a full week, I've been blessed with good health, and I consider myself a youthful 60 and my doctors have not suggested to me that I should slow down.

Are you interested in the job [of Howard University president] permanently?

Again, four days after being thrust into this it's much too early for me to answer that. The honest answer is that I'm disinclined.

But as time goes on do you see the possibility you might change your mind?

Let me put it this way. I came to this country 41 years ago planning unequivocally to return to Trinidad eight years later. Here I am 41 years later. I haven't even left Washington. Upon leaving Howard in 1957 I was committed to going to Brooklyn [N.Y.], where my family lived, to practice medicine in the West Indian community, where I just knew they needed me [said with amusement about his youthful vainglory]. And, indeed, I did go to Brooklyn when I got out



of the service in 1961. I discovered they [residents of the West Indian community in Brooklyn] didn't miss me! My wife is a Washingtonian, so I came on back to Washington in 1963 intending to practice medicine in Washington, D.C. I got caught up in my love for Howard and I thought I'd work at Howard for five or six years and then really open up a practice. Twenty-six years later, I'm still at Howard.

It's a long way of saying I don't know [if he will decide he wants to stay on as president.] My statement is very honest; I am disinclined but I honestly don't know.

What type of person do you think should hold the post of Howard University president?

A Black person with a background in higher education, who has had some experience at a comprehensive university

and who can elaborate a vision that would cover the next decade as we move into the 21st century. I think that's very critical. Someone who understands Howard's mission and its unique role in Black America and the Black world. That's about it. The absolute that I have is that it should be a Black person.

Some would ask, "Why?"

I think that understanding Howard's institutional ethos requires congenital blackness, not blackness acquired from relationships to Black people and Black institutions.

Are you saddened that Dr. Cheek is leaving or is there a sense maybe that for 20 years he has made his contribution and now it's time for him to move on?

I'm saddened. In addition to having worked for him, I'm his friend, I'm his physician, so we have had several different kinds of relationships. But I'm glad for him. He has labored in the vineyard for a terribly long time and he says he's weary. And is there any wonder? So that even as I'm saddened I'm glad that he'll be able to have a period of rest and recuperation.

I'm certain that we've not heard the last of James Cheek as it applies to Blacks in America and Blacks wherever they are. I don't think the final chapter has been written.

Not to breach doctor/patient confidentiality, but as a physician have you seen the physical toll the job has taken on him?

The physical toll? He is a very resilient person. Indeed, I will not breach the physician/patient privileged relationship, but I would say this: He had an illness

that was well reported in the local media [when Cheek was hospitalized in the coronary care unit of Howard University Hospital] from which he made a splendid recovery. I look with a great deal of satisfaction on his cessation of smoking. His giving up cigarettes to me as a physician was probably as satisfying an experience as I've ever had.

Some people find it ironic that Dr. Cheek came to Howard on the heels of a student protest and he's leaving on the heels of a student protest. Do you have any comments about that?

We've had a dozen student protests since he's been here. I don't see any irony. Students protest, as you know. Nor do I see any cause and effect relationship between the student protest and Dr. Cheek's decision to retire and I hope that Dr. Cheek would not feel that there's a cause and effect relationship. I'm certain he doesn't.

A personal question: Some people see Dr. Cheek as very aloof, and some of them say this is so because he is a very shy person. True?

I believe the latter characterization. He's a warm, friendly guy but shy as hell. Like me.

So you think people misperceive him as aloof?

Oh, yes. A shy person very often is viewed as aloof, arrogant. He is a very shy man. But whether he admits that is something else. I've never had this kind of discussion with him. It's just that after knowing him for 20 years, there's no question in my mind that he's shy.



How do you feel Dr. Cheek will go down in history, not just Howard's history but the history of higher education in general?

I don't think that it can fail to give him credit for some outstanding accomplishments. You know 20 years of survival at the helm of such a complex institution as Howard University is itself an achievement. We're talking about an institution that is a historically Black university and one that is at the same time different from the traditional Black college or university in that because of its research orientation and its comprehensiveness it's in a league more akin to the orientation of Dr. Cheek's 11 peer institutions. He has placed this institution firmly in that league.

[Dr. Cheek's 11 peer institutions are 11 predominantly white private universities similar in purpose and scope to How-

ard. Cheek used these institutions as a point of comparison to highlight Howard's needs and build a strong case for more financial support for the university. The institutions are: Case Western University; The University of Chicago; Duke University; Emory University; Georgetown University; Johns Hopkins University; The University of Rochester; Stanford University; Tulane University; Vanderbilt University; and Yale University.]

Is there anything else you feel would be important to point out for the readers of *New Directions* about both Dr. Cheek's impact and where Howard is going in the future?

He has charted a good course for the university. If I didn't believe that I would not have stayed 20 years. I think his ideology has been a liberal ideology and one that has epitomized a deep concern for Black America and for the underprivileged and for the underclass. He has left an imprint in terms of the creation of opportunities for young people.

I think that whoever follows Dr. Cheek has a superb base to build upon, and I hope that that person by virtue of being a new person will not discard or disregard all the good that still exists in this institution.

The 21st century will bring new challenges, new opportunities, new difficulties, new protests and I wish for whoever follows Dr. Cheek good health and good vision and a good supporting staff. □