

CHEMICAL HERITAGE FOUNDATION

**JOSEPH E. CRAFT**

The Pew Scholars Program in the Biomedical Sciences

Transcript of an Interview  
Conducted by

Arnold Thackray and Stephanie Morris

at

Ixtapa, Mexico

on

6 March 1989

(With Subsequent Corrections and Additions)

## ACKNOWLEDGEMENT

This oral history is part of a series supported by a grant from the Pew Charitable Trusts based on the Pew Scholars Program in the Biomedical Sciences. This collection is an important resource for the history of biomedicine, recording the life and careers of young, distinguished biomedical scientists and of Pew Biomedical Scholar Advisory Committee members.



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## JOSEPH E. CRAFT

1951 Born in Wilson, North Carolina on September 7

### Education

1973 A.B., Chemistry, University of North Carolina, Chapel Hill  
1977 M.D., University of North Carolina School of Medicine

### Professional Experience

1977-1980 Yale – New Haven Hospital  
Intern and Resident, Internal Medicine

1980-1982 Yale University, School of Medicine  
Instructor, Medicine

1982-1985 Fellow, Rheumatology

1985-present Assistant Professor, Medicine

### Honors

1972 Phi Beta Kappa, University of North Carolina  
1976 Alpha Omega Alpha, University of North Carolina School of Medicine  
1984 Research Fellow, Arthritis Foundation  
1985 Pew Scholars Award

## ABSTRACT

Joseph Craft was born in Wilson County, North Carolina, one of three children. His father was a farmer, his mother a housewife. He did not leave the farm area except for school, a mile away, until he went the nine miles to University of North Carolina (UNC) in Chapel Hill. Neither parent was college-educated, but all three children attended college. Craft's siblings became teachers; Craft did very well in school so was expected to become a doctor. He liked chemistry, liking the way organic chemistry was put together. Accepted at both Duke University and the University of North Carolina, he chose UNC for medical school, where he liked the way his professors communicated and decided he wanted to be an academic clinician.

Wanting further training, Craft accepted a position as house officer in internal medicine at Yale University. For him Yale represented a transition between farm and city, the South and the North. He found his teachers interesting but thought they did not add to the body of knowledge, as he wanted to do. During his three busy years of residency he considered switching to research. After a further year in general medicine he accepted a postdoc in rheumatology at Yale. He chose rheumatology because its diseases were not well-defined and had few specific remedies. While doing his postdoc he did his clinical work in his spare time. He began by studying Lyme disease, but its cause and cure already known so he switched to autoimmunity in general.

Craft discusses his early publications, feeling they were solid but not innovative; he explains how the Pew grant helped him make the transition from clinic to lab; he talks about his collaborations with John Hardin and Tsuneyo Mimori. He details his funding, in particular his first National Institutes of Health grant. He talks about competition, tenure, a typical day at the lab, and his administrative duties.

Craft concludes his interview with reflections on the interaction between his clinical practice and his science work. He feels that autoimmune diseases are better categorized and defined now, and he hopes to continue his current work but to do an even better job. He believes that there is a good possibility cause and cure will be discovered accidentally someday.

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<p>Accepted position as house officer in internal medicine. Chose Yale because excellent school; good fit for him; away from small town but not New York; in the North. Good teaching but added nothing new to body of knowledge; “reanalyzing the same data set.” Rheumatologist good role model. Three-year residency busy and enjoyable. Felt he was good at doctoring; hard to give up for science. Spent another year deciding; worked in inner-city clinic in general medicine. Could afford more years training; knew he was very good doctor, thought he would be good in lab. Rheumatology good for him because cannot define illnesses well and cannot solve; few specific therapies.</p>	
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