

Diversity Lecture  
February 5, 2008  
Given by Alan R. Dimick, MD  
To UASOM students

I was a member of the UAB Faculty Department of surgery for 36 years. Most of the faculty of UAB are from somewhere else besides Birmingham. It's a really diverse arrangement there of faculty as well as students. I'm a Birmingham native. I went to Woodlawn High School. Some of you may not know that's in the East part of town. I never did leave town; I went to Birmingham-Southern College. I just want to let you know who I am and where I'm coming from because of the comments I'll make later on you'll understand my point of origin, so to speak. I graduated from Birmingham-Southern College in 1953. Prior to that, and at that time in 1953, they had a quota system. The school only took 17 students from Jefferson County and I was number 18. So I had to wait a year to go to medical school. I went to medical school here. At that time it was called the Medical College of Alabama because there wasn't any such thing as UAB back in 1954. UAB didn't come into existence until the late 60's. I graduated with a medical degree in 1958. Again I didn't leave town; I did my internship here at University Hospital and also four years of general surgery residency finishing in 1963. As you can imagine I grew up in a very segregated city. We had things for black and things for whites and never the two should meet; schools, soda fountains, just about everything was segregated at that time. Obviously we are not that way nowadays, but back in the 1960's it was that way. The reason I'm belaboring that point is at University Hospital at that time during my residency from 1959 to 1963 we had black and white surgery wards- we had the same thing on medicine, pediatrics and others. We had a segregated hospital at that time with black and white wards for everything. There was a real paradox at that time at the VA hospital. During your residency you spent half your time, at least in surgery, at the Birmingham VA hospital, and it was a real shock to go over there and find that it was totally integrated. It was very interesting. I took care of a sheriff from one of the smaller counties of Alabama. He was a white sheriff, but he shared a room with three black people and he didn't think anything about it. As long as it was free and the VA paid for it, they could be integrated. But as soon as they stepped outside the VA they were segregated. It was a real paradox for those of us taking care of patients at that time.

As I mention I finished my residency in 1963 and joined the faculty of the Department of Surgery here. And I was given two jobs. At that time we had two emergency departments. At that time University Hospital was the county indigent hospital; there was no such thing as Mercy or Cooper Green Hospital. All the county indigent patients sick, injured or pregnant would come to University Hospital for treatment. The Hillman emergency room, which was on the first floor of the Old Hillman Building, was the receiving ward, and it was staffed by interns- no residents, just interns fresh out of medical school-taking care of these sick and injured patients. It was a real problem for me as medical director of that program to make sure that patients got the best care. I argued for and finally got residents from medicine, surgery, pediatrics and the like down in the emergency department to have more experienced people take care of these emergencies.

But there was a separate emergency department over in the Jefferson Hospital for private patients. It was staffed by one nurse. That's all- one nurse. If the private patient came in and needed something, the nurse would then pick up the phone and call the doctor. Then it might have been 30 minutes, it might have been two hours before the doctor would appear on the scene. So my job back in 1963, assigned by Dr. Champ Lyons, who was chief of surgery at that time, was to combine these emergency departments into one central emergency department in the Hillman Hospital. Some of you may have been over to the Old Hillman Building. It's on the corner of 6<sup>th</sup> avenue south and 20<sup>th</sup> Street. The Hillman Hospital was built in 1903. It's very interesting, because in order to renovate that facility to make it a single receiving emergency department we had to make a lot of changes. It was hard to do because the building was structured on 16 inch square wooden beams. And anytime we moved anything or changed anything on the first floor large cracks would appear in the walls on the floors above. The Hillman Hospital was supported by 16 inch square wooden timbers. So we had real major architectural and stress problems at that time. We didn't really have x-ray facilities available to the emergency department. They were all on the sixth floor of the hospital.. And with the emergency department on the 1<sup>st</sup> floor, the patients would get sick and have complications during that transport. So we finally arranged for a radiology suite to be on the second floor of Hillman, so that would be just one floor they had to go. So combining the white emergency department with the black emergency department wasn't an easy thing to do, but it had to be done back in 1963. And it was a precursor to what was happening at that time.

In 1963 we had a major problem with pre-hospital emergency care. At that time the ambulances in Birmingham were all run by the funeral homes, and they had what they called a horizontal taxi, a hearse, not the ambulance rescue units like we see today. There was a real conflict of interest there because the funeral directors would get paid more for taking a dead person to a funeral home than they would get paid for bringing them to the hospital emergency department. We got surgeons and other physicians in the area involved and we put on first aid courses and other courses trying to improve this emergency care. But that's the situation that was occurring in 1963. There was a horrendous event that occurred, on 6<sup>th</sup> Avenue South close to Elmwood Cemetery. A black man was caught between two cars. The bumpers just amputated both his legs. The white ambulance drivers showed up and said "Can't take him. Call a black ambulance". About 30 minutes later a black horizontal taxi came and picked up the patient. We found out about this and it was totally unacceptable. So we went before the city council to try to get things improved and try to get an appropriate pre-hospital emergency care. I'll come back to that later.

During September 1963 we had severe civil rights strife. Anyone who has visited the civil right institute has seen the depictions there of the police dogs, the fire hoses and so forth. It was interesting that it all happened in Kelly Ingram Park, which, as you probably know, is on the northern side of town. And I remember distinctly making rounds at University Hospital and watching it on TV. Most of the people in Birmingham knew nothing of the demonstrations that were literally occurring several blocks down the street from the hospital. We found out about it the same way the rest of the country did. We

looked up and saw it happening over and over again on the television. Obviously it had a big impact. A little known fact at that time is that there were two city governments in city hall. Birmingham had been a the city government with three commissioners, which was unacceptable now. They had now elected the mayor council form of government, which we have right now in Birmingham. However, the Commissioners wouldn't give up. They wouldn't move out of city hall. So they made an appeal to the Alabama Supreme Court that they wanted to stay and throw out the election. This was when all the civil rights strife was going on. So we had nobody in charge, at the city hall - nobody who had the actual authority to do anything. Eventually, after all the strife we had, the Supreme Court ruled that the mayor council form of government was the appropriate elected form of government. They threw the commissioners out. You may remember the name of "Bull" Connor, who was the commissioner that caused all the trouble. He was eventually thrown out of city hall and the mayor council form of government was established. They wanted to calm things down and work with people to take care and improve the situation of civil rights and so forth at that time. It was interesting, because then the strike moved from Birmingham, AL to Selma, AL. The Selma march to Montgomery occurred at that time. But that's a little know fact that people... for some reason the historians are ignoring the fact that there were two governments in city hall at the time.

And that was the reason there was nobody to sit us down and say "hey, let's work this out." It was not a pleasant sight after the church bombing had occurred in September of 1963. And you know the four little girls were brought into the emergency department and I had the very uncomfortable responsibility of pronouncing them dead. There was real turmoil in the city at that time. I walked out of the front door of the emergency department and there was a state trooper with a shot gun with a fixed bayonet on it. There was a lot of strife, a lot of tension. People were not sure what to do. It wasn't safe to go out into the street no matter who you were. So there was a lot of turmoil at that particular time. Thank goodness we finally resolved the government in city hall and things gradually, progressively improved.

In 1965 Dr. John Kirklin came from the Mayo Clinic to be our chief of surgery. This was a significant thing for many reasons. First of all, he was the top of everything there. He was the head of everything At the Mayo Clinic in addition to being a noted heart surgeon. But when he came to be our chief of surgery he made many sweeping changes in the surgical service and in the hospital. We had, as I mentioned, black and white wards at that time. Dr. Kirklin changed that to red and blue wards. There's a little background behind that. If anybody's been to the Mayo Clinic, you can't refer a patient directly to the surgeon there; you refer them always to an internist, who has to evaluate the patient and then determines if they need surgery. The internist needs a surgeon, he then looks at the calendar, and the calendar has red and blue days. If the calendar is red, that means the blue surgeons are in the operating room and unavailable for consultation. If it's a red day, the red surgeons are available for consultation. So Dr. Kirklin adopted the red and blue colors for our surgical service and we no longer had black and white wards. We had red and blue wards and red and blue surgical services depending on what day you were admitted. If you were admitted on red service day, then you were on red service and if you were admitted on blue service then you were on blue service. So we did away with all the segregated wards that we had and obviously that was great progress. My next

assignment was to improve pre-hospital emergency care. We had a really bad situation with the funeral directors and people who really didn't have any training whatsoever in pre-hospital emergency care. I had several burns that were not handled properly prior to arrival at the hospital. In 1967 there was a major fire at ACIPCO, American Cast Iron Pipe Company, over on the north side of town. Thirteen men were badly burned. The situation happened as they were pouring molten iron into a spinning cylinder and there was a cap on the end so it makes a pipe because the centrifugal force forces the hot iron out to form a pipe. The cap came off and the molten iron came out like a garden hose spewing hot molten iron on thirteen men. At that time ACIPCO had a contract with South Highlands Hospital. Some of you may or may not remember that South Highlands used to be where Health South Hospital used to be, and where UAB Highlands is now on the south side of town. They had a one room emergency department with one nurse assigned. They brought these thirteen badly burned men into that South Highlands Hospital. They had them stretched out all over the waiting area. Anita Smith who was the news reporter on the scene, described it as just horrible with the smell of burning flesh and so forth. These patients were eventually transferred from South Highland Hospital to University Hospital emergency department and admitted to burn service. Because of this disaster the Birmingham City Council came up with the Emergency Medical Services Committee, which was charged with improving the day to day provision of emergency medical care in the city. The second charge was to provide planning for mass casualty situations, like these with major burns like we just described. On this committee are physicians, nurses, hospital administrators, Red Cross, and emergency management agency. We even had the coroner on the committee. Obviously if you have a lot of emergencies with many fatalities, the coroner has got to take care of them. This EMS committee has been functioning since 1967. We meet every quarter at one of the local hospitals. The hospital provides lunch as a civic duty. This committee has done a very good job of improving emergency medical care in the city. In 1975 there was a plane crash at the airport and we realized we did not have a disaster plan for the Birmingham Airport. Because the members of the EMS committee knew each other well, they very quickly developed and designed a plan for disasters at the Birmingham Airport. Having such a committee certainly improves the pre-hospital emergency care in the city. As an outgrowth of the particular committee, in 1972 we received a federal grant to do training for paramedics in the fire departments of Birmingham, Homewood and Vestavia. We had 33 firefighters who took the course. I was the principle investigator for this and it was just amazing. I called up the various hospitals in Birmingham and said I've got a bunch of firefighters that need to see patients who are in the recovery room waking up from anesthesia, patients that delivered babies, who are in surgery, and all kinds of medical problems. To a person every hospital said send them on we'll take care of them. Now this was 1973. You can't do anything like that now with HIPAA and other requirements that are laid on the hospitals. But at that time everybody pitched in. As you may know the first paramedics were on the streets in 1973, the firefighters of Birmingham, Homewood and Vestavia. Since then, we now have paramedics all across the state as a result of that. UAB in 1974 instituted a paramedic training program and I was the medical director of that program from 1974-1996. That's sort of a brief resume. I've been talking a lot. If anyone has got any questions, I can try to answer. Or did I put everybody to sleep?

Don Stewart: Was this the first place that EMT's were trained? Or were they tried in other parts of the country first?

AD: There were five cities that started: Jacksonville, FL, Seattle, WA, Dallas, Baltimore, I think Chicago, and we were the next.

Q: When you all did away with the black and white wards, and you changed the names, did you see any people trying to continue to put most black people on the red service or blue service and most white people on the other to maintain the separation? Or did it automatically improve?

AD: I think we were ready for the change. It really didn't cause any major problems. We had Dr. Kirklin come in from Minnesota, which was different from the culture of the south. It was his condition that we needed to change. But I think also people were ready for this sort of thing. We just needed somebody to do it. When you change something that had been so ingrained in culture, it can be very difficult. It sometime just takes a generation or two sometimes to get that through.

DS: Were there any ugly incidents that occurred because of it? Like a white person waking up next to a black person and getting upset?

AD: I'm sure we had some. I don't remember anything in particular. But I'm sure some of that occurred, because the culture was so ingrained. But again the paradox was right across the street at the VA hospital; a black person in bed next to a white person and there was no problem. So it was a real paradox to us taking care of these patients.

Q: After the emergency room was integrated, what about the rest of the hospital?

AD: It was changed to red and blue services throughout. But it wasn't easy and there was a lot of opposition. But that eventually wore down, so to speak, because obviously it was the right thing to do.

Q: How hard was it to find black physicians, or was that part of the integration?

AD: Let me answer your question this way about black physicians: The Jefferson County Medical Society was originally all white and the black physicians couldn't join the Jefferson County Medical Society. They could join the Mineral District Medical Society and that is still in existence today. It was all black physicians. It was only about the late 60's mid 60's- probably the late 60's- that the Jefferson County Medical Society changed their rules to admit black physicians. Dr. Kirklin in particular, had Dr. Hershel Hamilton join the faculty here, and I got to know Hershel very well. He was a super guy, his personality was wonderful and he was a good surgeon. He was the ideal person to do that, sort of like Robinson playing major league baseball. He broke the color line, so to speak, coming in. There were special efforts to make sure he could get in the operating room, didn't have any delays, and so forth.

Q: To play the devil's advocate, what is interesting is in 64 the civil rights act was signed, if I'm correct.

AD: Thereabouts- '64 or '65.

Q: I can remember when I went to Auburn, '64 was the first year that they actually had a black student. And so the hospital change didn't take place until Kirklin came in '65. So it was probably '66 before it was all implemented. I think which points to the fact that each thing that took place in this city- it wasn't an over night change- it took quite a few years for things to slowly improve.

AD: I think that was the point I was trying to make; you don't just stack the figures and things to make change. It takes evolution, so to speak, a change in thoughts & attitudes. People who have lived that way, for instance going to high school to black and white schools- it took real change to integrate schools, but it gradually came about. It didn't just happen quickly.

Q: When did they start taking black medical students? Was it about that time?

AD: I'm not sure.

DS: I think it was 1970, that the first black students were admitted into the school.

Q: The first African-American students at the medical school were Samuel W. Sullivan, Jr and Richard Charles Dale. At first, the percentage of black students remained quite low, but over the years, it did increase.

AD: The same thing happened to females. In our class admitted in 1954, we had four females. Now what is it? 60 or 65 percent?

Q: Was there any connection with George Wallace during your time?

AD: Well, he was the boss; he was the governor. He was a very staunch segregationist. He was more in the Selma/Montgomery area, though, than he was involved in the Birmingham area.

Q: When he was shot he came to Birmingham, right?

AD: Yes, to Spain Rehab. But Jefferson County never voted for Wallace. He didn't love anybody here. That's the reason we didn't have interstate for a long time.

Q: You said that you trained firefighters to be paramedics. Were any people of color among that group? Or if there wasn't when did that begin?

AD: Not initially. However, there was a long term attempt by blacks to get more blacks in the fire department in the next several years, but not many. In a year or two, but not initially.

DS: Just to follow up on an earlier question: To your knowledge, I know you were in charge of these things, but you were also not at the higher points in administration, do you know if the state ever sent down any mandates or if the medical board ever censured anyone or scolded anyone for independently breaking the color code?

AD: Not directly, but indirectly, yes.

DS: Because I know that the first Dean of this medical school, Roy Kracke, actually started an integrated nursing school. And Bull Connor intervened personally on that one. And he tried for about a year and a half and finally had to let it go.

AD: Bull Connor was the announcer for the Birmingham Barons baseball team. And because his name was so well known from that he was elected a county commissioner for fire and police. Of course he had no expertise in that area, but he got elected to it. And it showed in his activities with the, fire fighters, police dogs and fire hoses. Chief Swindle was the fire chief at the time and he said he did what Bull Connor told him to do because he was the boss, but he said he really regretted using the fire hoses on the demonstrators. It was a real problem. But he was the boss and he was demanding.

Q: Did you see any notable changes in our system the hospital uses? Positive changes?

AD: The main difference was obviously it was very good. You saw blacks and whites, males and females, all of them working together without any major problems. Of course, there's always a glitch every now and then. Not everybody's happy or not everybody has the same attitude I should say. But in general it worked out very well.

Q: What are we doing to incorporate the increasing Hispanic population to make sure they don't experience the segregation that the African-American population experienced?

AD: Nancy, can you help me there?

Nancy: As far as the medical school? We certainly want our medical classes to represent the population of our state, whether it be Hispanic, African-American, female, male, and we really have yet to achieve that. That's an ongoing goal.

Anybody who speaks Spanish is really in demand at free clinic too.

DS: That was going to be my next question: is there a translation department?

Student: In the school, no. As far as student run: I'm actually in charge of translation at the free clinic. But I'm also trying to implement a system for those who have preliminary Spanish in college to shadow more advanced speakers. But there is no class.

DS: You may be carving a career path for yourself. I really got spoiled up at the Mayo clinic; I spent one year up there. And if you had someone from Thailand, they would say, "What province?" and then they would send somebody over to translate.

Q: Did you see similar segregation problems with other populations, Asian or Hispanic for example, in the hospital?

AD: Not at that time. The numbers weren't there. It was strictly the white and black contrast.

Q: Culturally there was a divide, though. Would you agree with that? The Italian population, the Greek population. It was very, very divided.

AD: Yes. The Italians were the food service folks. The Greeks owned the restaurants. And they all lived in their own enclaves. Then again, the black community did the same thing. They lived more together in an area as opposed to the whites.

DS: It wasn't just a black/white issues. My in-laws were disowned from each of their families because she was Polish and he was Italian. Completely disowned from their communities for crossing that barrier.

Q: Dr. Dimick, of all of the things you saw during that era, is there one thing that stands out?

AD: Segregation was like a religion to a lot of people. And you don't change somebody's religion very quickly. They'd been taught that way all their life; it's very difficult to change. Something is inculcated in you when you see 20, 30 years of it. You are not going to all of the sudden change. Black and white drinking fountains, black and white soda shops, things like that which we all grew up with all of the sudden were changed. So it was very difficult for a lot of people to change the way they were thinking about that. It happened, but it happened very slowly. But that is what you expect when that kind of thing has been ingrained in both sides.

Q: You talked about how a lot of the people who were changing these things came from places like Minnesota. Did you all take any ideas from other southern areas that were working to integrate their hospitals and medical systems?

AD: I think they looked more to us in Birmingham, than we did look to them. And I think that was because of the population of Birmingham at the time. About half the population was from some place else and the other half grew up here. So we had a lot of people from North, West, East here and it was easier to change, than if they'd all been southern born and bred.

Q: What was the teaching in the medical school when you were in school in regards to people of different cultures, how to deal with them in clinic? Or what goes on behind the scenes in their houses? Did you guys touch that at all in your classes?

AD: You've got to put yourself back in the 50's; I went to medical school 54-58. The short answer is no. We've learned a lot from that. We now treat the whole patient a lot better. When a patient gets sick you don't just look at what is going on the bed right there in front of you. You also interact with them and the patient's family. And I think that's very important. But no, we didn't. Thank goodness a lot of things have changed since the 50's.

Q: I'm a little curious. The older white physicians that I meet here in the south, seem to be very friendly and open-minded and I was wondering if they were somehow more exposed than the other people at the time to other races. Or did they just change over time? Your colleagues at the time, were they like the general public with regards towards other people or were they a little more open-minded?

AD: I think they gradually all evolved to being open-minded. Again, being exposed to patients at the VA, where they were totally integrated showed them that that could happen. And there was nothing wrong with it. It could be done and using that as an example they were able to improve the situation much better. But don't let me give you the wrong impression, it wasn't easy, it wasn't quick, it wasn't simple.

DS: I wish Dr. Speir were here to answer first hand, but when you were in medical school it wasn't a black white issue. If there was an issue there, it was a male/female issue. How did you and your buddies deal with having women training as physicians?

AD: It was unusual indeed. Like I said we had a class of 80 and we had four females. And again most of the medical students were not married and had no families. It was unusual for anyone to have a family.

DS: So how badly did they get harassed?

AD: I'm sure quite a bit. They could probably speak to it better than I could. But no it wasn't easy on them.

Q: I think UAB is a great school. But one concern that I do have is: I think it might be felt that there is a lack of minority faculty especially considering the UAB location. What is being done to try to attract more minority faculty?

AD: Every school at UAB has a minority recruitment person who works to improve minority numbers not only in students but also in faculty. For instance, I talked with a young lady who his working on the school of optometry to get more diversity in the minorities in the faculty and students in the school of optometry. The same thing goes for the school of medicine. So there are people working on that. You may or may not know

Johnny Scott who works for the school of medicine on minorities. Good friend, good guy. That's his primary job.

DS: If minorities aren't represented mirroring society, is it because, in your opinion, there is any kind of active or even passive attitude that is keeping them out? Or are they finding better career opportunities outside of academia?

AD: Well I think there is something to the latter part, right there. I was on the admissions committee to medical school for four or five years, we would lose many of the good minority students to Harvard and other places, because they'd give them full scholarships and such. So, we tend to lose them to more prestigious, you might say, institutions as a result of that. They're in demand everywhere.

Q: Those were scary times back in the 60's, but it goes back to all of our parents. You respect your parents. They've given you their values, etc. And people don't change really or change their values unless they get out and are exposed to different things. Dr. Dimick's generation and my generation were more vocal than our parents. And when we became more vocal, then things changed. They changed slowly. Then our children, raised in another generation, and they're much more vocal than we were. But if this gives you an idea, I was raised in the Deep South. I never knew an African-American person until I went to Europe. I was not in school with one ever; we weren't around one another. You can't force people to change. But when you broaden your horizons and you're around people, that didn't grow up like you, that's the change.

AD: In addition to what you said the communications were not as good then as they are now. We have instant communication now. If there is a fire or something anywhere in the world, we hear about it in four or five minutes. Back then TV was just in its infancy. Not everybody had television set; they had radios. But not everybody had a radio. Communications were not as good as they are now and, therefore, because of that people didn't understand other people. What they were doing, how they react and so forth. So communications have changed so rapidly and drastically since that time.

Q: Did you have any blacks that were against integrating the hospital the way some were against integrating the schools?

AD: They were sort of uncomfortable too, in the beginning, because they weren't used to it either. But everything worked out all right, eventually.

Q: You mentioned that the changes happened slowly. Do you see things in the hospital that are still in the process of changing as far as the integration goes? Are there still things that need to be done?

AD: Not that I've seen in my 36 years. I think things are constantly changing, small things. I think in terms of the integration it's been very well worked out, male and female, black and white, and so forth. The challenge now days, as he brought up, is the Hispanics coming in, in vast numbers so to speak. That's the current problem of

integration right now. And as you know if you listen to commentators on TV there seems to be a divide between black community and Hispanics right now. So that's going to be interesting to see how that works out. All I know is what I hear on TV about that.

Q: When you were talking about the bombing and how after that happened everyone was afraid to go outside, it made me think of how people in Iraq and some of the Middle Eastern countries and other countries feel. Fortunately we don't have that problem today but it wouldn't take much would it?

AD: No, and a lot of people left town just to get away from it. And Birmingham was known as "Bombingham" all over the United States and all over the world. Even still when I traveled to Europe in the 70's and 80's they still referred to it as "Bombingham", because of the bombs that went off in the church and so forth. The University of Mississippi has an interesting situation: they were intentionally segregated just like we were, but they had even more problems. And they have a continuing problem with faculty in their medical center in Jackson. They can't get people to stay in Jackson, MS at their medical school because of their past history of severe segregation. Only last year their whole Department of Surgery left, because of a problem there. For some reason, they are continuing to have problems stemming from the segregation issue in the 60's to current times, today. And I think it is because the faculty at UAB, almost all of them are from somewhere else outside of Alabama. There are very few that are from Alabama. You might call that good integration.

DS: I can tell you that echoes of "Bombingham" are still reverberating around the country and around the world. From the mid-90's to the early 2000's I worked with a head-hunting firm that was trying to bring people in to medical positions and non-medical positions in Birmingham. And that was the first hurdle we had to get over every single time we picked up the phone. First thing they saw when I said Birmingham was guard dogs and fire hoses. Forty years later.

AD: Let me tell you Dr. Kirklin's story: Dr. Champ Lyons, my former chief of surgery, died of a brain tumor in 1964, and they were trying to find someone to come in and be chief of surgery. Dr. Joe Reeves was chief of medicine and he was a friend of Dr. Kirklin. And he had Dr. Kirklin come down and look. Kirklin came in on Friday at noon. He looked around and left at noon on Saturday. He called on Monday and said "Well, I like what I saw, could I come back and bring my wife?" So that's the way we recruit folks. You don't recruit for a job. You have them come in, give a talk, see what's here. And they're so surprised to see how good things are here, because of the bad past history.

DS: And that's a story that started in the 60's, and worked on with Dick Hill, we heard that when I was a medical student here in the 80's. The people that were our professors, we'd ask, "How did you come here?" They'd say, "Well someone invited me down for a golf tournament and then offered me a job a month later." It is still the way they are recruiting people to Birmingham as the best kept secret.

AD: Most of them are surprised. Whether it's faculty or just visitors. They're surprised by Birmingham because of the bad past history.