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## **Norice, Carmelle**

Mark Naison

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Interviewee: Carmelle Norice

Interviewer: Dr. Jane Kani Edward

Date: November 26, 2008

Dr. Jane Kani Edwards (JE): My name is Dr. Jane Kani Edwards I am the Director of African in the Bronx Department of African and African American Studies, Fordham University. Today we are conducting an interview with Carmelle Norice, a medical student at Columbia University and the time now is 10 –

Carmelle Norice (CN): 40.

JE: 10:40 and today is Wednesday, November 26, 2008. And we're doing the interview – what is this called?

CN: This is the School of Nursing – in the lobby in the School of Nursing at Columbia University.

JE: We're doing the interview at the lobby of the School of Nursing at Columbia University. So before we go into our interview I'll ask you your name – if you could just tell us your name and spell it so that when we are doing the transcription it would be easier for them.

CN: Sure. No problem. So my name is Carmelle Norice. C as in cat A-R-M as in Mary E-L-L-E. Norice N as in Nancy O-R-I-C as in cat E.

JE: Ok. Now I just want to know about your background like your educational background, where you studied in school.

CN: Sure. So my educational background from college or . . .?

JE: From primary school.

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CN: From primary school. Ok. So I went to primary school in a public school in Los Angeles, California and when I was about nine years old my family moved to Fresno, California where I went to secondary school and eventually graduated from secondary school in 1997. And I went back to Los Angeles to attend the University of California at Los Angeles for college where I studied molecular cell and developmental biology and I graduated Cum Laude with Departmental Honors and College Honors in 2002. After I graduated from college at UCLA, I moved to Washington D.C. in the summer of 2002 to work at the National Institutes of Health, the NIH, and I did medical research there for one year. And after that I moved to New York City in the fall of 2003 to attend the Medical Scientist Training Program here which is a combined M.D. Ph.D. program that prepares students to do medical research. So currently I'm in my sixth year of the program. It's a seven year program. I'm on track to graduate in May of 2010. Currently finishing my dissertation for the Ph.D. part and that's pretty much the education.

JE: Ok. Could you tell us about your family?

CN: Sure.

JE: Yes. Where your family's from and what [inaudible]?

CN: Sure. If you want to pause, we can move somewhere else. [Inaudible].

CN: Is this stop? Ok. So my family is African American – historically African American. Our ancestors were brought here during the Slave Trade and so my family comes from the southern United States. My dad's side of the family is from Texas and my mom's side of the family is

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from Arkansas. And they – my mom's side of the family moved to Central Valley California during the forties – 1940's – to do farming in the fields. There's a very large produce industry in Central Valley California and her family helped out with the crops or I shouldn't say helped out – they worked the fields and that's how they made a living. So my parents, they actually met in college. They were both first generation college students and they met in Los Angeles. So they were married in the late 70's and I have several siblings. So, so basically the, the point is we're African American.

JE: Ok. So how did you get to know Nigeria?

CN: So the story starts during my stay in Washington D.C. because, as I mentioned, I did a fellowship – a medical research fellowship at the National Institutes of Health for one year after college before I came to Columbia University. And while I was there, as you know there is a large African Immigrant community in Washington D.C. So-

JE: Nigeria is actually [inaudible]

CN: Ok. Yes. So while I was living there I was in an apartment building and one of my friends in the apartment building was Kenyan and she invited me to go to church with her at Bethel World Outreach Church in Silver Springs, Maryland – Silver Spring, Maryland. And this church primarily had Liberian members but they really had immigrants from all over Africa there. And so that was my first experience really belonging to an African – African immigrant community and I really loved my experience there. I learned a lot about the different cultures there. And so

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when I moved to New York, I wanted to look for a similar church and so I was on the Internet looking and I found the Redeemed Christian Church of God. And-

JE: Where is this, in New York City?

CN: It's based in Nigeria. Yes.

JE: With branches here?

CN: They have branches all over the world. Yes. Yes. They have a whole North America division and parishes all over. I go to a parish in the Bronx off of 165<sup>th</sup> and Grand Concourse. And so I started going to that church a couple of years ago and the church is primarily Nigerian. There's just a couple of members there who are not Nigerian. I'm just one of just a few Americans there but I still feel at home. I still feel like family and I do, I do belong. Although I'm African American, I do feel a sense of belonging with my brothers and sisters who are recent African immigrants. So just, you know, being there at the church and it's, you know, been a great experience religion wise but it's also been a great opportunity for me to learn more about Nigerian culture and the people. So it's been a great opportunity.

JE: And do you live now in the Bronx or did you move out the Bronx?

CN: Oh. I live here on campus off of 169<sup>th</sup> Street and Heyward Avenue. So just a couple of blocks from here.

JE: So your connection with the Bronx is the church?

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CN: The church. Yes.

JE: The church. Ok. And how can you tell me about your experience generally apart from – do you go to other activities with immigrants like with Nigerians if they have social gatherings apart from the church?

CN: I really haven't gone to any social gatherings outside of the church activities but I have a friend here who is Senegalese and I've gone to some of their religious ceremonies. A naming – it was just a dinner after the naming ceremony.

JE: For a newborn?

CN: Yes. So I've had some of that experience exposure as well. Yes.

JE: So about the project you are doing related to the church, what kind of project are you [crosstalk]?

CN: Ok. So it's actually not related to the church. It is related to Nigeria. Let me see. I'm actually involved in a couple of projects that seek to connect Nigerians. The hope is not to just limit it to Nigerians but to expand to resources in the U.S. So basically – so the project that I first wanted to talk about is called eHealth Global. And what we're trying to do is establish a system of distance healthcare facilitated through videoconferencing. So as I'm sure you well know a lot of Diasporans here in healthcare fields. A lot of physicians, nurses, and you know we have the big problem with the brain drain and the people in their home countries being left without the care that they need because all of the skilled and trained professionals are going abroad to work.

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So – or to be trained to work and to work. So there's – for some cases a doctor can see a patient and just through video conferencing and it's already being done at some level but this project that I want to do I just want to help create an online web system that will manage it better. And so I'm working to get a pilot study done during one of my electives in medical school to see, you know, how it would work, what diseases are appropriate for this model, what sort of expertise is needed, is needed on the side of the physician, just sort of work the kinks out. And I'm going to do the pilot in Nigeria.

JE: Where are you going to do that?

CN: So there's a couple of places I'm thinking of. One is the National Hospital in Abuja and the other is the Ebonyi Government Hospital in Rivers State. River State is in a lot of conflicts right now but I'm going to hope [crosstalk].

JE: Does the – don't the [inaudible]. [Crosstalk].

JE: Because there's a lot of conflict in that area.

CN: So, but the whole idea was to try it out at a major hospital like a national hospital where there's a lot of resources but still relative to, you know, New York Presbyterian Hospital here, their resources, you know, aren't up to par. And then I also tried in a more rural village setting to see how it would work there. So that's going to be in the spring of 2010. I'm already starting with the preparations now because there's a lot that's going to go into it and we'll have to see what's, what's possible.

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JE: Are you connected with some people in Nigeria, like some doctors there or some medical students in Nigeria?

CN: That's the plan. Yes.

JE: Ok. And how is it going to be easy given the fact that especially in the area and if you want to do it in the rural area how are you going to go about doing that?

CN: Right. So we have set the Ebonyi Government Hospital. There's a computer/electrical engineer who is already working to bring tech infrastructure to the village to facilitate projects like this. This isn't the reason why he was doing that. They were already doing that to facilitate Internet access there. So that would make this possible there. And I'm going to have a conference call with him tomorrow to talk more about that and I'm also going to meet with Verizon Business in a couple of weeks to talk about Internet services as well. So – and also as you know electricity is going to be a challenge as well. We're hoping we can get some sort of agreement to get some generators donated. The hospital will need these things any way. So it's not just for my project but we're hoping by spring of 2010 to have enough infrastructure in place for me to do a pilot system as well so --

JE: So what other project are you doing?

CN: Ok. So – let me see if I have it. Ok. Well I'll just open with these newsletters. Ok. So the other project is called Build Afreca. And Build Afreca is for Build African –

A-F — research – R-E – capacity – C-A. A-F-R-E-C-A. Build Afreca. And so here at Columbia as I mentioned I'm in the M.D. Ph.D. program and medical degree training program. My Ph.D. is



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in cellular molecular and biomedical studies and as I mentioned before I'm being trained to do medical research. So my interests related to science are tied to this project. My other project are my interests more related to medical care. So with this project is more along the medical research side. The idea is that right now – and I still have a lot to learn but as I understand it right now we have medical products, medicine, vaccines, diagnostic tests being imported into Sub-Saharan Africa from, you know, India, China, some places in Europe, some places from the U.S. with agreements that NGO's are able to make as well. And we know that there's a problem with the access primarily because we're having to rely on charitable mechanisms and also people are not able to afford the purchase of products that are being imported from other countries as well. So what needs to happen is for scientists in Africa to develop the skills and expertise necessary to do research and development on medicines, vaccines, and diagnostics right there on the continent. And so this, this network that I helped to start last year is to bring together young biomedical research scientists from the U.S., Canada, Caribbean, a couple of places in Europe, and eighteen different countries in Africa – so far and hopefully expanding – who all believe that the capacity of Africa to do pharmaceutical biomedical research needs to be built. And if we can get the young scientists engaged and connected then – we're the future and we're going to carry this mantle together as a collaborative. So that is the idea behind this. There are already different initiatives and programs in place to address this issue but as far as I know there isn't any network like this to bring young scientists together cross-continentially for this cause. So we have a network. We have a Google group. It's been more or less inactive for the past several months because I've been really busy with my dissertation but I'm going to get back on it and just, you

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know, help facilitate the exchange of ideas and projects that people want to do, to do through this. But for now we're just kind of connected on our Google group and we email each other different resources that we come across. So that's that.

JE: You [inaudible] one city in Africa. How can you handle that?

CN: Yes. So do you mean in terms of

JE: Connecting with different young medical students or doctors.

CN: Yes. Right. So right now the network is in English and so it's difficult because we have French-speaking, other people-speaking. So, so that's a challenge but that's the best we can do right, right now to connect those, those people who aren't able to speak English at some level. We do have members in the network who are, who are French, primarily French-speaking from Mali, Senegal, Cote d'Ivoire, Cameroon, so. Yes. Some of them are able to speak just enough to participate. So I can show you a roster of the people who are involved. Let's see. Ok. So you can see we have people from – it's about half from the U.S. and half from different countries in Africa, like I said, you know, Mali, Cameroon, Niger, Zambia, Tanzania, Kenya, and Senegal, Cote d'Ivoire [crosstalk].

JE: Gambia.

CN: Gambia, Haiti, Burkina Faso, Nigeria – I met all of these people from Nigeria are from when I went to the conference. That's the picture I was going to show you [crosstalk].

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JE: When was the conference?

CN: October 6<sup>th</sup> through the 8<sup>th</sup>. Now from the Sudan that's my friend – oh wait a second yes– Peter Monye. He's a M.D. Ph.D. student. Ethiopia – some of these are expats here in the U.S. but they're from, recently from expats. So, yes. Some are doctors, some are, you know, professional, some are graduate students like me. Some are on the technician level. But we all share this vision for the biopharmamedical industry of Africa. So that's that.

JE: So do you get funding for this activity that you're doing or do you just depend on your own resources?

CN: My own resources. Really I think if we want to get funding we have to incorporate and I just don't have the time to incorporate right now. I ought to be able to do it soon because – especially with the Build Afreca Network. We could really benefit from an interactive website to, to bring everyone together, to share ideas and also to share our ideas with the general public and explain to the general public what the need is. I'll get up on my soapboxes just for a second. Ok. So you've heard of Darfur. Ok. So the President's emergency plan for AIDS would be.

JE: Yes. Ok.

CN: That was started by the Bush Administration right. It's like something like I think \$50billion. This initiative makes me happy and it makes me sad at the same time. It makes me happy because it's going to provide much needed medicine and bed mats and vaccines and things like that. They're extending it beyond HIV. [Crosstalk] they're planning to put malaria and TB.

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So that's, that's wonderful. We need that. We need more of that. But at the same time – let me see. Let me look at this newsletter one more time. At the same time – as far as I understand it is doing nothing to build the biopharmaceutical industry of Africa. Nothing.

JE: Because it [inaudible] the expert.

CN: Depending on the, the expert. Yes. So really, that's a boost up for the Mercks and Pfizers of the world. I hope this is not going to get back to them. Because the U.S. government essentially is going to pay for medicine. I'm sure they will lower the cost, thankfully, for medicine to be purchased from these companies and import it into Africa. Yes. The United States was very shortsighted, I believe, with this bill because there's, there's no provision to build the capacity for African scientists to do medical research and to develop drugs and vaccines on their own. And I just want to show you in this newsletter that we had earlier in the year. Ok. Just what 1% I think – let me see – so three, \$300 million U.S. which is less than 1% of five, 50 billion if I'm not mistaken. If my math is correct. So let me see. So a billion is a thousand million, so 50 thousand millions. So 1% of 50 thousand is 500 right? Ok. So \$500 million. So 1% of this whole Pet Farm bill could have done something like this in Africa. So what this is is it's called the biopolis and it's a modern, state-of-the-art biomedical research campus in Singapore. And the government of Singapore built this entire campus fully equipped with all of the medical equipment needed for \$300million in two years of construction. Just two years. \$300million to build this facility. And what this biopolis has done is attracted leading scientists from around the world – Diasporan and foreigners alike – and it's done this at such a level that Dr. Lietman from Johns Hopkins

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University has said that Singapore should be a model for other nations trying to build biomedical research capacity. This campus is now housing R&D for Eli Lilly, Glaxxo Smith Kline, and Novartis. Novartis has the – Novartis has to do with the tropical diseases. Their operations are housed right here in Singapore. They're studying tropical diseases that affect people in Africa right here in Singapore because their capacity to do it was built there and all of the scientists. This biopolis is providing competitive salaries for scientists, research grants. They have a housing complex on, on site. Affordable housing, [inaudible] salaries and also – let me see – Johns Hopkins Singapore is housed there, the division of biomedical sciences to train Ph.D. students in [inaudible]. You have not just the industry coming to Singapore but you also – big pharma is in Singapore now – you also have leading universities from the United States opening up divisions in Singapore now where Singaporean students are receiving first rate Ph.D. training to do medical research. Now if you can just imagine 1% of the Pet Farm bill – if we could just put something like this in West Africa, for example, how many expats would go home to work and build capacity and build the industry there and move forward the medical research. We can provide treatments that are effective, that are affordable, and that address our needs on the continent. So I read about that in our first newsletter and as you can tell, I'm very passionate about that. But I just, I just get so frustrated when I see governments and the NGO's thinking that they're doing the service when – so – when they're giving the charity and not building capacity. Long, in the long run, this is not helping Africa. We need to, to, to build a professional capacity there and that is what I'm aligning myself to do and networking with other young scientists to do

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through the Build Afreca Network and other networks as well. That's, that's why I, I took this trip to West Africa. We can talk about that whenever you want.

JE: Yes. Do you also connect with doctors who are from Africa who are based in the United States?

CN: Yes.

JE: In the Bronx in particular – do you know some doctors who live in the Bronx or work in the Bronx?

CN: Actually, in the Bronx in particular I don't. I'm hoping to ask my pastor if he will allow me to get up for a couple of minutes in the church and explain what I'm trying to do. Because I know that members of the parish have family members in the medical field who might want to get involved. But, it's just kind of, it's kind of tricky because you don't want to get up in church and say something that doesn't have to do with the church. So, I'm not sure, you know, how that's going to work.

JE: The first thing you have to do is talk to the [inaudible]

[People talking in the background]. [Inaudible]

JE: The, the Africans who come here how [inaudible] people in the U.S. know that but [Inaudible].

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CN: Definitely. Yes. So through my experiences at the Redeemed Christian Church in God parish in the Bronx, which again is a Nigerian church, I have had an opportunity to you know not just benefit spiritually, you know, because I, I am a Christian and I was looking for a place to worship. So definitely that has been -- met that need for sure but I've also had an opportunity to learn more about the culture, to learn a couple of words of Yoruba, to taste the food, to learn the food, to learn how they, you know, respect the elders. I, you know -- when I meet one of the elders of the church, I, you know, they hug me a little bit and I'm able to, you know, see how they interact socially and it's really given me a lot, a lot, more understanding of Nigerian culture. There's a lot of, you know, bad talk about the corruption in Nigeria, you know, and how corrupt Nigerian people are. That's all in the media but this opportunity to actually meet Nigerian people face-to-face, to interact with them, to socialize with them, to worship with them has given me a completely different perspective that I could not have gotten otherwise. So having the immigrant communities come to the U.S., establish centers like churches, community centers, restaurants where Americans can go in -- they are always welcoming, very welcoming -- where Americans can go in and participate and learn more about the culture and the customs and just get, just get acquainted is a very, very beneficial thing for us. Right now we're living in a, a global community. The world is becoming smaller and smaller with globalization. And it is very, very important that we learn more about people from around the world. And having the immigrant communities create their own structures, you know, once they arrive and welcome us, you know, to come participate has been a very important part of that process. Learning more and, you know, expanding, you know, my world views. So it's been great.

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JE: Ok. This church that you go to, what kind of language do they use when they do a sermon?

CN: Yes. So, so they use English but some of the songs are in Yoruba. Most of the people here are Yoruba.

JE: In this church?

CN: In this church. Yes. They're mostly Yoruba so some of the songs are Yoruba. It's just so beautiful. I, I really enjoy – my favorite songs are the Yoruba song – but they have the music sometimes. They bring in the talking drum and they play the talking drum in the church. They wear the traditional clothes especially on special occasions. If somebody in the church has a baby the, the families will dress up in the traditional clothes and they will, you know, sing and dance to the front of the church and we'll have the prayer and celebration together. So yes.

JE: And so what's that type of worship?

CN: Right. And so I guess we're the same type of Christian Protestant – oops – I'm sure if that is how they would like to classify themselves but we have the same core beliefs, the same core spiritual beliefs. So it's not, it's not that different. The main differences I see are with the style of music and just the social interaction is, is different. So but like I said, I feel right at home and I'm learning more. So—yes – some of the, I guess, some of the topics of the sermon, you know, address some of their issues as well. Yes. So, yes.

JE: Yes. Since – I guess you didn't live in the Bronx



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CN: No. I never lived in the Bronx but I go there almost every Sunday.

JE: Did you ever go to other places?

CN: No. Just to this church.

JE: Ok. What do think about going to the African Market in the Bronx?

CN: Oh. Yes. I've actually gone to a couple of them. Yes. I primarily go for church but I've into where they have this fabric store that I've gone into. I was asking for some fabric for this dress that I wanted to get made but they didn't have it. I've gone into the African movie stall. I was looking for a particular CD but they told me that they didn't sell the CD. So yes, some degree I've kind of ventured out a little bit and tried to explore. I know there's a restaurant that opened not too far from my church. I can't remember. I think it's Senegalese or Gambian. I can't remember. But I think I'm going try to go over and get some food too [laugh]. Yes.

JE: If you have anything to say, you can add to what you already said because we're almost finished.

CN: Well, I can just – we don't have to go through every picture but I just wanted to show you my trip to Nigeria. I went to the launch meeting for the African Network for Drugs and Diagnostics Innovation to bring together African scientists from all over the continent so that their activities can be coordinated and so that they can move forward with developing medicine and medical products that address the needs of the region. So here are just some of the pictures

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from that trip. I met the Minister of Health in Nigeria, Hassan – Dr. Hassan Lawal. Here's one with the Chiefs.

JE: [Inaudible] in Nigeria. Which part of Nigeria?

CN: This was in Abuja. I also got to see some of the medicinal plants. This is me next to my research poster. So I presented the research that I've been doing here at Columbia to them as well. So it was a great exchange and going here it was, it was a lot easier because I had already been, you know, around Nigerians, you know, on a regular basis at my church. Most of them are Yoruba. Abuja has mostly Hausas. North – people from the central part of the north part of Nigeria but they're not, you know, vastly different so – and there were some Yorubas too. So it was easier to travel and to kind of, you know, get adjusted because the people there were not too different from the people I'm with every Sunday. So I'll show you – I think this is my favorite picture. Oh yes. So this is me and one of the scientists at the National Institute – the Nigerian Institute of Pharmaceutical Research and Development, Hasashetu. And she and a lot of other scientists were there from – it's called the African's Night [inaudible]. And I'm hoping that someday I can collaborate with them on developing medicines and diagnostics that will be, be of good use in the region.

[Telephone ringing]

CN: Sorry. One second. Hello. Yes. Hi. Thanks for calling. Ok. At the –

[Pause]

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CN: Do you have any more questions for me?

JE: No. [Crosstalk].

CN: Anything about the Bronx or . . . ?

JE: No. I don't think you have any more information about the Bronx since you don't live there I don't think you have – except for the church.

CN: [Laugh] yes.

JE: I just want to ask about the person in the picture that's wearing head cover. Is she a Christian or a Muslim?

CN: She's Muslim. Yes but we still felt very connected. We're, we're still in touch by email now. So – and I'm in touch with a lot of the scientists there by email still so. We were, you know – it was just sisters. She was my aunt and I was her niece. The, you know, religious differences, you know, and the cultural differences were not a barrier at all for us. When I was at that meeting I told everyone this was my first time home in over 400 years and I felt at home. I felt that I, I belonged and, you know, having, again, the experiences that I've had going to churches here in the U.S. with the immigrant communities have really helped me to connect with my, my heritage and made it easier for me to reach out and hopefully be an assistance professionally as I've described earlier in our interview so.

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JE: Thank you for accepting to be interviewed.

CN: Sure.

JE: And being part of our oral history and I really was the one who actually [inaudible] so it's really a pleasure to interview you. Let's keep in touch.

CN: Definitely.

JE: I wish you the best in your projects.

CN: Thank you.